

PRIME MINISTER AND ALL OF GOVERNMENT PRESS CONFERENCE:

WEDNESDAY, 15 APRIL 2020

PM: Good afternoon. It's day 21 of our COVID-19 alert level 4 lockdown. I'll hand over to the Director-General of Health, Dr Ashley Bloomfield, for an update, then I'll make the usual set of comments before taking questions.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So today, our total number of new cases is 20, and this comprises six new confirmed cases and 14 probable cases. There are no further deaths to report. We now have 728 reported cases of people who have recovered from COVID-19 infection. That's an increase of 100 on yesterday, and the new combined total of confirmed and probable cases in New Zealand Aotearoa is 1,386.

Today, there are 13 people in hospital, and this includes three in ICU: one each in Middlemore, Dunedin, and North Shore hospitals. Two of these folk, in North Shore and Dunedin, are in a critical condition. Yesterday, there were 2,100 COVID-19 tests processed, with a rolling seven-day average now of 2,761, and the total number of tests completed is 66,499.

I spoke last evening with district health board CEOs about the message I had conveyed to them around the need for us to increase testing following the Easter break. They're all very aware of this and are actively working with their teams to increase testing, including the use of mobile testing in some places to reach specific communities and groups.

There are now 16 significant COVID-19 clusters. That's one more than yesterday. The new cluster is in Auckland and, again, is connected to an aged residential care facility. A reminder that a significant cluster is where there are 10 or more cases of COVID-19 that are connected. We'll provide more details on that and other clusters on our website.

I just also want to point out when you see our update on clusters, you will notice there has been an increase in the number of cases associated with clusters—actually, a higher number than the total number of new cases today—and this is because cases that were previously identified as not knowing what the origin was have now been associated with those clusters, and therefore that is reducing the number of cases for which we don't know where they have come from, and this is good.

Also, the 15th cluster we talked about yesterday, which is also linked to an aged residential care facility—that was named yesterday by that facility itself: St Margaret's rest home in Te Atatū, in Auckland. That facility is working very closely with the DHB to contain the spread as our other aged residential care facilities do. It's not an outbreak that is confined to that facility; it has some people inside the facility and some in the community.

I want to briefly update some further analysis I commissioned around healthcare workers who have been infected with COVID-19. We will update the figures on our website today, and the total number is 115, which is 8 percent of total confirmed and probable cases. What I can say from that analysis is that there are only a small number, less than five, where we can confirm that the cause of the infection was that the worker was infected by the patient they were caring for. So, for example, 22 percent of the healthcare worker cases are because of overseas travel—they had, in fact, been overseas recently.

Furthermore, from yesterday's total, which was 107, I wanted to know how many had been infected outside the workplace, and that was because they might have travelled overseas or they were part of a community-based cluster, and the answer to that was 56. So over half of those healthcare workers have actually been infected because of travel or they're a close contact of a case outside the workplace or part of a cluster outside of the workplace.

I wanted to know how many had been infected in the course of their work, and the total there was 46, and 39 of those are in aged residential care facilities and are part of the extant clusters we have there. In just five instances, it was not immediately clear and hasn't been worked out where the infection has come from.

I think what all this means is, pleasingly, there is only a relatively small number of cases involving healthcare workers that are due to transmission from a patient—or a resident, in the case of ARC—to the worker. In the majority of those transmissions or clusters inside healthcare settings, more staff have been infected than patients. So I'm requesting ongoing reporting and breakdowns of this data, and I think what it does show overall that there's been a huge amount of work across the system to ensure staff are protected. That includes access to—and appropriate use of—PPE and very good infection prevention control, and I want to commend the efforts of all those involved. That's all I have. Over to you there, Prime Minister.

PM: Thank you, Dr Bloomfield. Today, I can confirm that myself, Government Ministers, and Public Service chief executives will take a 20 percent pay cut for the next six months as we acknowledge New Zealanders who are reliant on wage subsidies, taking pay cuts, and losing their jobs as a result of COVID-19's global pandemic. We feel acutely the struggle that many New Zealanders are facing, and so, too, do the people that I work with on a daily basis. And while it, in itself, won't shift the Government's overall fiscal position, it is about leadership, and I acknowledge my colleagues, both in the executive but also the colleagues we work with in the Public Service, for the decision that was taken today.

