

**ALL-OF-GOVERNMENT COVID-19 RESPONSE PRESS CONFERENCE: THURSDAY,
16 APRIL 2020**

PM: Kia ora koutou katoa, everyone. Welcome to today's update. We'll start with our usual update from Dr Bloomfield, after which I'll share some of the additional work that has been done on alert levels over the past few weeks. I will forewarn you, my section will be a little bit longer than usual, but I'm sure you'll all appreciate why. First of all, Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Tēnā koutou katoa. So, today, New Zealand's total number of COVID-19 cases has increased by 15—this comprises six new confirmed cases and nine new probable cases. There are no further deaths to report today. There are now 770 reported cases of COVID-19 who have recovered from their infection, an increase of 42 on yesterday, and the new combined total of confirmed and probable cases is 1,401. Today, there are 12 people in hospital, and three of these people are in ICU: Middlemore, Dunedin, and North Shore hospitals. Two of those people are in a critical condition.

As of today, just 4 percent of cases are now classified as under investigation. And I've been saying for the last few days that the cases we're particularly interested in are the ones that have happened, really, since lockdown, and to be able to be very certain about the origin of the infection in those cases. So, as of yesterday, we had 23 cases since 24 March that were still categorised as being under investigation. This morning, my team has worked hard with the public health units to find out more about those cases. We've been able to confirm now that five of those cases are due to overseas exposure and 13 are contacts of confirmed cases, including someone who may be part of a known cluster or linked to someone who has travelled from overseas. Four of the cases have now been classed as community acquired, and just one case is still under investigation—and that is actually a case from yesterday.

So this is a very important part of the information we need now to be able to inform a decision around whether we are in a position to step down from alert level 4, and it's very good that we are now doing this very detailed analysis on every new case. And I will, later today, have more information on the cases that we are reporting today—those additional cases today, 15 cases.

Yesterday in the labs, they processed 3,661 tests—that's another big jump up—and there's a lot of testing now happening around the country. So the total tests undertaken to date is 70,160. There's also some specific targeted sentinel testing going on, and this morning in Queenstown at a supermarket, 300 people are being swabbed from the community to inform our understanding and build the picture of whether there is any community transmission happening in Queenstown; it was one of the areas of concern. And we are also looking actively at two or three other places around the country where this will happen. The testing numbers also include two new laboratories that have come online, including the Medlab Central in Palmerston North and the Nelson-Marlborough laboratory. Today, there are still 16 significant clusters—no change from yesterday—and 11 of the new cases are connected to those clusters.

Finally, just an update on the death that I spoke about yesterday in Invercargill: a post-mortem process is now under way, and when I have the findings of that, I will provide further information. Thank you, PM.

PM: Thank you, Dr Bloomfield. Three and a half weeks ago, New Zealand was in a unique position. Unlike other countries, we had enough lead-in before COVID-19 reached our shores. That meant we could make a choice: we could allow a wave of devastation to hit us, like it has in other countries, or we could take decisive, pre-emptive action by going hard and early into lockdown to stop the spread of the disease in its tracks. We chose action, and the indications at this stage are promising. We will never know what would've

happened if we'd taken the first path, but the projections were for thousands of deaths if the virus got away on us, many more sick and in hospital, and the country and our economy grinding to a halt regardless.

We should not confuse the success of our actions with overreaction, and there is plenty of proof around the world of the devastating result of responding too late. New Zealanders' collective actions and unity at level 4 has put us in the rare position where we can make choices about our next steps—because our fight hasn't just been against health impacts; it's been about stopping COVID from taking people's livelihoods, too. Our best economic strategy is still to win the fight against the virus—eliminate it—and that means we get out of prolonged restrictions on the way we live our lives sooner, and move business into recovery sooner.

Overall, we have made a good start, but we need to keep going, and that means we need to start preparing for what could come next. Today, as promised, I will share more information about what life will look like at different COVID-19 alert levels. While I'll focus mainly on level 3, as that's the next step we will move to in time, information is also being made available today on levels 2 and level 1.

The first thing I want to really emphasise—and I cannot emphasise this enough—what I'm talking about today in no way foreshadows the decision that we'll be taking on Monday regarding the current lockdown. Today is instead about giving time for business, and, in fact, everyone, to think about what the different alert levels will mean for them, so when it comes time to move, we will be ready to move. Secondly, we will step down to level 3 in a way that is consistent with our goal to eliminate COVID-19 in New Zealand. The last thing we want to do when moving levels is give away the gains that we have won in lockdown, so that means that we will be considering seriously all of the data and information that we present daily to you as a Cabinet when we come to make that decision.

But let me start, then, with the principles of alert level 3. As the alert level system makes clear, and you'll remember the table we used when we first announced that, different levels allow different amounts of contact with one another, depending on how bad the spread of COVID-19 is. At alert level 4, the aim is to eliminate contact with each other, and that is what a full lockdown achieves. At level 3—restrict—there is still a high risk the virus can get out of control and bounce back, as we've seen in countries overseas, so the goal remains to restrict contact with one another as much as possible. That is why I recently described level 3 as the waiting room, or something like a recovery room. We have to wait and see if what we have done has worked. After a while, if we don't show further signs of illness, we can go back to a life that is a bit more normal, which is what alert level 2 really starts to feel like. If we deteriorate, then it's back to lockdown, at level 4.

