4 April 2020

ALL OF GOVERNMENT PRESS CONFERENCE: SATURDAY, 4 APRIL 2020

Dr Ashley Bloomfield: Kia ora koutou katoa. Welcome to today's media update. I have with me today Dr Caroline McElnay, who is the Director of Public Health, and she'll be making some comments about face masks and one or two other matters once I've finished.

Today, we have a total of 82 new cases of COVID-19. Fifty-two of those are confirmed cases and 30 are probable—so 52 confirmed cases and 30 probable. There are no additional deaths to report, and we can now confirm that 127 reported cases have recovered from COVID-19. So the total of confirmed and total combined cases now in New Zealand is 950, and, as I said earlier, that's 82 more than yesterday. Overnight, we have fewer people in hospital with COVID-19, and today, there are 10 in hospitals around the country, including one person in the ICU at Wellington Regional Hospital. All patients are in a stable condition.

From our laboratory testing numbers, we can report a seven-day rolling average has increased to 2,264 per day. Yesterday, we did the highest number of single tests in a day; that was 3,631. So our total of COVID-19 tests completed to date is 33,116, and we now have capacity to do, should we need to, over 6,000 tests per day around the country. We are continuing to grow our supply and stocks of key components used in the lab process, and that includes swabs. Altogether we have more than 100,000 nasal and throat swabs in stock, and enough componentry for the full process for lab testing for 37,000 tests in the country, and supplies coming all the time from overseas and from inside New Zealand to continue our testing capacity. There is a high demand for nasal swabs, and our local manufacturer is ramping up production, with 300,000 swabs due over the next three to four weeks.

For the cases we have information on, there remains a strong link to overseas travel—that is now at 47 percent—as well as links to confirmed cases in New Zealand: 34 percent. We still have a small number—around 1 percent of cases—that we have concluded are a result of community transmission, but we have around 17 percent still being investigated and, as I've said earlier in the last couple of days, they may well transpire to be community transmission. We have 10 significant clusters, and there will be an update on our website around the clusters, but just the numbers for the three that are the largest: in Auckland, around the Marist school—the total number there is 60 cases; the second-biggest is the one associated with the wedding in Bluff, and that has 55 cases; and the third is the one in Matamata, which has a total of 54 cases now confirmed.

I'd like to just talk about the issuing of a section 70(1)(f) notice under the Health Act 1956, which I issued yesterday—and there is a copy of that notice on the covid19.govt.nz website. Now, essentially, the purpose of issuing this notice is to provide greater clarity for everybody about what the expectations are around self-isolation as we are in alert level 4. Now, what we've seen over the last week is a very, very high level of understanding and compliance with those expectations. There have been a few areas where there have been questions, over the week, and the purpose of the notice is to provide clarification for people about what is expected under an alert level 4 lockdown situation. So the notice covers in some detail what those expectations are, and it includes, really, a good description of what an acceptable bubble-type arrangement is as well.

We also know, over this first week or so of the lockdown, that there have been some people who haven't been—it's a small minority, but they haven't been—following the guidance and the expectations, and so the notice sets out the rules for what's expected of everybody and, therefore, clarifies the situations in which police powers may be exercised to ensure that we get that high level of compliance.

And, again, this is a public health notice. It underscores the fact that what we are all responding to is a major threat to public health in New Zealand, and it clarifies what the expectations are on every New Zealander to ensure that we can collectively address that threat and, where necessary, that the police have really clear basis on which to act to enforce that.

I'm going to hand over to Dr McElnay now to make a few comments.

Dr Caroline McElnay: Thanks, Ashley. So I want to update you on our technical advisory group, which met yesterday. One of things that they discussed was the case definition. So the technical advisory group updated the definition of a case of COVID-19 to separate the respiratory symptoms from any travel history or known contact with a confirmed or probable case. Testing will now be available for people with respiratory problems suggestive of COVID-19 regardless of their travel history or contact with a confirmed or probable case, and fever is no longer a requirement.

The technical advisory group also re-discussed recovery, and there has been no change to our recovery definition. An individual with COVID-19 can be released from isolation when at least 10 days have passed since the onset of symptoms and at least 48 hours of being symptom free. A negative test is not required for an individual in isolation at home, although, in some circumstances, a test may be done at the discretion of the clinician where the patient has been in hospital.

I want to just talk about face masks. We are watching very closely the advice that we expect to get in the next few days from WHO and CDC around whether or not people should wear face masks when out and about, to limit the spread of virus from people who are infected but not showing symptoms. The best advice at the moment is that basic hygiene measures, such as frequent handwashing, physical distancing, and sneeze and cough etiquette, remain the mainstay of our defence against COVID-19.