But it also stands alongside many actions taken by many people—private sector, citizens—to tackle the health and economic challenges of COVID-19, including the more than \$23 billion economic package including the wage subsidy, which has paid out over \$9 billion to 1.5 million New Zealanders, which MSD have worked tirelessly to make sure was reaching the people who needed it the most; neighbours looking out for one another; rent freezes; and landlords who are supporting tenants; things like the winter energy payment and benefits that are helping those who are on restricted incomes to keep warmer and well; New Zealanders who are staying home to save lives; the student army delivering groceries to over-65s; and Ministry of Health officials in charge of mandatory quarantine, which I received a message about their professionalism and exceptional work. So many examples of people showing what others mean to them and doing their bit in our united fight to stamp out COVID-19, and showing a little bit of kindness along the way.

If there were ever a time to close the gap between groups of people across New Zealand in different positions, it is now. Of course, many people in our public sector are our front-line essential workers: nurses, police, healthcare professionals. We are not suggesting pay cuts here, and nor would New Zealanders find that appropriate. Rather, I am responsible for the executive branch—myself and Ministers. This is where we can take action, and that is why we have. I'm happy to take your questions.

Media: Prime Minister, what details can you give us about the media rescue package and when that might be coming out?

PM: It will be considered shortly by Ministers. What I do want to just really signal early on is that there will be more than one tranche. There are things that we want to do with some immediacy, but there is some longer-term work that will be at a larger—a different scale to that first tranche. That will be further down the track. We are working on fairly tight time frames, though, because we do see the issues facing the media now. Ministers have been in contact with outlets to discuss with them their relative position to make sure that we're not doing anything too late to be able to play a role in the ongoing journalism that we require right now.

Media: Will this fast track the merger between RNZ and TVNZ or have any impact on that timetable?

PM: We'll see those—when it comes to Public Service broadcasting, that I see as a different space that is feeling, obviously, different pressures than what we're seeing from those who have received or seen a reduction to the scale that we have, of course, of commercial advertising. TVNZ's slightly different, of course, but they're also in a different boat when it comes to the role of Government and the relationship there with TVNZ. But no, these are things that we are seeing as separate packages to the work we're already doing around increasing and supporting public sector broadcasting.

Media: Can I ask about the Ministers' pay, and then a follow-up on the media package as well—

PM: Public Service broadcasting, I should say.

Media: What about—why not send a directive to the Remuneration Authority to have a pay cut across the board for all MPs, and what about your Labour backbenchers?

PM: Yeah, so the mechanism that we will use—this is an in principle decision around Ministers and chief executives. We'll then work through the way that that will be enacted for the legislation, of course, because you're right to point out the Remuneration Authority and the legislation that underpins that authority is the way that we would need to make this happen. The one thing to keep in mind, though, is that that group covers a wide range of individuals, including the likes of the judiciary, and there are different rules that can apply around changes that can be made there. So it's not a simple matter of making these changes on behalf of everyone, and nor is that something we are able to do. We've made a decision about ourselves.

I absolutely accept that this is not going to change the Government books, but for us it was about leadership. A lot of people are taking a huge hit right now. I do not want the people who feel that to be the people on the front line—our low- and middle-income earners. It should be about leadership, and that means the people at the top.

Media: How did you reach the 20 percent figure?

PM: Ultimately, this is something that we just had to make a determination on where it should sit. We felt 20 percent was the right place. I know that some people, however, are in a position of not having work; so in many ways this was always just going to be an acknowledgment of the hit that all New Zealanders are taking right now—many New Zealanders are taking right now—but we settled on 20 percent just being an acknowledgment that we could make as leaders.

Media: One of the concerns that were raised by the chiefs of the major independent media organisations today at committee was the amount of money that the Government is spending on social media advertising. How much money is the Government spending on social media advertising versus local media platforms? And will you redirect that advertising spend?