And just like when you're recovering from an illness, you still primarily stay home, and that's the same message at level 3: stay home; save lives. It remains the most effective way to break the chain of transmission. There are some key differences, though, based on assessments of public health risk and evidence from overseas, aimed to help people and business to move forward while we are still in the recovery room.

Firstly, keep your bubble. The more we can limit the new people everyone is exposed to, the better. But at level 3, you can expand your bubble a small amount. If you have a caregiver that you need in your life, children who might be in a shared care arrangement, a de facto partner who is caring for others, or you're a single person who wants the company of a sibling, for example, you can extend your bubble. Keep it exclusive, though; keep it small.

Secondly, the principle for businesses and workplaces at level 3 moves from essential operations only to safe operations only. We still want to reduce contact with one another, so you must work from home if you can. If you cannot, because you work in an area like forestry or construction, you can return to your place of work if you apply the health and safety expectations we have established for COVID-19—in the same way that businesses currently operating have. That includes things like social distancing and good hygiene

practices. The same applies for those who work in people's homes, like furniture removal, electricians, or plumbers—you can return to work, but keep your distance from your customers.

There are, however, some businesses that cannot open in their usual way because it involves far too much contact on too large a scale with members of the public. Public-facing bars, restaurants, and cafes remain closed, and so do malls and retail stores. But, unlike level 4, food delivery, drive-through, online shopping, or options like click and collect shopping can begin. The key principle here is simple: you cannot engage in face-to-face transactions, so use your phone, use your computer, use your car, or use an app.

There is a high level of responsibility that comes with reopening many businesses in this way, and it isn't without risk. We've consulted with major sectors like hospitality and retail on these changes, and we are working with other sectors on industry-specific guidelines to minimise risk, but at level 3 we cautiously start opening up our economy, albeit with significant mitigations. I know there'll be a number of questions around other businesses that you'll have. I can assure you that in the more detailed guidance that is available, some of those questions will certainly be answered.

Thirdly, at level 3 there will be a partial reopening of education. Early childhood centres and schools will be available, up to and including year 10 only, but attendance is purely voluntary. Our intention here is to create a place for children to go to learn if their parents need to return to work, but to do so safely. Children will be kept in their own school bubbles: small groups to try and limit their exposure to too many other children each day. For children who are able to, we still encourage them to remain home and be part of distance learning. Tertiary education will mostly be through distance learning, but with the exception of on-campus research that can't be done off campus, such as lab work and practical, hands-on learning such as trade courses, where the learning can happen in small groups with appropriate physical distancing. Courses where close contact is unavoidable will remain online only.

Travel restrictions remain. Previously, we have talked about keeping it local. At level 3, we will ask that you keep it regional. The principle here is that we know at level 3 more people will travel to work or to take children to school. We don't, however, want to take potential COVID cases into other parts of the country, so restricting movement to only what is necessary is still the goal here. When it comes to recreation, the principles also remain simple: keep it alone or in your bubble, keep it low risk, and also keep it non-motorised. That means we are still excluding things like boating and jet skis. That's simply because we know from the statistics these are still prone to accidents or breakdowns that can lead you to have contact with others. But there are other activities which you can undertake by yourself or within your bubble that we will be permitting: you can swim, you can surf, you can fish from the shore. However, I do want to add a word of caution here. Now is not the time to take up a new activity that you have never done before—it is too risky. The whole point at this level is to continue to really reduce down, as I've said before, your contact with others. If there is any sign of congregation, we will not hesitate to review these changes. So please, do not rush to places where others may congregate as well and treat it as a reunion with your long-lost swimming buddies.

At level 3, the principle of reducing contacts remains. So that means tough calls still on life events. Funerals will be able to go ahead, but they will not be able to have any more than 10 people—that includes for tangi as well. For weddings, the same number applies, but they can only be services; no meals, food, or receptions can take place. We're simply suggesting here that for those who wish to take part in a legal ceremony, they are able to. Sadly, level 3 is about reducing risks, and as you will have seen from some of our devastating clusters, life events means a major risk and only require one person to be carrying the illness to spread it to dozens of others.

Finally, you'll see from the description of level 3 there are more opportunities for you to come into contact with people outside your bubble. As a general rule of thumb, the goal of keeping two metres away from each other still applies. That's the gold standard. And for

anyone who's ever wondered why, that's the distance you need from someone who may potentially be symptomatic if you are to remain away any potentially dangerous things like sneezes, droplets, coughs, and so on.

However, in some places, that will be more difficult. If you are in a workplace or an education facility, for instance—places, however, where we will be able to contact trace the people around you. Then, in these circumstances, one metre can apply. That's in keeping with the World Health Organization's recommendations of distance for someone who does not have symptoms. So, again, if it's people you know and that we can find if we need to, then one metre is a rule that we can apply in those circumstances.