There are ways in which wearing a mask can be helpful, but there are also ways in which it could be harmful. We know that, in some countries, it's common practice when people who are unwell to wear a mask when they go out. That's a good practice that protects other people, but there is also some evidence that wearing a mask can also do harm, such as when it leads to people touching their face more often because of the discomfort with wearing a mask, and that can actually increase the risk of contamination to your hand. And it can also give you a false sense of security. But we acknowledge that these kinds of conversations are important, and we do already have some resources about face masks on our website.

Lastly, on Healthline, a reminder that Healthline continues to be available 24 hours a day, seven days a week. The work the team has done to increase capacity of the services means that wait times are much less; they're, on average, about five minutes. Healthline handled 14,746 calls yesterday and continues to be a popular service for people concerned about their health. Related to this, we are, however, also seeing a trend, in both primary care and Healthline, of people with other health issues leaving it too long to see their doctor or call Healthline because they're concerned that the focus should be on COVID-19. I want to reiterate that we have the capacity to provide appropriate care; so people with health issues should act sooner rather than later. Please continue to contact your GP and continue to ring Healthline. Thank you.

Media: Dr Bloomfield, would you expect testing to drop away over the weekend, as it did last?

Dr Ashley Bloomfield: There may well be a drop in testing over the weekend, partly because we find that people are less likely to go out, even in normal circumstances, to seek care over the weekend. But also there may be reduced hours for the CBACs. But still, there is testing available anywhere and everywhere that it is required over the weekend.

Media: The Prime Minister, last week, talked about trying to achieve more consistency around that. Has any work gone into trying to achieve that?

Dr Ashley Bloomfield: Well, one of things that has gone into achieving that is continuing to increase our lab capacity around the country. So, again, the capacity is good. And, secondly, we have been asking all DHBs to stand up their CBACs from this weekend to ensure that there is clear availability of testing right through the week, on each day of the week.

Media: How likely is it that New Zealanders will be recommended, at some point, to wear cloth face masks, as is now being done in America?

Dr Ashley Bloomfield: Caroline, do you want to respond?

Dr Caroline McElnay: Well, as I said, we're waiting to see what the advice is from WHO, particularly on that point. But any face masks worn by the community at large would have to be right at the very bottom of our strategies for containment of COVID-19, based on the information that we've got about the effectiveness of those strategies, and we would continue to reiterate the physical distancing and the hand hygiene as the essential platform that we're building our preventative approach on.

Media: The WHO, though, is now, in the last couple of days, saying, "Yes, face masks are one element of how we can halt this virus." Shouldn't we be telling the public that?

Dr Caroline McElnay: WHO are doing further consideration as to exactly what message they would give out, and that's what we're waiting to see what they say.

Dr Ashley Bloomfield: And, just to comment on that particular issue, recall that the USA is in a very different situation from what New Zealand is at the moment. They have clearly widespread infections and widespread community transmission. They have a much lower rate of access to testing, and so that's partly why they've, I think, gone to advising the use face covering—because they have much wider infections across the community. We're not in that position. However, we continue to look at whether, either in alert level 4 or when we move out of alert level 4, the use of masks may be part of our overall approach.

Media: Isn't that the point, though? We don't want to get to the point that America's got to?

Dr Ashley Bloomfield: Well, exactly, and that's why we acted much faster than America, with much more stringent controls, much more strict self-isolation and home-isolation, so we don't get into that position.

Dr Caroline McElnay: Our level 4 controls are the most effective strategies to put in place, and New Zealand has put those in place in advance of every other country.

Media: Can you confirm that two staff members at the Middlemore Hospital have tested positive for COVID-19?

Dr Ashley Bloomfield: No, I can't confirm that; I don't have any details on that at this point.

Media: Dr Bloomfield, what percentage of the total number of cases are made up of Māori and Pasifika people?

Dr Ashley Bloomfield: Actually, I don't have the latest breakdown of the ethnicity data. I do know yesterday we were relooking at all the ethnicity data, and we have had an approach from Māori academics to make sure that we are collecting ethnicity data correctly. But, if it's not on our website, we will get the latest breakdown on our website.

Media: How many community-based assessment centres are there now around the country? Do you want or need more?

