

ALL OF GOVERNMENT PRESS CONFERENCE: THURSDAY, 21 MAY 2020

Dr Ashley Bloomfield: Kia ora koutou katoa, and welcome to this afternoon's briefing. I'm pleased to report that today there are no new cases of COVID-19 in New Zealand. So our total number of cases remains at 1,153—that's confirmed cases—and the total confirmed and probable at 1,503. Another five cases have been categorised as recovered, and that then brings the total to 1,452, which is 97 percent of all cases. There are no additional deaths to report, and today there is just one person in hospital, still in Middlemore Hospital and not requiring intensive care. Yesterday, our labs processed 6,113 tests. Our grand total now is 244,838 completed.

I want to give a reminder today about flu vaccines and to encourage Kiwis to get their vaccine, especially as the weather noticeably starts to get a bit colder. You'll recall that this year we had ordered a record number of 1.76 million vaccines of the Southern Hemisphere vaccine, and that's now been open for everyone to be able to get vaccinated for the last 2½ weeks. We are still asking our immunisation providers, though, to just keep back some of that vaccine for our high-needs groups, who may need it over coming months—for example, pregnant women. We have also, I'm pleased to say, secured with Pharmac an extra 360,000 doses of the Northern Hemisphere vaccine which were available. Those have arrived in the country. They have passed through the regulatory process and have been approved for use in healthy people aged three to 64.

Now, this vaccine is not quite the same four components as the Southern Hemisphere vaccine. It's an absolute match for two of the four components, provides some partial protection for a third, and the other strain of virus that is in it is not a match for the existing Southern Hemisphere vaccine. However, the advice has been very clear from our experts: using this vaccine would afford useful protection to Kiwis. And that will now be available to be used once the supplies of our Southern Hemisphere vaccine have been all given to people. So that vaccine, as I say, is available and for order from this week, and I would encourage Kiwis again to go out and get the flu jab. And that will mean we'll have a total of around 2.1 million doses of flu vaccine available to be used this winter. It is of much more value in people's arms than it is sitting on the shelves; so please do go out and get your flu jab.

Just a comment on funerals and tangihanga: since we moved to alert level 2, just over a week ago, funeral directors have been able to register funerals and tangihanga to enable groups of up to 50 to participate if they can confirm that they have got public health precautions in place, and I'm pleased to say that, since the start of alert level 2, around 650 funerals and tangihanga have been registered. Some of these will relate to the same event, because there may be a registration for a service at a church and also one at a crematorium, but really pleased to see that that system has been working very well and enabling families and friends to get together and grieve for lost family members.

An update on the New Zealand COVID Tracer app: we continue to be encouraged by the number of Kiwis who have registered—as at midday today, 236,000 registrations for the app. So if people haven't downloaded it, I continue to encourage you to do so. It will help us in our overall efforts to contact you quickly if we need to—so noting that identifying, tracing, and isolating contacts quickly is a very key part of our overall effort. Businesses are going through the process of getting their QR code, and to date 6,500 QR codes have been generated by businesses. I understand yesterday some people with some phone models had trouble—well, some people had trouble locating the app in the Google Play store. We've worked with Google to make sure it is much more obvious and can be found more easily. And also there were some phone users who had trouble either downloading the app or registering. We've already done updates to try and fix any bugs that were there, and this is something that, of course, happens when a new app is made available. We did some

user testing beforehand but, of course, the app wasn't tried on every single model of phone, but we are addressing those issues as they arise.

And also today we have published draft standards and the related specifications for developers of other apps, who will then, if they use those standards and specifications, be able to have their app use that single New Zealand Business Number - related QR code. So there will be only, then, a need for businesses or premises to display that single QR code that is related to the unique New Zealand Business Number. And just to confirm, a word on privacy: the personal information that people provide when they register with the app is held only in the Ministry of Health, only for contact tracing, and any other data is held only on your phone, and you release it if requested, and if you wish to, if you are contacted.

On a final note, as you'll be aware, bars and pubs reopen today under alert level 2—mind you, while we remain in alert level 2, they do so under the same requirements that are already in place for hospitality venues. That is to protect everybody's health and make sure we are not compromising the gains we have already made with COVID-19. So that includes, of course, limiting physical interaction between patrons from different groups and, of course, between staff and customers. It will be a great chance to catch up with a friend and support your local business. This may not, however, be the time to publicly try out any new dance moves you have learnt over the lockdown. So do have fun if you're heading out to a bar or a pub in coming days, but do support the staff by ensuring that you do so from your seat and within your small group.

And just finally, a word on the contact details that you will be or are already being asked to provide when you visit a hospitality venue: please ensure you give the correct details. The whole purpose of this is to ensure that you can be contacted to protect your health and, of course, the health of your family and the wider community, should it be necessary. I'm open to questions.