Fundamentally, though, the more distance the better, particularly when it comes to strangers. In fact, now more than ever, as you come into contact with more people, we must keep our distance, wash our hands, keep yourself and your bubble safe, continue to act like you have COVID, and, I would add, to act like those around you and near you may have it too. Keep a note of where you have been, when you have been there, and who with. It will help if we ever find ourselves contacting you because of a potential COVID case. Small changes like this will make the world of difference.

There is extra risk and a high level of trust and responsibility that comes at level 3, if and when we move to it. The success of our lockdown and the majority of people showing that they can follow the rules gives me confidence that the same level of discipline to keeping to the rules at level 3 continues to apply, if not more.

There'll no doubt be additional questions beyond the broad overview I've given today, and as I've said, details are available at the COVID website and include much more of a description around some of what I've talked about. It does not mean we'll necessarily be able to provide every answer to every single scenario. We have given ourselves time, though, so if you're a business, in particular, and you need a question answered, please do reach out to MBIE for further information.

All workplaces, though, should begin to work on a plan for how they are managing risks and protecting workers and customers under COVID alert level 3, and these need to be made available at a worksite so staff can see what steps you as an employer are taking. We'll also be providing support for businesses to do this through a self-accreditation scheme of sorts, available online, and I'll say more about that next week.

Ultimately, level 3 is a progression. It's not a rush to normality. Many things will feel the same as they do now. It is not until level 2 that there is significantly lower risk to public health and where there can be a significant loosening of controls on people's movement and your ability to socialise with one another. But there is a reason for that. We want to get to that place sooner, and when we get there, we want to stay there. In fact, Treasury modelling tells us that we are better off in the longer term to stay in levels 4 and 3 a bit longer now and defeat the virus rather than moving too quickly and having to move backwards and forwards between the levels or stay in them longer overall.

We have the opportunity to do something no other country has achieved—elimination of the virus—but it will continue to need a team of five million behind it. Under lockdown, we've shown our ability to put in place a virtual wall that is breaking the chain of transmission. Our new line of defence when we reach level 3 is common sense, following the rules, and trusting one another, and I believe we can do that.

We're now happy to take your questions.

Media: Prime Minister, if we do move to level 3, under what circumstances would you move us back into lockdown, and how quickly could you do that?

PM: Again, we won't take that decision lightly, and I do want to, for those who've joined midway through the broadcast, just again remind that I'm setting out the broad parameters for level 3; I'm not announcing here today that we're moving to it. When we make that decision, though, we want to do it with enough confidence that we won't be

moving back in the short term or the near term into lockdown, because we do want consistency. We want a progression down, not a progression back.

Media: You've talked about Treasury modelling and the need to stay in level 3 and 4 for longer because that prevents us needing to go backwards and forwards but, realistically, how soon do you think we could move into that more normal level 2 stage?

PM: My hope is that if we get level 4 right, we then progress down through level 3 and we continue to see success. Of course, we would hope to do that in shorter periods of time. I think, actually, our bar, really, though, is what we see overseas. Some countries are in lockdown for up to two months. Our goal is not to have heavy level of restrictions on our movements for long periods of time. That's because we will have got the health answer right, and that, in turn, supports business and our economy.

Media: On the schools, why have you decided to make it a voluntary thing rather than just allowing kids of essential workers to go?

PM: Essentially, essential work, though, is now joined by a group of other workers, so there will be a wider range of individuals returning to the workforce—essentially, those who cannot work from home. So we do need to make sure that there's provision available for their children to be cared for while they're learning. It is voluntary, though. We do still encourage children, if they can, to be at home, but we will not be applying a test to every individual child as to why they're being brought to school, and so that choice there remains. But with a smaller number of children in our schools, which we do anticipate and which is what has happened overseas, that allows us to keep our young people in groups, and that's also in part because we won't have our full high school cohort back. We've brought back those who legally do need to be supervised, but they won't be, for instance, moving around a large number of other students. That helps us if we ever do need to undertake contact tracing.

Media: What was the rationale behind only allowing children up to year 10?

PM: The reason for allowing up to and including year 10 is because that covers children up to the age of 14, who, of course, by law do need to be supervised by adults and cannot be left home alone. So that means parents who do need to return to their workplace, who cannot work from home or have no other caregiving options, will have the opportunity to have their child go back into school, but we expect smaller numbers, which will enable us to keep those children in smaller groups rather than moving around large numbers of other children. So, essentially, they'll have a school bubble, and that helps us with the tracking of any potential cases. We're very aware, though, that parents will have concerns about their children re-entering education, so we're doing that in a managed way, in a way where we can manage their safety and the safety of our teachers.

Media: Prime Minister, how confident are you that these alert level 3 measures could be policed once it gets to that point?

