

## ALL OF GOVERNMENT PRESS CONFERENCE: FRIDAY, 14 AUGUST 2020

**Hon Chris Hipkins:** Kia ora, everyone. Good afternoon. The director-general will start today's stand-up by providing us with the most up-to-date information that we have on the cluster that we're dealing with. I'll follow with a short update on the ongoing rollout of the Government's plan to trace and stamp out the re-emergence of COVID-19 and specifically what we're asking New Zealanders to do to help with the implementation of that plan to stop the virus's chain of transmission. Dr Bloomfield.

**Dr Ashley Bloomfield:** Thank you, Minister. Kia ora koutou katoa. Look, I do want to start today with a reminder of the comments I made yesterday. The problem is the virus; it is not people. People are the solution. We need to remember that the cause of this worldwide COVID-19 pandemic and the response in New Zealand and globally is this new virus. There is no blame or stigma attached to anyone having COVID-19, and we should treat each other as we would want to be treated, with dignity and respect.

Furthermore, we've had reports of healthcare workers, who are doing their best to, particularly, provide testing for people, being verbally abused and even attacked. This is completely unacceptable. I'm sure you will agree. And please remember that all healthcare workers are doing their best to help not just you but all New Zealanders. I know how hard they are working, both in Auckland and around the country, and I want to take a moment to sincerely thank them all.

Moving on to the new cases. There are 12 new confirmed cases and one probable case to report in the community today. So that's 13 new cases in total. Two of the 13 new cases are in Tokoroa. These two people tested positive after being followed up as close contacts from a family member who is one of the Auckland cases—so part of that Auckland cluster. As we have done to date, we will continue to put details of each of the new cases up on the Ministry of Health website. All of the 13 new cases, bar one, have already been linked to existing cases and to that cluster. For the 13<sup>th</sup> case—and that person is currently in hospital—the link is still under investigation. It is the most recent case we have been informed of, and work is under way on that one.

Now, Waikato DHB's public health unit confirmed that the two COVID-positive people in Tokoroa are part of a household. They had contacts of two people from Auckland, and it's the same people who had also visited a rest home in Morrinsville on the same trip out of Auckland. The visit occurred while they were feeling well and before they were aware of any potential exposure or that they were infectious. Others in that household have tested negative, and staff at the DHB remain in very close contact with the family and are providing support to the family, who are all currently self-isolating—have been very helpful and cooperative. Close contact tracing has been under way with a number of wider whānau members in that group who are close contacts, and arrangements are being made to establish a bespoke quarantine arrangement for that wider family. There will be a community testing facility operating in Tokoroa throughout the weekend.

As I noted yesterday, we're now asking that all positive cases, and, where relevant, their family members or household members, transfer to the quarantine facility in Auckland, for those Auckland-based cases. This is so we can greatly reduce the risk of transmission, especially within households, and any inadvertent transmission into the community. And, currently, 38 people linked to the cluster have already moved into the Auckland quarantine facility. This includes the cases and household members.

So the 12 new confirmed cases to report today bring our total number of cases—confirmed cases—to 1,251, and we will report that through to the WHO. Our total number of active cases is 48, and 30 of these are linked to the outbreak in the community. As I noted earlier, we have just the one person who is in Auckland hospital.

We do continue to investigate all close contacts. The primary means of doing this is through interviewing carefully each positive case, identifying contacts, testing and isolating those who are close contacts, and assessing casual contacts, who may need to be tested, and also to provide them advice around vigilance around their health. If symptoms appear, anyone who is a casual contact will seek advice from Healthline or their GP.

Our national contact tracing service has 771 close contacts identified. As at 10 a.m. this morning, 514 had been contacted. Again, I ask anyone who is called by the contact tracers to please take and/or return the call. So far, we are tracing 83 percent of our close contacts within that desired 48-hour period.

Now, in addition to Mount Albert Grammar School and Pakuranga College, two other schools and a preschool are fully closed after confirmed cases have been linked to each of them. This has been in the media since this morning because immediate action was taken with those educational facilities last night. Auckland Regional Public Health is tracing close contacts at the two schools and the preschool. While they do this, pupils and their families have been asked to be vigilant for symptoms, after one student in each of the two schools tested positive. So the schools are Glamorgan School in Auckland's North Shore and South Auckland's Southern Cross Campus, and a pre-schooler at Taeaofou I Puaseisei Preschool has also tested positive.