PM: You're right to point out that we do do both. Any New Zealander right now would see, for instance, a significant amount of advertising on our TV channels for the Unite COVID-19 messaging. But, while I don't have the social media figures in front of me, what I would say is we do need to be present where people are. And so that means that we are behaving in the same way that many private enterprises are. There is advertising on those social media platforms, but that has not been at the expense of advertising in those traditional platforms that we have utilised in the past.

Media: Given the promulgation of fake news and misleading information on some of those social media platforms, one of the chiefs this morning pointed out that the Government is effectively—I'm paraphrasing—propping up these social media platforms that are behaving in a way that isn't as ethical as traditional media platforms do.

PM: All the more reason for us to make sure that there are trusted sources of information on those platforms. Whether we like it or not, it's where the public are, and we need to make sure that we access them. Separate again is the issue of making sure that journalism can survive in that new environment. We can't stem the tide of people's new behaviour. What we can do is ensure that journalism survives in spite of that.

Media: Dr Bloomfield, the death in Invercargill: we understand it was a man who was in self-isolation who had been diagnosed with COVID-19. Why is he not being counted as one of the deaths?

Dr Ashley Bloomfield: Yes, I am aware of that death, and we are seeking further information at the moment, and until I have full information, we're not in a position to confirm the cause of death of that man. If we're confident it is from COVID-19, then this would be the first death in the community from COVID-19. We will classify it as a death, but I'm just awaiting further information to be able to confirm the cause of death.

Media: Do you expect there will be more deaths at home, or are you hoping that most of them will be in a hospital?

Dr Ashley Bloomfield: Look, it's hard to say, really. We do have—most of our people with active infection are at home in self-isolation; only a small proportion are in hospital.

Media: Can I just come back to the media stuff, so how would you characterise the package when you're talking about there are going to be different tranches of it? What's your message to commercial media, who—you know, the message was very clear this morning: they're in a very, very perilous situation.

PM: Yes, and, as we have really heard, exacerbated by COVID-19 rather than as a result of it. Really, I think what we will be coming out with won't come as a surprise to some of those outlets, because we are in conversation with them around what is necessary for us, again, not to create a false environment where some of the new realities don't exist but to ensure that we still have robust journalism and access to information for the public. First tranche is that which is really focused on some immediate responses, and then, not too far down the track, I would say some weeks later, we will then have a second tranche.

Media: Does this put you in the position where you might look at overriding some of those Com Com decisions? Are we in a space where some of those past positions might now change?

PM: Again, I want to act with caution about getting ahead of too much of what we might say in the future. But, again, what we will be saying I don't think will come as too much of a surprise, because there is a good degree of communication, in spite of the fact that it's a competitive environment between our Minister for broadcasting and those outlets.

Media: Prime Minister, the New Zealand Māori Council has urged the Government to work more with Māori businesses and industry to develop a Māori specific employment and business growth approach. What do you make of that?

PM: Oh, I have no hesitation to say that that's exactly the kind of thing we can and should be doing. As I touched on a little bit yesterday, whilst we've been taking a bit of a sector approach, you know, what do we do to make sure that we're supporting the new future of tourism, our arts in cultural sector in particular—how do we support them in these new environments—I also see that for the Māori economy, that we should be also engaging directly on how do we make sure that in those areas where there's been challenges, we're addressing them but where there's opportunities we make the most of it as well, particularly food production.

Media: And when it comes to growing the Māori economy post-lockdown, who will be leading that from the Government's perspective? Will it be the relevant Ministers or will the Māori caucus play that more sensitive role?

PM: Our Māori caucus always has input into these issues, without question, but we also use our Ministers to have some lead in particular areas, so I expect that for something specific there, Minister Mahuta would be involved, but at a regional economic development level we've also been using Minister Jones and Minister Twyford. But our Māori caucus are very much on the ground giving us the feedback about what will work in their communities, and they play an active and important role.

Media: Dr Bloomfield, you said yesterday that you'd look into concerns by nurses at Burwood Hospital's COVID-19 ward that they didn't have feet or hair covers, so can you give the New Zealand public a categorical assurance that nursing staff on that ward will always have the full kit, including foot and hair covers and, if they don't, what's your plan?