PM: It is fair to say that lockdown is a much easier thing to enforce—it's much more black and white. It means that, basically, there's very few reasons why anyone is leaving their home, and you, essentially, can make a judgment over whether or not that is the reason people are out and about. At alert level 3, we will have more people transporting children to school, travelling to work themselves, and so it does require a lot more responsibility on the part of every New Zealander. But I believe that, as a team of 5 million looking after each other, that we will follow through on that, that we will want to make sure that we're successful, and so I have confidence in New Zealanders.

Media: Once we get to that point, how long do you anticipate we could stay in level 3?

PM: Well, we will give an indication of that at the time that we make decisions, and I want to do that in order to really give people a sense—to give them an expectation. But you will have seen what we've tended to use are the cycles of transmission, so one cycle is two weeks, two cycles is a month, and so we'll tend to look in blocks that are around cycles of

transmission, because there's an evidence base behind why we do that, and it can tell us how we're doing as a nation.

Media: How will businesses know whether they're able to trade? Do they have to apply and prove anything, or do they just trade and hope they're doing it right?

PM: So as you will have heard me say, we're moving from just essential services now to those who can operate safely, so we expect—just as we have for those who are already operating—that businesses will put in place hygiene, cleaning regimes, and social distancing within their workplaces. We'll be putting in place some support through MBIE—and I'll say more on that next week—to help people self-accredit and to be able to formulate a worksite plan that they will have to make available at their worksite for employees and customers. We have had, to date, MBIE undertaking an audit regime of sorts. We will have a larger scale of businesses going back, so it won't be possible to do that with everyone who's returning. That's why we'll be using that accreditation regime.

Media: Will Parliament operate under level 3?

PM: Business Committee will be meeting tomorrow, I believe it is, to discuss some of the expectations for Parliament under the different alert levels. So that's an area where I've always been keen to let the Business Committee, a cross-section of MPs and parties, to make those decisions, under the leadership of the Speaker. So we'll incorporate that into the levels once that work's done.

Media: In terms of wider health services, such as physios, dentists, companies like that, what level would they be able to reopen for non-emergency work?

PM: Yeah, so some of the health framework—that's one area where we're continuing to do a bit more detailed work. I expect that will be released in the next 48 hours, but that's one area—because the individual DHBs, as well as some of the services you've mentioned, are needing to determine the way they treat electives and so on at the different alert levels. We want consistency, so Health will be releasing that within, I'd say, the next 48 hours. Anything you want to add on that, Dr Bloomfield?

Dr Ashley Bloomfield: Just a quick comment, Prime Minister. So, yes, the principle in the hospitals will be to do as much care as possible while keeping people safe—both staff and any patients accessing services. In terms of the community, similar to now, primary care will continue to be open, using virtual consultations as much as possible, but also dental and allied health, which is the physio example you've used, will be permitted to do so. But, again, the key public health principles of alert level 3 are very clear: first of all, to reduce the likelihood someone gets infected, and, secondly, if someone does get infected, reduce the number of people to whom they're exposed so that it's much easier, then, to contact trace and ring-fence any infections.

PM: Dental, of course, have PPE provisions in place that, of course, add that extra layer of protection, as well.

Media: How many extra businesses did MBIE say would likely go back to work?

PM: Running from my recollection here, which was, I believe, of individuals rather than businesses—there's been assumptions made around roughly half a million New Zealanders, potentially, being out in essential work services and so on. My recollection is that that roughly doubles at alert level 3. As you can imagine, it's quite hard to predict, or quite hard to make an estimate, and that's more about employees rather than businesses.

Media: You specifically said about forestry and retail and hospitality—what about the likes of construction, the manufacturing workforce?

PM: Yes, yes. So all of that comes back into play. We do have expectations, though, around them implementing the same expectations we have around those existing services that are already operating. There is already food production going on, and so there will be things that MPI and MBIE have learnt from those processes that they'll now be applying and sharing with others who'll be returning to manufacturing.

Media: How much is getting those businesses back up and running going to factor into whether we come out of alert level 4?

PM: I think the last thing that those businesses want to see, though, is them starting up and then shutting down again, so I think everyone would agree we want to get the lockdown right. We want to make the decision of moving out of the lockdown at the right time so we don't go back. So that's what we have to factor in. I want to give New Zealanders certainty, I want to give them a plan, and I want it to be a path that stays in one direction.

Media: The minor extensions of bubbles—should they include people who are over 70, or grandparents, and if they do, should those people not send their kids to school?

Dr Ashley Bloomfield: So the over-60s or 70s group—older people—and people with pre-existing conditions is still a group we want to absolutely try and protect in this situation. It will be possible to include an older person, but in that bubble you could include arrangements that still keep that person safe. So this would be similar to a situation where a case—someone who is positive—might be living at home but still, in effect, isolating within that bubble, so maintaining strict hygiene and physical distancing. This is one, I think, where people need to really use their judgment, because we do know that that group is at risk but we also know that that is a group that is at risk from loneliness, and these are things that are very important, so we will look to people to really apply their judgment.

Media: Would it be advisable, if there's a child in that bubble, to keep them home from school?