Moving on to our lab processing of tests, yesterday 15,703 tests were processed around the country, our highest number of tests processed in a single day by some margin. So the total number is now 524,414. Demand has been high at our dedicated testing centres across Auckland, and thank you to those who have waited patiently. There are now 16 testing stations around Auckland and people can also be tested at their GP—phone ahead if you are symptomatic, please.

A reminder: we are only testing symptomatic people at the moment; so please keep that in mind. It's very important that we focus on identifying any possible additional cases out in the community, and if you are not symptomatic and turn up at a CBAC, it is quite possible you will be turned away. So we need to make sure we are focusing our testing and our laboratory throughput on the people who are at highest risk.

Just an update on the aged residential care facility in Morrinsville: as I commented, the two people who were COVID-positive visited the Kingswood Rest Home in Morrinsville before they knew they were exposed, and, indeed, before they were symptomatic. I want to thank the rest home, which has responded very rapidly and appropriately, working closely with the local medical officer of health. The resident who was visited has tested negative, as have staff members who had interaction with the visitors. However, all staff and residents have been tested, and their swabs are in the process of being analysed at the moment. We expect those results later today and tomorrow. The DHB is working closely with the rest home, and they have all the PPE they need and other support.

Finally—actually, two more comments. QR codes—we now have 1,172,800 registered users. That's 386,000 downloads in the last 24 hours, and over 171,000 posters created. A reminder that the app does not use any data to download or when you use it, as we have worked with the telecoms companies to ensure there are no barriers to you or anybody using it.

Finally, a comment on stockpiling of medicines: the Chief Executive of Pharmac, Sarah Fitt, notified me this morning that people are starting to stockpile medicines. Please do not do that. That will mean it will be very difficult for some other people to get the medicines they might need. Rest assured the supply chain for all our critical medicines is not all impacted by the current situation. Pharmacies are an essential service, so will be open, of course, in alert level 3 in Auckland, and around the country under alert level 2. Thank you, Minister.

**Hon Chris Hipkins:** Thank you to the director-general. As Dr Bloomfield has said, all of the cases so far, at this point, are connected. They are all part of one Auckland-based cluster, and that is good news. Twenty-six thousand tests have been processed in the last

48 hours since this exercise began, and we've seen no evidence of a positive COVID-19 case outside of Auckland that is unrelated to the cluster that we are dealing with. We've got two confirmed cases in the Waikato with a direct link to the Auckland cluster, and one case in Auckland that is still under investigation.

But we, of course, are not out of the woods yet. Continuing our plan to rapidly contact trace and test over the next couple of days remains our No. 1 priority, and that priority remains in Auckland, where the bulk of the cases are. That's where we're focusing the lion's share of our efforts.

For the rest of New Zealand, our message remains for people to be vigilant, to wash your hands, to stay home if you are feeling unwell, and to call Healthline or your GP if you have any doubts. As the director-general has outlined, the number of tests undertaken over the last two days has accelerated rapidly.

Our key message for the people of Auckland right now is that we need these tests to be available to people that the Ministry of Health has identified as being the priority. These are people who have had anything to do with one of any of these locations over the past week: the Ports of Auckland, Americold, and Finance Now. If you've been to any of the locations in Rotorua and Taupō listed yesterday and you are showing symptoms, then you should also seek a test.

If you are well and you are seeking a test, you could be preventing someone that we need to be tested getting that test. We do completely understand that people are anxious, but we've got a plea for Aucklanders in the next couple of days: if you are well, if you are not a border worker or you're not employed at an MIQ facility, if you are not an identified close contact or have come into direct contact with a known positive case, and if you're not showing any symptoms, please do not come to the CBACs—the community-based assessment centres—because it's slowing down these priority groups getting the testing we need.

So I repeat: unless you're in one of those priority groups or you're showing symptoms consistent with COVID-19, please do not come to the Auckland testing stations over the next couple of days. This will allow us to prioritise testing for people in those groups who we need to get a test and who we need to rule them out as potential cases because of their links.