Dr Ashley Bloomfield: Have you got that information, Caroline? I think we're up over 60—

Dr Caroline McElnay: Over 60; that's right. We have over 60, and these are designated CBACs, but we've also got designated general practices. So we've got very

widespread distribution of testing, and we've been looking at that to make sure that that is available in every part of the country and there's a very good spread.

Media: Do you want more of them?

Dr Caroline McElnay: We want to make sure that people have access to testing, and if that means that we need some more, then certainly those will be the discussions with the DHB to stand those up.

Media: With testing, apart from the weekend drop-off, is there any other reasons why we aren't hitting out capacity?

Dr Ashley Bloomfield: The main reason we're not hitting our capacity is because we've got more capacity than we need to do testing at the moment, and that's very deliberate. So our capacity is very much amongst—on a per capita basis—the highest level in the world, and we also want to keep some capacity there for our surveillance programme, which we are just finalising because we know we may wish to do some surveillance of communities to see if there is infection there. That will help inform decisions about moving between levels.

Media: Is that, basically, randomised testing of communities?

Dr Ashley Bloomfield: We would get advice from epidemiologists on what sort of testing we would do there. That may be, yes, randomised testing of households just to see if there were any asymptomatic or pre-symptomatic people in communities.

Media: Do you have the power to force those tests on people, given they're quite invasive?

Dr Ashley Bloomfield: We don't have legal powers, no.

Media: There have been reports of people continuing to surf out at Muriwai Beach up in Auckland. What's your advice for people that are continuing to do this?

Dr Ashley Bloomfield: Well, again, I think the section 70 notice makes it really clear about what is appropriate and not appropriate to help our collective efforts here. I think people know that—we've got a message on our website and through other media channels that says, "Surf the internet not the sea at the moment." And I think that message is clear. So we'd ask anyone who's doing that or other activities we have been clear about that people should steer clear of at the moment.

Media: In this notice that you're talking about, does that include swimming and kayaking as well?

Dr Ashley Bloomfield: I'm not sure if it's at that level of detail, but I think these have been rehearsed very well over the last week. I think the message is really clear about what people should or shouldn't be doing, and the key test for this is, when people go to do something, whether it's to go out to the shop or for some physical activity, is to think about what are we trying to achieve here. We're trying to stop the transmission and break the chain of COVID-19.

Media: That section 70 notice, on the limited recreation purposes clause, says "it is done in an outdoor place that can be readily accessed from their residence". Does that mean walking distance?

Dr Ashley Bloomfield: Well, I think, again, we've rehearsed this this week. It may be walking out your front door or cycling from your front door, but we have also said, if you need to drive a short distance in your local area to get to a place of recreation—and that may be necessary for some people—that is fine.

Media: Do you have more details yet about the factors which would determine a drop out of alert level 4?

Dr Ashley Bloomfield: Not yet. That work is ongoing, and we will be providing advice to Cabinet in coming days on that.

Media: On the other side, do you have a plan if you need to increase restrictions—say there was a sudden spike?

Dr Ashley Bloomfield: If there was a sudden spike, we would look at exactly where that was happening. You can see at the moment, over the last few days, we are not seeing that spike, despite a very big increase in testing, and we're going to watch that closely over the next few days. Caroline, did you want to comment?

Dr Caroline McElnay: Yeah, that's right. We are monitoring the daily cases each day, and I think that's exactly right: that, with the dramatic increase that we have seen in the lab tests, which have doubled, we have not seen, really, any increase in the new cases, and that gives us a confidence and an assurance that, actually, our level of COVID-19 is likely to be very low across the community. But we need that assurance, and that's why we're doing further work to get some data to pull that together so that we can actually say what the level of disease is in our community.

Media: You said you were briefing Cabinet on Monday. At this stage, which way are you leaning towards extending the lockdown, and what are some of the factors?

Dr Ashley Bloomfield: No, I didn't say we were briefing Cabinet on Monday, and I'm not leading that work; it's a whole-of-Government piece of work.

Media: When are you briefing Cabinet?

Dr Ashley Bloomfield: During the coming week, it would be.

Media: Is the Government delaying mercy flights because doctors are worried about flooding the health system?

Dr Ashley Bloomfield: Mercy flights from overseas?

Media: To get Kiwis home.

Dr Ashley Bloomfield: No, that's not a factor in the decision around mercy flights.

Media: Do you have any update on the number of foreigners leaving New Zealand?

Dr Ashley Bloomfield: I don't have that update. I do know that the new mechanism and the process for that happening has just really come into play over the last couple of days. But we can get some figures on what the number of people departing is—both on regular commercial flights and any of the Government-sponsored flights that have come in.