Media: How many people have downloaded the app since yesterday?

Dr Ashley Bloomfield: Well, there are 236,000 registrations total, and I think when I spoke yesterday it was around 90,000, so it's about another 146,000, if my maths is correct.

Media: How many people do you want to be using the app for it to be really successful?

Dr Ashley Bloomfield: As many as possible. And just a word on that, I know there's been some articles about the limited functionality of the app at the moment, and I agree. However, even by registering—even by registering—that means that we have up-to-date contact details for people who have registered that we can use. So that is of benefit to every individual who has already downloaded the app. The QR code functionality will be of increasing value, and, of course, we are adding further functionality over coming weeks to make sure that the app is of even more value to individuals but also to businesses, which will mean then they won't need to continue to record people's details.

Media: There's half a million businesses in New Zealand. Only 6,000 have actually got those QR codes. Are you disappointed by the take-up?

Dr Ashley Bloomfield: Not as yet, no. I think it's good progress. There is a bit of a process they need to go through. Of course, not all businesses are open at the moment, but I'll just equally encourage businesses to go through that process, download the QR code and display it, and that will help both you and other Kiwis.

Media: Why did you decide to design your own bespoke solution for this app, and did you consider acquiring any existing apps, buying the rights wholesale for them or buying the companies associated with them?

Dr Ashley Bloomfield: Yes. We didn't consider buying any companies. However, we did consider the full range of options here, and we were looking to see what other countries were doing, and I can say that we had many, many offers of solutions. However, we did decide to go down the route of developing our own app because then we could be confident about what information was being collected, what was being done with that information,

and, of course, it allowed us to then develop and add further functionalities once people had downloaded that app. And I know there's also been some commentary that it's taken a long time. I dare say, when a Government agency develops an app, it is not the same as a private app provider. We have to go through a very thorough process, of course, particularly around privacy issues, ensuring it links with other Government priorities and approaches, and, of course, in this case, getting Cabinet approval to go ahead with an app like this, which was very important. So I think it's a good solution, and it will be even more useful as we go.

Media: And it only works with some versions of Android and some versions of iOS, at some stage, is that correct, and is there a—

Dr Ashley Bloomfield: No, the intention is that it works with all versions.

Media: Four days running, no new cases, one patient in hospital—it all sounds pretty promising. How are you feeling?

Dr Ashley Bloomfield: It is very promising, and I'm feeling encouraged, as we all should, by that. And I think that then means we're in a good position to provide advice to Cabinet to make a decision next Monday about the possibility of increasing the numbers in groups, and, of course, the key thing here is that because as, again, we've had quite high numbers of tests being done of both symptomatic and asymptomatic people, we just increasingly are confident that there aren't these hidden pockets out there. And that really, then, does allow us to start thinking seriously about what would a move to alert level 1 look like.

Media: So will your advice come Monday then be let's expand those gatherings considering that we're on the side of zero cases?

Dr Ashley Bloomfield: Well, the intention was even when the decision was made to go into alert level 2 to review that after two weeks, and I think you will be able to infer from the numbers that everything remains promising, remembering that it's not just the time we've spent in alert level 2 but actually the preceding time in alert level 3. So I think all the indications are positive.

Media: What about the number of people that have recovered, so with back-of-envelope maths it looks like we only have about 35 active cases across the country now. Did you think we'd be in that position and doesn't that back up the move to move out of level 2 and the restrictions earlier?

Dr Ashley Bloomfield: I think it's a really good outcome, and the thing here is that even those active cases are ones from some time ago, so we are increasingly confident that we have successfully broken that chain of transmission here onshore. And I guess, two things from that. One is that's as good an outcome as we might have hoped for from the lockdown in alert level 4, and, again, we were able to do that for as short a period as possible, and it means we can open up more rapidly. I think the second point is that then means we've got an even stronger focus on ensuring our border is very robust in our measures there but also a focus on how we might put in place the systems and processes that would allow us to start to open that cautiously with Australia and then potentially beyond.

Media: Are you looking specifically at opening more church services earlier than anything else or giving them a special dispensation?

Dr Ashley Bloomfield: Not especially, and I have talked to that already this week. So the aim would be to move as quickly as possible to open up group size for all group activities, and, of course, church and faith-based gatherings are a really important one, and I know there's a real keenness for some of those groups to get together as soon as possible.

Media: You continue to conduct thousands of cases every day. They almost all come back negative. Will there be a point in the future where the testing volumes will actually decrease, just because you'll run out of people to test?