Dr Ashley Bloomfield: What I can give a categorical assurance about is that we have got a really good process for ensuring we have supply of PPE out to our health sector, and that's our job as the Ministry of Health. I think we've gripped that up. We've got good stocks of PPE. We have nationalised the distribution out to DHBs to ensure they're getting enough. What I'm not in a position to do is to be able to provide an assurance about access of individual health workers to PPE in individual circumstances, because we have over 100,000 health workers. What I can also say is that any health worker that has a concern about access to or use of PPE is able to and should escalate their concerns within their organisation. There are very good processes for them to do that. The unions have ability to support that escalation process, and I know for a fact that any chief executive would take any concerns seriously and look into them. So that's the assurance I can provide.

Media: Thank you. There's mounting international evidence as well saying that wider use of masks are key to helping reduce the risk of spread because many people are asymptomatic. An adviser to the World Health Organization has stated, "I think that wearing a mask is equally effective or more effective than distancing." So why aren't you advising the New Zealand public to start using masks in public settings like supermarkets? What could possibly be wrong with issuing this advice as we potentially move into level 3?

Dr Ashley Bloomfield: So we are continuing to look at the evidence around the use masks and particularly the experience in different countries, and if we think they've got an important role to play, we will definitely move in that direction. I think, again, as I've said before, there's still a range of views about when they are of greater benefit than not, and so we'll keep an open mind about the evidence.

Media: Does the ministry know how coronavirus got into St Margaret's rest home?

Dr Ashley Bloomfield: I don't have the information about that as yet, but what I can say is that some of the cases are outside the rest home and some are inside, and what we have seen with all of our aged residential care facility outbreaks is that they have been introduced by someone coming in from the outside, whether it's a worker or, earlier on, a visitor. The way that it was introduced may well have been because someone who was in the rest home also was infected out and is part of that community base, part of that cluster.

Media: Would you be concerned if it was a staff member who brought it in, or would that make sense as something that happens?

Dr Ashley Bloomfield: Well, we're concerned about it—whatever the cause we're concerned about it and we're most concerned about finding out how it got in and, of course, stopping any further spread. And just to go back to my earlier comment that all of our facilities are working incredibly closely with the local public health units and DHBs to stop that further spread.

Media: Just back on PPE, Dr Bloomfield, should nurses be reusing masks, goggles, visors? I understand that's been recommended by the Ministry of Health but the WHO says that they only be reused when there's a shortage, which I understand we don't have.

Bloomfield: I think there's a distinction between recycling and reusing, and there is some work that's looking at—that we're not sponsoring, but there is some work looking at whether you can clean and reuse PPE. And I agree with the WHO—you should only do that if you have a shortage, which we don't. I think there's a distinction between that and using PPE for a period of time; for example, our nurses who might be doing swabbing in CBACs don't need to change their PPE between each patient they might be swabbing. So they will be using it for a period and the important thing is to change it after a period of time, particularly the masks because they get damp and they need to be disposed of.

Media: So nurses should be getting very clear information from their DHB about when it is appropriate and when it's not to be reusing or recycling it?

Bloomfield: Well, I wouldn't expect they would be reusing or recycling it. There may be some elements of the PPE that you could use for a longer period of time than others.

Media: You may not have the exact numbers on this, but, of cases in recent days, how many of these are infections in new bubbles, as opposed to cases in an extant cluster or spread within a bubble from one infected person? Do you have an idea of how many of these are in new bubbles?

PM: The majority today are cluster-related, as I understand—I believe, the vast majority. Sorry, we might come back to you on the breakdown. Do you want it over a couple of days or just for today?

Media: Just a sense of, in recent days, is the virus still spreading between bubbles in the community or has it been clamped down on?

PM: Yeah, my recollection is five or less for most of these different days that we've had on reporting of cases, and then with a bit more time sometimes those have then been assigned to clusters, but I'll let the Director-General comment on it. I think what it's fair to say, as a general rule of thumb—a handful; a very, very small number. With time, often then we are able to identify, but that's exactly what we need to be looking for, though. That is when it can tell us that there might be something else going on, and so that's why it's so critical we do that investigatory work.