Dr Ashley Bloomfield: Yes, it would. I mean, I think anything that people can do, if they're extending their bubble, to still minimise the risk, reduce the risk, as much as possible to those people inside their extended bubble; that's a key principle.

PM: We've been discussing quite a bit what happens in the future alert levels for those who have compromised immunity and those who are our older New Zealanders, because we don't want to see a situation where over a very long period of time—at, for instance, alert level 2, potentially—that we still see those individuals isolated. Our Minister for Seniors is doing some work alongside the Ministry of Health around what the longer-term framework can look like for them, because the idea of them being that isolated for too long isn't something any of us want to tolerate.

Media: Can you give more detail on these minor extensions to bubbles? Is that only for things where it's really quite essential—you need someone to look after your family. It's not if you want to see your friends, or—

PM: Yeah, and that's where we're really trying to give the principle here, is that it is ideal that you still keep your contact with a range of other people very, very limited, keeping in mind, for many people, they're now going to be exposed to people in a workplace. Now, of course we're going to try and maintain social distancing, but if you then are going back to your private life and extending your exposure then that causes an exponential increase to the people you're exposed to. So that's why we're trying—with level 3, it's very gradual, it's a progressive system, and we really want to keep it as limited as possible. Keep in mind that same principle: as few people as possible, social distancing, and stay home if you can all still apply.

Media: You've previously said that if we don't get clusters under control, some regions may stay in lockdown while others come out of it. Eleven of the 15 new cases today are linked to clusters, so is that something still on the table?

PM: Yeah, so, clusters, essentially, though, in many ways, tell us—we know what's happening, we know where the cases are coming from, and primarily, of course, these tend to be family transmission or within bubbles. And so that tells us something, and, actually, it tells us something helpful. We now have, as Dr Bloomfield has said, four cases where we have questions. Now, on the one hand, that's a small number; on the other, it might tell us something bigger. So that's where we're really delving into the detail around that. That's

over a period of time—that's really critical to our decision-making on Monday. When it comes to regional decisions, the one thing we will factor in, though, is whether or not regional application is workable, because there are some complications with it, and that's part of our decision, too.

Media: Just staying on regions, you've asked people to keep it regional. Will police help monitor that? Will they be, sort of, at regional borders, for example, on State highways?

PM: Yeah, and, again, this is where we are going to have to use common sense. You know, if you live in Hamilton, don't go to Auckland, but if you live in Auckland and your work is across town, you'll need to travel. We are relying on people not to push to the maximum of what we're saying you can do but keep it to a minimum—the bare minimum. What we don't want is, if we do have an outbreak, for someone to take it to another region where we've eliminated it. So that's why we're asking people to apply your common sense and the same principles we've applied at level 4.

Media: Prime Minister, looking at another issue, Peter-Lucas, the chair of Te Whakaruruhau o Ngā Reo Irirangi Māori, the iwi radio network, was before the Parliament's Epidemic Response Committee, and he said, "[I]t's important that iwi radio and Māori media are given consideration if there is going to be any media recovery package or any media ... support [package]", essentially urging the Government not to leave iwi radio behind. What assurances can you give that iwi radio will not be left behind in any media support package?

PM: Well, I think I'd have to say that when it comes to media, Māori media in particular—Minister Mahuta of course has been very clear, of course, that we need to make sure that we're continuing our work to bolster the provision of journalism and the support of Māori media. Radio generally hasn't found itself, necessarily, in some of the positions that more traditional forms of print media and television, if we're using those old platforms, have found themselves, as radio. And so there's a couple of different segments that we need to look at there. Yes, Māori media, but radio particularly has had different mechanisms of support. Advertising revenue and listenership has tended to hold in those sectors. That's not to say community radio doesn't need to continue to be supported.

Media: Prime Minister, can I ask a follow on the regional questions that Maiki was asking. The West Coast is asking to be given more leniency as they have few cases and can geographically lock their region down by shutting four roads. Could you lift them out of lockdown restrictions?

PM: No decisions have been made on either whether we're moving or whether we're moving particular regions.

Media: Is it more likely that you'd move—do those kind of regional shifts between alert levels—if there are easy geographical measures that can—

PM: One of the issues is that some regions may be in the same boat but may have multiple roads in, and so how do you then treat those parts of the country? And, equally, it takes one movement, as we saw, for example, with the Hereford bull conference. It started in one place and then dispersed itself through the rest of the country very, very easily. So these are all complex factors that we have to take into account.

Media: Can I ask a follow on Henry's question about older New Zealanders. Some that we've spoken to are very concerned about their freedoms and their ability to make choices being taken away from them long term if that kind of ruling is perpetuated. What do you say to them, and can you clarify what will likely be the position for them in the next few months?

PM: Yeah, and so, while at alert levels 3 and 4, we're saying to people with compromised immunity, or our older New Zealanders, that we still want to limit the amount of new people that are coming into contact with them. At other alert levels, we're looking at how we can protect them when they are out and about. So we are starting to think in a different frame for those groups, but that is something we're still working really hard on. But

we are very mindful that we do not want to keep those groups in our society completely isolated.