Dr Ashley Bloomfield: That's a good point. So as we move further into alert level 2 and think about alert level 1, the testing will be still on two distinct groups. First of all, symptomatic people—so people with respiratory symptoms. Now, we know, because of low levels of viruses circulating in the community, there will be less of those now than there might be in a couple of months' time when we start to heard into winter. So those people will all be tested. However, we are reviewing the case definition at the moment with our technical advisory group, just to make sure it is appropriate for a situation we find ourselves in where we've got very low or what appears to be no level of the virus circulating inside the country but we still want to make sure we're not missing any cases if people do present with symptoms. But alongside that is this other surveillance testing which will be particularly targeted at groups who might be at higher risk—so people working at the border in particular, international airline staff, and as well as that perhaps people working in healthcare and other institutions.

Media: In terms of the tracer app, I just want to ask, has there ever been any intention to extend it to public transit, which seems to be an area where there is very little contact tracing at all?

Dr Ashley Bloomfield: Well, one of the things on public transport now is that most of the journeys are taken by people using a card, some sort of payment card, to get on and off, and I know here in Wellington, for example, even though public transport is free at the moment, for example on buses and ferries, people are still required to use their Snapper card to clock on and off, so that does provide a record of use of public transport that can be used for contact tracing purposes.

Media: Snapper doesn't always require you to give details, though, does it?

Dr Ashley Bloomfield: Well, your Snapper is registered to an individual.

Media: It's also not mandatory, though. I think they've said they will let passengers on if they don't have a Snapper card. Would you like to see it made mandatory so don't have any potential gaps in terms of tracing back?

Dr Ashley Bloomfield: Well, two things there. One is, yes I understand and I've had a family member who's been on the bus when they didn't have a Snapper, so I think that's helpful. But the important thing here is, of course, if someone is a case or a contact but they can recall where they have been—so what I would imagine is that that doesn't leave a gap, because people will remember where and when they may have travelled over the last few days.

Media: In terms of testing, are you looking at doing random testing at the supermarkets any more?

Dr Ashley Bloomfield: At the moment we've got a detailed plan being developed with proper epidemiological advice about the sort of sampling we can and should be doing and where, and so we'll make that plan available next week. That is when we will sort of start to move to this much more systematic surveillance testing.

Media: So you're not ruling it out?

Dr Ashley Bloomfield: Not ruling it out, no.

Media: Auckland Regional Public Health Service has said it's going to be a significant challenge for it to meet the Government's contact tracing requirement. Are you hearing any similar concerns being relayed to the ministry by other public health units, and, if so, is there any additional support for them?

Dr Ashley Bloomfield: No, we haven't had any other concerns relayed, and Auckland Regional Public Health is our biggest public health unit. It's serving the biggest

population. So, yes, it will be a challenge, the scale-up that will be required there, and we are working very closely with them, and there is additional funding that the Government has signalled will be there to do that. So we're working very closely with Auckland Regional Public Health and the other public health units about how they will scale up, and there's also—because we've asked them all to put a plan in, they've all got good ideas about how to do that and how to be able to scale up that capability very quickly.

Media: Why has contact tracing for Māori and Pacific—are Māori and Pacific engaging? Has there been any analysis done?

Dr Ashley Bloomfield: I can't speak to the latter point, but I'm happy to have a look at that. Yes, they are engaging and one of the areas we've asked the public health units to look at as they develop their plans, and really to scale up, is to think about how they can work much more closely with Māori and Pacific providers and communities who will be able to assist with that contact tracing in those communities, if required.

Media: And is ethnicity data available in the app too? Are you looking for that?

Dr Ashley Bloomfield: Yes, we do ask people to record ethnicity so that that will—that just helps us get a picture of who is registering, and then, of course, if there is a case and we need to trace contacts, it's very important and very useful for us with our planning and deployment of resources to know people's ethnicity, because it helps us to target funding and service provision into communities that might need it.

Media: You also have a registration form for tangihanga on the Ministry of Health website. Are you finding Māori are submitting their funerals and tangihanga there?

Dr Ashley Bloomfield: Yes. So the registrations are coming through from funeral directors who will be working with marae and so on around tangihanga, and, of course, we do have some dedicated Māori funeral directors. There's a group of those, so they're amongst those who are registering those tangihanga.

Media: It's been quite a while since we've had the last COVID-19 related death. Do you expect that we've seen the last of that, or is there a risk of more going forward?

Dr Ashley Bloomfield: That's my great hope, that we have seen the last of those, and, as you'll be aware, those deaths have all occurred in older people, many of them associated with our aged residential care outbreaks. So my hope is that, as time goes by, those people will have recovered and are therefore unlikely to add to our stats there. I should also say that over the last few months any cases where there's been an unexplained or sudden death in the community and it becomes a coroner's case—in those cases COVID-19 testing has also been done as part of just checking that we're not missing any cases out in the community, and all those tests have come back negative.