Bloomfield: That's right, Prime Minister. And so what we're doing at the moment is working our way back to look at every new case since 1 April to determine that they have either all been linked to an existing cluster or a close contact of a case or overseas travel, and so far what we've found—and I think that's why you're seeing the proportion of unexplained cause, which is right from the start, has gone from 11 to 10 percent, which represents another 13 cases or so where they have found the source and been able to attribute it to an existing cluster and case. So we're working our way backwards and we will also be examining every case every day now by the end of the day to find out exactly what the source is, and if we're not sure, then to put a wide ring-fence around that and really go in and investigate it closely.

PM: One of the issues of us coming down and giving you the results in such close proximity to when we receive them is we don't always have that final information when we give them to you.

Media: Dr Bloomfield, can you tell us where Dr Verrall's contact tracing report is and when we might expect to see it?

Bloomfield: Yes, it's with me and my team who've worked up and I just met with them again this morning to go through the response to it, and we're furiously responding to the recommendations; work under way. The plan is to put that in front of Ministers in the next 24 hours—yes, tomorrow—and once they've had a chance to look at it, then we'll make it public, as well as some information about what we're doing in response.

PM: We had a bit of a discussion over whether or not we'd put the report out without the response, but I think immediately the question becomes what have we done, so we're putting it both out at the same time, but, I imagine, fairly soon after Ministers having received it we'll just put it into the public domain.

Media: With your investigation into rest homes, will this overlap with the Chief Ombudsman's?

Bloomfield: So I spoke with the Chief Ombudsman this morning—actually, just in particular to confirm with him about the arrangements he's got for his staff to go in to make sure they're well protected, and I was very satisfied with the arrangements he's put in place. Obviously, his findings I would like to inform our work, and also make sure whatever he finds and what we find from our review is used to continue to strengthen and improve the protection for staff and residents within our aged residential care facilities.

Media: For the first time, recovered cases is now outnumbering the number of people currently suffering the disease; that must be significant?

PM: Yes.

Media: I imagine that will stay the case, as well, given we've got a smaller amount of new cases. So does that actually mean anything in terms of the health system? Can you now downscale the [*Inaudible*] way?

PM: Probably more a question for the Director-General.

Bloomfield: And the question was, can we downscale the—?

Media: Well, I mean, what does it mean for you in terms of the actual fighting of the disease—anything, or is it just a number?

Bloomfield: Well, it really reflects that we've had a much smaller number of cases over the last two weeks, recalling that recovered cases are people for whom the symptom onset was at least 10 days ago and they've had no symptoms for at least 48 hours, so it just really reflects that the bulk of our cases were in that February-March period and they've now been classified as recovered.

What I would say, though, is that fundamental to our work now—and over coming weeks and months—will be having ongoing, very vigorous testing; and very timely follow-up and contact tracing. So we're not downscaling; if anything, we're sort of filling in any—identifying and filling in any gaps in those processes, to make sure they're gold standard.

Media: Could it be that the health system is currently experiencing the bulk now, and it will only get easier?

Dr Ashley Bloomfield: Well, I think it is experiencing the bulk of the current peak that we had, and we've passed that peak, but not out of the woods. So, yes, there will be—I think—less pressure now on the health system over coming weeks. But, of course, what we need to do is ensure the health system can, essentially, revert to providing as much care as possible for people, while still maintaining its ability to respond to any COVID-19 cases.

Media: A business owner who's had their rent raised says this morning's announcement was a token gesture, it's not addressed the issue at all, and asking landlords to do the right thing has done nothing. Why did you not implement a rent freeze for commercial properties?