Media: Prime Minister, Winston Peters says a trans-Tasman travel bubble is currently being explored. He says it could be a serious possibility. Would you be supportive of such an arrangement at some point, and what are the current discussions with Australia?

PM: Yeah, I mean, you've heard me talk a little bit about Singapore, for example. And, of course, we've discussed Australia. As I've said, though, I think both of us have the same goal in mind at the moment: get it under control in our own countries, and then we can talk about together what we're able to achieve. For both of us, I anticipate the border restrictions will be present for a long time, so it becomes whether or not there's anything we can build into those border restrictions that take into account our goals to keep COVID out for both of us.

Media: Are there any discussions under way at the moment?

PM: Certainly that's started with Singapore, and we do have frequent contact with Australia, and at officials' level I couldn't tell you how far along those have got. But they will be a part of my ongoing agenda with PM Morrison.

Media: Prime Minister, there are many parents who are going to hear that schools are open, and go, "It's been a long four weeks, I'm going to send my kid to school." What is your message to those ones who are just finding it tough and want to send their kid—

PM: Yeah, and look, you know, it is voluntary. We are encouraging parents, though, to, if they're able to, to keep their children home but with distance learning, and, of course, keeping in mind we're only going up to year 10 for that voluntary restart of education. You know, but I also accept that there will be some sole parents who would've had an incredibly hard period of time. We will not be applying a check or a test as to the reason that a child is in school, but we are asking that if parents are able to, that they keep their kids home.

Media: Dr Bloomfield, do you have any updates on the number of people who are in quarantine and how many may have tested positive?

Dr Ashley Bloomfield: Actually, I gave those numbers to the Prime Minister earlier on.

PM: Yes, I can give you. So the number currently in quarantine is 88, and then the total combined of quarantined and in hotels is 1,189. I do recall that several of our tests from yesterday were positive tests of people who are in quarantine.

Media: Dr Bloomfield, has the health ministry made any further decisions about whether [*Inaudible*] advice for New Zealand public to wear masks in public settings like the supermarket?

Dr Ashley Bloomfield: No, not at this point; we continue to look at the international evidence. And this is one of the things we're looking at. There is a number of countries around the world who are, similar to us, looking at how to ease out of a lockdown situation. So we're constantly scanning—every day scanning—the evidence and the literature and also the media to find out what it is they're planning to do, and that includes the place of masks, including widespread public wearing of those.

Media: Dr Bloomfield, how many DHBs around the country are currently recycling PPE, and why is this occurring when you've said, on so many occasions, that supply is really good?

Dr Ashley Bloomfield: So, as far as I know, none are reusing PPE—well, none are reusing PPE; I can say that. They may be recycling it. All our hospitals have quite advanced recycling programmes because there's a lot of recyclable products that come through the hospital process, so they may be recycling it but not reusing it. What I would say is that what has been talked about in the US—which is, of course, in a very different situation from New Zealand, with shortages of PPE, with a really significant outbreak—is not just taking it

off when it's dirty and then putting it back on; there's a very thorough process it goes through of chemical and UV treatment to, effectively, disinfect it before it's reused. We are not doing that in New Zealand.

Media: [*Inaudible*] in any hospital across the country?

Dr Ashley Bloomfield: That would certainly not be our policy. As far as I'm aware, that is not happening, yes.

Media: Dr Bloomfield, can you confirm the number of Air New Zealand staffers now with COVID-19?

Dr Ashley Bloomfield: I can't confirm the total number, but you might want to ask Air New Zealand that.

Media: Just a couple of follow-up questions on DHBS, are DHBs eligible for the essential service leave scheme; why and why not, and just also, we have heard from a DHB employee who has been advised by her doctor to stay home—she has type 2 diabetes. The DHB has deemed her work safe and says she must come into the hospital for her shift or take personal leave. Is that appropriate?

Dr Ashley Bloomfield: So I can't comment on an individual employment matter, and as I said yesterday, there are a large number of employees in the workforce, so I'll leave that to the individual DHB to sort out with that employee. On the former, yes, it's my understanding that health workers are eligible for the essential worker leave scheme, yes.

Media: Just on schools, if we move to level 3 before 29 April, would they restart straight away, or would it be still the 29 April date?

PM: My recollection is that we do have dates around the way that the reopening would apply, but I'll leave that to the detailed release that we've prepared, and sitting under some of the documentation I've already shown you is different guidelines on transport, on education, on health, and on workplaces. What I would also add is that a huge amount of work has gone into this. We have either completed consultation with some groups or that is still under way, so it will continue to be refined. So it won't necessarily have every single question answered, but it does a very good job of giving an overview.

Media: Have you made any decisions at what point you'd let Cabinet meet in person again?