Media: That 17 percent of cases still being investigated, which many could be related to community transmission—when do you expect to have that data back?

Dr Caroline McElnay: Well, those cases are continually being investigated and the information being sought; so there's a slight delay in just updating that data, but our public health units are doing that at a local level. The definition of community definition is an exclusion definition; so it's only after other sources can't be determined. And what we're seeing with some cases is that, initially, there doesn't seem to be an apparent source and then, afterwards, after further contact tracing has been done, we've been able to make a link between a case who may have presented first and then one of their contacts who became a case, and then we've been able to say, actually, it came in from overseas. So the first person who's reported is not necessarily the initial source of what may be a cluster. So it does take some time to just do the detail to then be able to say for those individuals what was the source of their infection.

Media: What sort of urgency are we placing on getting that data back, though, given it could give us a good picture of potential community outbreak?

Dr Caroline McElnay: Our public health units are well aware of the need for that data, and they are—in some places, they're actually doing some further assessment to find out what is actually happening in that local community if the data is not clear to them from the patients under investigation, and that all helps to be able to say what's actually going on with community transmission.

Media: What will be done for Kiwis who are desperate to get home but can't afford the expensive seats—you know, some flights are US$32,000. What are you doing to help Kiwis get home?

Dr Ashley Bloomfield: So that's something that there's an all-of-Government group looking at, but the Ministry of Foreign Affairs and Trade has got the lead on that; so I can't comment on that at the moment.

Media: Have you organised any flights to get Kiwis home?

Dr Ashley Bloomfield: I haven't, and I don't think there have been any organised as yet.

Media: This new case definition you're discussing—is that new from the one that was issued earlier this week? Is the fever thing the key thing there now—the fever requirement has been removed?

Dr Caroline McElnay: Fever is one of the key ones. It's, really, clarity on what was issued earlier in the week, because the main change is the removal of the travel history and the specific need to have been a contact of a confirmed case. So it's, really, clarified for health professionals what clinical criteria—what symptoms—to look for, and it is now with or without fever—fever is no longer an essential symptom.

Media: It's respiratory, but you said it was respiratory linked to COVID-19. So does that [*Inaudible*] any respiratory issue; it means a dry cough or—

Dr Caroline McElnay: It is quite a broad definition, but we've purposefully done that because we actually want to identify as many COVID-19 as possible—hence the increase in tests. But also the fact that we're not seeing—by increasing our tests and having that wider case definition, we haven't picked up many more cases as a result. So it's part of our plan going forward to have a better picture of what's actually happening in the community.

Media: Do you have an idea of how many elective surgeries have been cancelled or postponed so far because of the Government's actions?

Dr Ashley Bloomfield: No, I don't, and we are collecting that data, because it's important. We will obviously need to, once we can get out of alert level 4—and the aim is to do that as soon as possible. We will want to be getting people back in for the surgery that they need, and our DHBs are gearing up again for how they might do that in an alert level 3 type situation.

Media: Would it be hundreds or thousands at this point?

Dr Ashley Bloomfield: I think it would be thousands across the country, and, again, they've just been paused and put on hold. But I know the DHBs are already working on plans to use both public and private sector capacity to get those people in to get their surgery as soon as possible.

Media: Are there hospitals or wards in hospitals that have now been specifically dedicated only to coronavirus, or is ICU capacity still available for those who need it?

Dr Ashley Bloomfield: So the wards and ICUs in the hospitals are treating people with the full range of conditions as acute conditions as they usually would. There have been some stories, particularly yesterday and today, about different hospitals and what they have done to create either additional space or to, essentially, ring-fence space for treating people with COVID-19 infection. So every hospital has a plan, and it depends on the size and configuration of each hospital.

Media: Have you been in contact with any of your health counterparts overseas, in other countries; and, if so, what sort of advice are you providing to them?

Dr Ashley Bloomfield: I'm not providing them advice, but we work very closely with them and share advice. Caroline, you might want talk about that.

Dr Caroline McElnay: From a Director of Public Health perspective, I'm in daily contact with my colleagues the Chief Health Officers of the states in Australia and also the Chief Medical Officer of Health there. We've also got more weekly correspondence with Canada, in particular.

Media: When do you [*Inaudible*] go on that surveillance testing? Are you looking for a certain level of infection, or is it just a timing issue?

Dr Caroline McElnay: I might put the question back to you—about what you mean by the surveillance testing?

Media: Going out into the community.