PM: Because we couldn't. So the Residential Tenancy Act gives us different abilities that the Property Act does not. But what we wanted to do was create the same kind of additional buffer that we have for those in residential properties, by saying that essentially the ability to remove a tenant, really widening that from a 10-day to a 30-day—and again, clearly send the message here, "Be a good citizen." You know, it is just utterly unfathomable, in this situation, to see some of what we've seen—including increases in commercial rents—at a time like this. I'd also just ask someone to think about what happens if you then do

remove someone from your commercial property? Who is going to tenant that in the middle of level 4, let alone any other level right now? So take a long view, work with your tenant, and actually just be a good human being.

Media: Dr Bloomfield, did the Ministry of Health provide any advice to Ministers, or other Government departments, on what the public health effects might be under the various scenarios that Treasury presented?

Dr Ashley Bloomfield: The scenarios presented yesterday?

Media: Yep.

Dr Ashley Bloomfield: So we didn't provide any specific advice, but our advice is obviously informing action right across Government around, in particular, preparing for stepping out of level 4 down to level 3. A public health view of that would be yes, we would want to do that very quickly, because we want to get the economy going again and ensure people have employment, income, access to education, and so on.

Media: There are many New Zealanders in immigration detention in Australia, and the Human Rights Commission there have said that all those should be released, just because it's a COVID-19 hotspot. Have you got any concerns around that, and have you talked to Scott Morrison about those issues?

PM: Look, I haven't spoken to him specifically about that issue. But again, that is entirely within the mandate and the management of the Australian Government. It's not an issue that we have any direct control over. My expectation is that, obviously, within the Australian Government, they'll be working hard to make sure that COVID is contained in all of its environments, just in the same way that New Zealand is.

Media: In terms of the Pacific community, are you confident that you are capturing the full rate of infection, or not, in the community if most of the positive cases—are they still related to the Marist cluster, or other infections elsewhere in the Pacific community?

PM: In terms of numbers, 62 individuals who identify as being Pasifika have had COVID-19. So that is amongst the lowest of the ethnicities that we are breaking down as part of our reporting. What I can't tell you is what percentage of those will have been from the Marist cluster. But I imagine a number would have.

Dr Ashley Bloomfield: Yes, a good number. One of the things we're also looking for, of course, is the rate of lab testing amongst Pacific communities. I said yesterday we were doing another extract of the lab data—it came in later yesterday, so we're just analysing that, but we'll provide that today. We'll be looking for high rates of testing and low positivity rates.

Media: So given the low numbers amongst Pasifika, which on face value is a really good thing, does that, though, give confidence that you are picking up the true rates of infection? Is there anything that would give you any concerns about that?

Dr Ashley Bloomfield: It gives me some confidence, and I'd like to get a higher degree of confidence with the increased testing this week in, for example, South Auckland—to make sure we're getting good rates of testing amongst Pacific communities.

Media: Prime Minister, have you been in touch with any of the families who have lost a loved one as a result of COVID-19?

PM: No, I haven't. I mean, most families I've noticed just the—you know, the byline around respecting privacy. After a bit of time, I imagine that is something that I'll look to do, but I have really tried to just give them the distance and the space that families would generally want at a time like this.

Media: Dr Bloomfield, just to clarify, you're part of that group taking a 20 percent pay cut?

Dr Ashley Bloomfield: Yes, definitely.

PM: What I should add is just before coming down here, I did advise the Leader of the Opposition of the decision that had been made by Ministers, which, of course, chief executives were already, obviously, aware of that offer and decision as well. They were a part of that. I made it known to him, and he has indicated that he will be joining in this initiative as well.

Media: What do you make of President Trump's decision to suspend funding for the World Health Organization?

PM: Oh, sorry. Was that for me or—

Media: Yes, it was.

PM: Yes. Look, my view and the view of New Zealand and those, of course, who engage directly with the World Health Organization is that it's an incredibly important body. At a time like this where we need to be sharing information, where we need to have advice that we can rely on, the World Health Organization has provided that, and we will continue to support it, and we will continue to make our contribution. Perhaps Dr Bloomfield may like to comment, as someone who had a close association with the World Health Organization.

Dr Ashley Bloomfield: Just to reiterate the point you made, I think. You know, the global response to this pandemic will require a strong World Health Organization, so it behoves all of us, I think, to—and New Zealand, I know, will continue to play its part, supporting the organisation actively both globally and also in our region and across the Pacific.