PM: Yeah, so that's alongside—some of that, for me, will be guided by the way that the House and Parliament will choose to resume or not, and so I'm waiting for some of the guidance that's coming out of the Business Committee. But you'll remember before we went into lockdown, we had started bringing in a practice of having a smaller number present and others who were at a distance so that we could maintain social distancing. So those are the kinds of tactics I'll deploy at different alert levels. But I am using Parliament as a bit of a guide as to how we operate.

Media: Queenstown has been a sort of hot spot for a while now. What changed to lead to the opening of this, sort of, community testing centre?

Dr Ashley Bloomfield: So, yeah, happy to comment on that. So, yes, there has been quite a large number of cases in Queenstown, all associated with specific events there. And we did get some advice earlier in the week from our epidemiology subgroup of our technical advisory group. We'd specifically asked this question about were there specific geographical locations where some wider testing might be useful at this point, and they recommended Queenstown, and I'm very pleased to say that primary care were fantastic and got in there straight away—we only got the advice yesterday—and they've set it up and it's going today. So it just helps us build a picture of where there is any potential community transmission there.

Media: What are the other locations that were recommended to you that are being looked at?

Dr Ashley Bloomfield: There were three other locations. One was South Auckland, one was Waikato—but that’s quite big, so I’m just seeking more information there and I’ve asked the team to progress that, and there is another location I just can’t remember off the top of my head. What you have seen, though, of course, is with today’s lab testing numbers, there has been an increase in testing even though we know there are much lower levels of respiratory illness out in the community. And that’s showing through in our Healthline data and in the general practice data that’s collected every day of influenza-like illness. There’s been a quite big drop over the last two weeks, but their testing is ongoing.

Media: Thank you. Will children be able to play on the playground when they return to school, as they do return to school?

PM: So what we’re going to apply, and I know that this will be challenging, is we are going to try and keep children in the same groups each day. And so for primary school, that’s going to be a little bit easier, because, of course, they tend to, of course, have those classrooms pre-determined, and that means trying to keep them playing in similar groups as well. So it really will depend on the way that the school chooses to keep those groups apart and operate their school as to who will be able to access what equipment.

Again, it will also be challenging for ECEs. What we’re hoping is that with this time to plan, they’ll be able to reach out to their parent groups, determine how many will be coming back into early childhood education, then start planning—like, for instance, if they have staggered drop-offs, and so on, because it’s actually more likely to be parents communing with one another than children that is going to be the thing we have to manage.

Media: And how likely is it—for either of you to answer—how likely is it that we’ll see an increase in cases, and, perhaps, deaths, in level 3?

PM: Well, the whole goal of level 3 is actually to maintain and keep improving—so to lose nothing that we’ve gained from level 4—and that’s why it’s so critical that we make the right decision at the right time. Level 3 isn’t about tolerating any increases; it’s about can we then move—have some slight lessening but actually maintain and keep the gains we’ve already had.

Media: So if you saw a slight shift up, you’d be quite quick to move back into lockdown?

PM: This is why we call level 3, really, the recovery room. This is where we hold, we see if we’re really well, and whether or not we can keep moving.

Media: Just a question about takeaways. You’ve said drive-throughs, but will restaurants be able to open, sort of, a shopfront takeaway system?

PM: Yeah, and so you will have heard my guidance there, is that contactless is key—you cannot have face-to-face interactions with customers, and so those are the principles we’re asking our retailers to apply. So, for many, that will mean that they’ll have online deliveries or that they’ll revert back to using things like umbrella deliveries like Uber, or they may have—if they’re a retailer—click and collect. But we’re asking everyone: remember, when you’re building in your innovation, you cannot have face-to-face contact with customers. The reason for that is that opens up a large scale of interactions with a large number of people across New Zealand that could lead to exponential growth in contacts, and we can’t afford that. So that’s why those rules will apply.

Media: So, potentially, takeaway coffees, for instance?

PM: So there are some individuals and there are some cafes who already have click and collect options—they won’t be everyone. But some have already figured out ways to create opportunities for commerce in that way. For any retailer out there, what I’d say is just remember the rule: use an app, use online, use the phone, use the car, but it cannot be face to face.

Media: Can I just get clarification on the playgrounds. So that’s within schools; what about playgrounds that are in parks?

PM: Yeah. We mean to keep that closed, because, of course, multiple, multiple children can access one piece of play equipment. So within schools, what we're trying to do is keep those little bubbles limited, and, of course, we're also putting out guidance to schools and ECEs around cleaning regimes, and, of course, they have those regimes already. When it comes to public play equipment, I personally know how hard this is—you try taking a two-year-old past some play equipment they can't use—but we just can't risk one piece of equipment being a vector for transmission still, at this point. OK, we'll just take our last couple, yeah.

Media: Just on moving between alert levels, have you settled on a range of triggers for those, and why not make them more public so that people have certainty?

PM: Yeah, so actually we have talked—I've talked publicly about some of them already, but I might get Dr Bloomfield to do a supplement where I've perhaps left anything out. The primary factors are: are we seeing that exponential growth that tells us that you've lost control? Are we seeing indicators of widespread community transmission? Are we seeing, in particular regions, any of those signs as well? And then we look at all of the things that then help you maintain where you are—contact tracing and the scale of contact tracing, effectiveness of quarantine, and isolation measures. Those are all things that we factor into our decision making. Dr Bloomfield, you might also recall those ranges.