Dr Caroline McElnay: Well, we haven't yet made a decision to go out into the community and do specific testing.

Media: Are you looking for a certain level or threshold to do that or—

Dr Caroline McElnay: It may be something that we consider. It's more about, at this moment, actually pulling together all the information sources, backed up by the increased testing that is now happening, to see what the level of disease is likely to be in the community. In order to do serology testing, which may be what you're talking about, there's a couple of things that we need: we need to have a very good test that we're able to use—we don't yet have a test that we have ready to go that we would be confident in what it's saying. But also, from an epidemiology perspective, you have to be able to believe that you've got enough people in the community who would have antibodies when you do the serology test, and at the moment we do not think we have that level of disease across New Zealand. So it's a phasing—it's a phasing thing, where we do this piece of work first and then we do the plan for a more community-based serology survey, if that looks like it's going to provide us with useful information.

Dr Ashley Bloomfield: Perhaps two more questions, please.

Media: What day are we expected to peak with new cases, and when will we know if lockdown is working?

Dr Ashley Bloomfield: Well, Caroline and I were talking about this earlier on. What we have seen, over the last four or five days, is effectively a flattening off of the number of new cases, including—and this is particularly important—over the last two or three days with that much higher level of testing. So we haven't seen a whole lot more cases; in fact, the test positivity rate has dropped. And that's good; it's encouraging. But I would want to see probably another two or three days before we would start to know: is that definitely a flattening off? And then, if it was confirmed, we would expect then, in the coming days, that the number of new cases each day would continue to drop.

Media: [*Inaudible*] with those two or three days—is that when you're expecting it to peak? Is that what you're saying?

Dr Ashley Bloomfield: Well, it may well be it is peaking now, because we're seeing it's flattening off. What we will be really looking for is when the number of new cases each day starts to drop.

Media: Have either of you read the editorial published today in the *New Zealand Medical Journal*? It looks at the kind of lockdown responses, and also asks if there's a Plan B for if the lockdown fails—an exit plan?

Dr Ashley Bloomfield: Right, so I got asked this question earlier in the week about Plan B, and I said, "The plan is the plan." We have a very good plan, but it's like a game plan in a rugby match; you have a plan, and then you have to keep updating it and responding to emerging evidence, to the information you are getting from your own country. And here, because we've got levels of testing happening, that's providing us with really good information. So we're increasingly confident that these lockdown measures are working.

The reason we went early and harder than most countries—just about every other country—with that very strict alert level 4 lockdown was because not only did we think that was the best for protecting the health and safety of New Zealanders; we felt that was the best for protecting the economic impact as well. Yes, it's a very hard shock, but if you look at other countries that have not gone so early, you get this major, major impact on their healthcare system, you get this major societal impact, and you get the same, if not worse, economic impact.

So we're continuing to stick to, and adjust, our plan as we go forward. We're looking at the evidence constantly, we're looking at the experience from countries that are being more successful, and those that have been less successful, to inform what we do and how we adjust our plan.

Media: The editorial suggested a possible kind of isolation zone for over-60s, who are obviously at much higher risk of death from this illness. Is that something you could see as feasible, as you adapt the plan?

Dr Ashley Bloomfield: I don't think we need to think about that yet, and we're seeing, as we just talked about, that, actually, the number of cases does seem to be levelling off. We have been, right from early on, very concerned about and very clear in our advice to people over 60, or older people, that they are ones who are at most risk of serious illness or death and therefore have the most to gain from being protected and self-isolating. Final question.

Media: [*Inaudible*] ethnicity data by the Māori pandemic group. Are we likely to see that soon or will it roll out in a couple of days?

Dr Ashley Bloomfield: Yes, I'm very keen to see that, and so it's one of the things I wanted to follow up over the weekend, so I hope early next week we'll be able to provide accurate data about ethnicity.

Media: Are you confident that police have enough power to actually enforce this lockdown? A police guideline document seen by staff showed that they only had the power to actually enter properties to ensure lockdown compliance if they reasonably believe that someone had COVID-19, which is obviously a pretty high bar to meet.

Dr Ashley Bloomfield: If you look at the section 70 notice that I've just issued, it's really clear about what the expectations are on people and what the powers are of both medical officers of health and of the police to be able to enforce the current arrangements. So, yes, I do think police have enough powers, but, again, actually, that will just be a small adjunct to the high level of compliance and willing sort of contribution that we see most New Zealanders are making to our efforts. Thank you very much and we'll see you tomorrow.

conclusion of press conference