Media: Can I ask a few questions on behalf of others? Thank you. First, to Dr Bloomfield: how far back does the stag-do cluster date back to, and is that cluster linked to a prominent New Zealander?

Dr Ashley Bloomfield: I have to say I don't know in the first case and I have no idea on the second.

Media: And Prime Minister, what's your advice to parents that have sat down to home school their children for the first time today?

PM: Well, I've actually been getting a little bit of wider family feedback, actually, from others who have been watching as their children have been perhaps engaging in the broadcast that has been put out on two free-to-air channels today. The one thing I would really say is: don't put too much pressure on yourselves as parents to be teachers. Yes, I absolutely appreciate that you're the ones facilitating that, and there's quite a burden that comes with that, but, as Nigel Latta has said, your kids will be having more of an educational experience than you probably appreciate right now. These are extraordinary times. Don't be too hard on yourselves. They will be learning, even when you may not notice it.

Media: And the catchcry that you kind of issued, "Go hard and go early.", was used to help get us into level 4. What's your approach for New Zealand coming out of level 4?

PM: Well, obviously, that's not a decision we've yet taken. So I guess my catchcry now would just be: let's stay the course. We are doing things differently to others, and we're seeing results that are different to others. Very few countries have got their numbers down as low as we have, so there's few to learn from at this point, other than ourselves. So I would really encourage New Zealanders: we don't need to constantly compare to other places—we'll do it our way.

Media: How different will level 3 look this time around compared to what it did three weeks ago, those two days that we were in level 3?

PM: Obviously, it was brief. We've got very broad parameters that people will already see in the public domain. Tomorrow, we'll be giving a lot more detail around that, but it will still require us to continue to reduce down our contact with one another.

Media: You mentioned in your opening remarks that the numbers in the clusters had gone up because people had moved out of that unknown category. What is that unknown category at now? Is it reducing quite a lot, and is it taking quite a bit of time to contact trace those people in particular?

Dr Ashley Bloomfield: So the proportion that is unknown is down to 10 percent. So just over a week ago, it was 18 percent of cases. But that's 10 percent of all cases right from the start. What I'm really interested in is, in the ones that have happened in the last two weeks and that happen over this coming week, what are the proportion where it's unknown and we can't link them to existing clusters and cases. So I think it's that proportion that is the most relevant, and as soon as I've got some data on that, I will share that.

Media: So in terms of that 10 percent, though, are there some cases in there that have been so long now that you just may never actually be able to?

Dr Ashley Bloomfield: Correct.

PM: But I think it's a good point to make, differentiating for those cases that were, for instance, well over two weeks ago versus those that are in the last two weeks, because lockdown helps us reduce down the chances of transmission of those unknowns elsewhere, but if we have it in these last two weeks, that's what we really need to pay attention to. I believe that, of the 20 cases today, 19 of them have been linked to clusters, as I understand. So that gives you a sense that those numbers are smaller now, but important none the less.

Media: There are some scientists in New Zealand who are working, or want to work, on a cure for COVID-19, and they would like some Government help on this. What is your message to them? Is this something you would invest in? Some sort of local—

PM: My understanding is that Health is actually working with the WHO and the Health Research Council on responses to COVID. I'll let Dr Bloomfield respond to that.

Dr Ashley Bloomfield: So just a quick comment: the Health Research Council has done a call for proposals, and I understand that they'll be making announcements later this week on the research that has met their requirements and that they will be funding.

Media: Linked to that, do you have any concerns that New Zealand will be quite far down on the pecking order when it comes to vaccines?

Dr Ashley Bloomfield: I'm not concerned about it, because we will make sure we're not, and I think there are a couple of ways we can do that. Predominantly, that will be making sure we are working very closely with Australia, which is undertaking research. There may be some vaccine research that we can also do here, and I think we will look to work really closely with Australia around research, development, and then production of a vaccine.

Media: Dr Bloomfield, we've been talking about surveillance testing, or sentinel testing, for weeks now, but we still haven't actually seen that programme being rolled out. How far away is it? And why is it taking so long?