Dr Ashley Bloomfield: That's a good summary, Prime Minister, and I think the other thing is, of course, we've been able to scale up our testing capacity and get more surety of supply around testing, so our ability to use testing to rapidly—as I've talked about—ring-fence any cases that do come up. But, really, just a comment on level 3: you've heard the Prime Minister talk about “we're over the peak in level 4, but not out of the woods”. We will still be not out of the woods in level 3, and, if anything, we need to be even more vigilant, because everybody will have, potentially, more contact with others, so it's actually a lower level in terms of the alert level but increased vigilance by everybody.

Media: Does this mean that you're not fully confident that you've cornered community transmission? I mean, you've got 4 percent of cases, slowing case numbers—why such a strict level 3?

PM: Yeah, well, two things that I would say—of course, that 4 percent is over the breadth of the time that we've been testing, and what you've heard Dr Bloomfield talk about today is in the last period of time, in our last cycle of transmission, before we consider what we do next, we've got a small handful now of cases that we're really delving into to see what it's telling us, so that's an important distinction to make. Level 3 continues to be really cautious, because the last thing you want to do is move out of level 4 and lose everything. And so that's why level 3's designed in that way, but it's not designed to be a place we want to spend a long time. The last thing I'll say, just on the judgment call around movement out of lockdown, in the last couple of weeks I've spoken to the likes of the Prime Minister of Denmark, who you'll see has recently started moving out of their lockdown—progressively—and I've also spoken to the Prime Minister of Singapore. And what we've discussed is the criteria we use. There is no template for the world. There is no set of guidelines that every leader is using—we are all grappling with the same thing. So I'm confident that what we're doing is applying a rigorous analysis to make our decision. But what we're also doing is applying analysis for our strategy in New Zealand, which is unique to us. Yeah, we'll just take the last two.

Media: Dr Bloomfield, can I just quickly ask about flu vaccines. There is a practice in Dunedin who would like an apology. They said the ministry has been overpromising, because they have run out of vaccines, they don't know when they're going to get them, they're getting abuse from people, hundreds of people waiting. What is your response to that?

PM: Their region has vaccine; I checked about four days ago.

Dr Ashley Bloomfield: There's a lot of vaccine in the system. Two things I would say is: I would love to know the practice and we will absolutely respond to the issue there. We

had a shipment that was due to go across to the South Island over the weekend. The ferry was cancelled that it was on, so it's a few days late. But there's even more vaccine going down to the South Island, and there are still hundreds of thousands of doses out there in the system that can be delivered. I'm very happy to follow up that specific example.

PM: And when we do that, we'll give you the numbers as well for the DHB, because it was last Tuesday, I believe, that I checked, and there were still at that time—although they were distributed across different pharmacies and different GPs at that time. And so that has been one of the challenges.

Media: I guess the question is, there's people who are really angry and taking it out on these centres who don't have a vaccine—

PM: Which is not OK.

Media: —so what is your message?

PM: Which is not OK. You know, and I say the same thing: don't take out frustration on front-line health workers, but, equally, we need to help support those front-line health workers by getting them the vaccine that's available.

Media: Has an index case been identified for the Rosewood rest home? Do you know who brought it in and where they got it from?

Dr Ashley Bloomfield: It's not 100 percent clear. And so this is the case in some instances, where we are not able to definitely confirm who the index case is. What is most important there, of course, is that we are making sure we're preventing any further spread and that we've identified any potential close contacts both inside the facility and outside the facility. But we still—and I've talked with the DHB twice about this; it's still not 100 percent certain where the index case is.

PM: That's often—I mean, just from my lay person, having looked at a few clusters and cluster maps, in some cases that's where you have more than one person who has it, as opposed to not knowing at all where it came from.

Media: Is the Invercargill case linked to the Bluff wedding?

Dr Ashley Bloomfield: It is, yes, linked to the Bluff wedding, yes. Not directly, but indirectly, yes.

Media: Prime Minister, just on repatriation flights, for a colleague, they've been having reports that people simply are worried that they can't afford the repatriation flights at such a high cost. Can you just outline why they are so high at the moment compared to the likes of the Wuhan repatriation flight?

PM: What I can say is that they go no way near covering the cost of bringing New Zealanders home. I've been going over some of the costs of that. We are substantially subsidising bringing those Kiwis home. And what MFAT have tried to do is create a framework that's broadly in line with some of the commercial rates you would pay to come home on a commercial flight if it were available. So they have tried to be fair. It's based on the number of hours that you're on a flight, and there's different levels then based on how long-haul the flight, versus short-haul, is. I do acknowledge, though, that we are asking for a payment, and that's because the expectation is if you're overseas, you would have to get home somehow; it just so happens you'll be doing it via a flight that New Zealanders are supporting substantially.

OK, thank you, everyone.

conclusion of press conference