Media: [*Inaudible*] the further testing, sorry. That falls into the category of ongoing sentinel testing, right—just what we'd categorise this. What sort of scale are you anticipating it's been? How many tests do you think will be ongoing in that sort of style of testing?

Dr Ashley Bloomfield: I would think for the time being that would be several thousand a day. We would be wanting to do quite high levels of sentinel testing right across the country. It may be somewhere between 1,000 and 2,000, but that will be very much a part of the advice we give to each of the public health units about where they should be testing and how many people they should be testing. And for some groups, for example, those working in border agencies, that might require actually regular testing of the same people. In fact, you might want to test all those people working at the border over a period of time.

Media: And you said you're going to release this advice next week, but what sort of, I guess, factors feeding into it—like, I suppose, concentration of previous cases or at risk populations; that sort of stuff. What are the main issues that you're trying to look at?

Dr Ashley Bloomfield: Well, different from the testing we have been doing to date, which has been still testing widely in the community to see if there is asymptomatic infection out there, or people who may have been infected and still have residual virus—we haven't found any of late, as you know. So, different from that, this will be particularly targeted at areas where we think there is higher risk, and, again, that would be largely around the border but would also be, perhaps, people who are working in healthcare settings. And that will be alongside the testing of people who are symptomatic with the relevant symptoms.

Media: Are there specific populations, other than sort of work-based populations, are there specific populations that you would be focusing on that were more high risk?

Dr Ashley Bloomfield: Not necessarily, if we're in a situation where we're very confident there isn't virus circulating out in the community. What we will be wanting to do, though, is make sure that all populations have access to symptomatic testing very readily, and that was a big part of our effort over the last few months—so the mobile testing, our CBACs out widely in the community.

Media: And what about flu vaccines—how many are you holding back for those more vulnerable populations, and why are you only recommending that Northern Hemisphere for healthy people between three and 64?

Dr Ashley Bloomfield: Well, on the first question, we're asking all providers to hold some vaccine back for their, for example, older people or pregnant women who they haven't had a chance to vaccinate yet—although, it's been seven weeks now since vaccination opened up to those groups. We will also be holding back 20,000 doses in our national store that can be ordered if there are people in those groups.

And on the second question, this is because the Northern Hemisphere vaccine is a good, but not full match, with the four strains in the Southern Hemisphere vaccine. And so we want our people who are most vulnerable to flu to be able to get the vaccine that's got the full four strains covered.

Media: OK. And will GPs be required to tell their patients which of those vaccines that they're getting?

Dr Ashley Bloomfield: Yes, that will be part of it, and providing information about what it does and doesn't cover. But, again, the main reason that we went ahead and ordered this vaccine when it was offered was because the specialist advice was very clear: it's much better for people to have some protection than no protection. And it will be absolutely useful, and provide good protection, for Kiwis who do get that Northern Hemisphere vaccine.

Media: And is there no chance of us getting any more of the better vaccine?

Dr Ashley Bloomfield: Of the?

Media: Of the better—the Southern—

Dr Ashley Bloomfield: Oh, the Southern Hemisphere vaccine—no, that had all gone. Actually, it's, essentially, manufactured to order at the start of the season. So we were very fortunate to get those extra 300,000 to 400,000 doses we did get ahead of the season. Any final questions?

Media: A question from a colleague. At what point do you think it could be safe for non – New Zealand passport holders to travel here—for that exception to be made, for example, for athletes to come through, do the quarantine process, and come into New Zealand?

Dr Ashley Bloomfield: Well, that's one of the issues we'll now be able to look at. If we're confident about how things are onshore and we are also confident about our border arrangements, that we've got good, robust quarantine and supervised isolation procedures in place, and then also we are looking at the role of testing in that setting, and we will be moving to testing everybody before they leave that—even after the 14 days or before they leave self-isolation or isolation or quarantine.

Media: And what do you need to see for that to be a possibility?

Dr Ashley Bloomfield: Well, again, we need to be confident in our border processes, and also that there's a need for people to come in. And, I think, at the moment, it's restricted to New Zealanders and New Zealand passport holders or permanent residents. But the opportunity will be there, then, to start opening it up. Again, as long as we're confident we can control the risk at the border—that will be the key thing.

Media: Do you have any sort of time frame how soon you think that might be?

Dr Ashley Bloomfield: No, I don't have any time frame.

Media: Sorry, just to be clear: so you're planning on testing everyone not just from quarantine but also from managed isolation?

Dr Ashley Bloomfield: That's right, before they depart from that and head off to their business, yeah. So that will be one of the things we're doing just, again, as part of that being really confident we have got everything nailed down at the border. Thank you very much.

conclusion of press conference