Dr Ashley Bloomfield: Well, I'd say we're doing it now. The testing we're doing now is, effectively, population-wide sentinel testing, and that includes wide testing, having a low threshold for testing, and specific efforts to target groups—for example, through mobile testing going out to find cases. So, arguably, and my view is, at the moment we are now doing what I would call population-wide, across the country sentinel testing. So, if you think about yesterday's confirmed number of seven cases and 2,100 tests done, it's a positivity rate of under 0.3 percent. So, effectively, we are testing to find any case out there, which is sentinel testing.

Media: But you're not going to launch a formal programme of sentinel testing? You'll sort of widen your own?

Dr Ashley Bloomfield: There will be—once we move down into level 3, there will be some ongoing testing, which, again, some of which will be sentinel testing and some of which will be specific case finding, or cluster management, which is part of our overall surveillance, which includes documenting influenza-like illness calls to Healthline, visits to general practice for influenza-like illness. There is the app, the flu tracker, which, interestingly—and, again, we saw this yesterday is also happening in Australia—the prevalence of people with influenza-like symptoms has dropped off through all those surveillance mechanisms that we have over the last week or two.

PM: Dr Bloomfield, perhaps you could help me with my recollection as well. Yesterday, when asked the same question about sentinel testing, my recollection is that it numbers in the hundreds—sentinel testing—whereas, obviously, the scale—

Dr Ashley Bloomfield: Yes. Usually, Prime Minister, there's 270 tests a week done for influenza, and we're doing—well, yesterday—2,100 tests for people with any respiratory symptoms.

Media: Just to clarify the point around the media at select committee this morning, is the Government considering redirecting that advertising away from those global platforms like Facebook and Google?

PM: We will continue to advertise in places where New Zealanders are. We still have an obligation, for instance, through campaigns like the one we've run on COVID-19, to actually be where New Zealanders are accessing news and information. But we are also advertising on those more traditional platforms as well, and we will continue with that. Advertising and the way that Government uses advertising is part of our wider consideration, but it doesn't mean that we won't continue to be in places where Kiwis are.

Media: What about political advertising? Isn't that a different thing? It doesn't have the public-good aspect. And should that continue to be put through—

PM: Political advertising will be a decision made by individual parties, and so that will really be a matter for them. Obviously, in those cases politicians will often just be a part of the community as well. So it has a different lens to it.

Media: Do you see any merit in President Trump's reasons for suspending WHO funding? He, basically, said that they were being too kind to China and hadn't kind of stopped people doing travel bans early enough?

PM: No.

Media: I know you were loath to dignify it with a response—the whack 5G conspiracy the other day—but given that people are now destroying telecommunications towers, what message would you like—

PM: Used for 4G.

Media: What message would you like to send to those who are promulgating that conspiracy theory?

PM: Don't. Maybe I'll just leave it to the facial expressions of Dr Bloomfield. OK, we'll take a last question—down the back.

Media: Dr Bloomfield and the Prime Minister, if you'd like: what do you make of the idea that's appeared and disseminated yesterday and in recent weeks that the virus isn't as bad as people are saying it is, because it will largely only kill people who would have been likely to die anyways?

PM: Firstly, say that to someone who's lost a loved one. In fact, that's probably the only thing I'll say on that.

Dr Ashley Bloomfield: Two comments on this. First, I think just yesterday WHO Director-General Tedros talked about how much worse this virus is than the Swine Flu virus;

I think he said 10 times worse than the virus that caused the pandemic in 2009. And, secondly, the deaths we've seen around the world are not confined to older people and people with pre-existing conditions; in fact, we have seen younger adults who are otherwise perfectly healthy die from this virus. They are not immune, and I think that's been a really clear message from those who have had much greater outbreaks in their countries—is to try and get that message out. This is a tricky virus. It's by no means not a problem in younger people, and therefore it behoves all of us to do everything we can, not just to protect our older people and those with pre-existing conditions but actually to stop unnecessary deaths across our population.

PM: OK. Thank you, everyone.

conclusion of press conference