With regard to testing at the borders, over the last two days that testing has ramped up at the borders, and, as I've said, we have made this testing compulsory. At this point, we expect to have the majority of people-facing border workers tested by the end of today. Our priority for the testing of border workers are those working on the front lines and who are therefore more at risk of exposure to COVID-19. That at-risk category is a much smaller number than the overall number of people who are working at the border, some of whom will be at very little, if any, risk of exposure. There are over 280 staff who work on the front line of the border at the Auckland international airport. Over the last 24 hours, on-site testing has ensured that most of these staff have been tested and the few remaining to be tested will be done so over today and tomorrow.

For instance, by last night, 100 of the 141 Customs staff had been tested and the remainder were being tested today. Around 50 Ministry for Primary Industries staff work at the Auckland Airport border; 75 percent had been tested as of last night and the rest will be tested over the coming day or two. All Immigration New Zealand staff working at Auckland international airport who worked there during the past 72 hours have now been tested on-site. The staff that work in night shifts have been tested using CBACs or their local GP.

Immigration New Zealand staff not working since Tuesday have undertaken voluntary routine testing prior to the return to level 2 and level 3, and they'll all be tested again when they return to work. Border agency staff who weren't working are being called in for a test or being instructed to go to their GP to get a test. On-site testing at the Ports of Auckland: Ports of Auckland tested 500 people yesterday, and that testing continues today. Most

Customs and MPI front-line staff were tested yesterday or today. Two thousand four hundred and fifty-nine people who work in managed isolation or quarantine facilities—of those, 1,435 have been tested in the last 48 hours.

Finally, just a brief word on face masks: we have had some concern about access to face masks. I can confirm now that 1.6 million face coverings were sent out at 4:30 a.m. this morning to 125 social sector groups in Auckland, including food banks, churches, iwi, aged care organisations, city missions, and other informal networks who are best situated to distribute those masks or those face coverings to those who are in need, and there's a further 1.4 million that will also be distributed using those routes. We're now happy to take your questions. We'll start with you, Tova.

**Media:** Minister, given these two cases in Tokoroa now, is a regional shift to level 3 in Waikato inevitable, and also possibly the Bay of Plenty? And if that's the case, why not do that now rather than wait until 5.30 tonight?

**Hon Chris Hipkins:** No, because the advice that we've got at the moment is that the risk there remains low, because both of the cases concerned can be clearly linked. They're recently acquired, clearly linked to that Auckland-based cluster. We got in and we got them early, but the director-general, of course, is the one providing that advice, so I'll ask him if he wants to add to that.

**Dr Ashley Bloomfield:** Yes, just to pick up on what you've said there, Minister. So those cases are clearly linked to the Auckland setting. This is where this outbreak is located, it's the origin of it, and we don't have any evidence of any other cases other than the two in Tokoroa, and, again, the idea there is, as we do, rapidly isolate, contact trace, and—in this case—we're setting up that quarantine arrangement for that wider whānau who may have been exposed as close contacts.

**Media:** So you're ruling out advising the Government to move to a regional level 3 lockdown in the Waikato or the Bay of Plenty?

**Dr Ashley Bloomfield:** The Government will get that advice today, and I don't want to pre-empt either the advice or their decision.

**Hon Chris Hipkins:** I'll let Tova do one more follow-up. Yep.

**Media:** Those border numbers—the border testing numbers—sound impressive today, but that just goes to show, doesn't it, how woeful those testing numbers were before. So why, you kept insisting that you were testing them, so why did you mislead the public about the border testing?

**Hon Chris Hipkins:** No, I think one of the things that I've tried to do there today is give you a bit of a sense of who the front-facing staff are at the border. Because there's obviously several thousand people that work across the border throughout the country. Not all of them are in an at-risk category. Some of them won't come into contact with any risk at all. So what we've done today is make it very clear who the at-risk group are. If you look at the testing numbers over the last couple of weeks, we have had a good proportion of those being tested prior. Where I think there is—we've been boring into in the last few days is just how many of the people really should be prioritised for testing, and that's where our focus is.

**Media:** It just goes to show what you could have done and what you didn't do, and why on earth didn't you make testing compulsory at the border before?

**Hon Chris Hipkins:** Look, compulsory testing is quite a big lever to pull. It is one that I think—

**Media:** So's a regional lockdown.

**Hon Chris Hipkins:** The Government exercises a great deal of caution when making it compulsory for someone to undergo a medical procedure.

**Media:** Dr Bloomfield, with those new cases, what should we read into that in terms of how widespread it is? Where you pleased about those numbers, in inverted commas?

**Dr Ashley Bloomfield:** Well, I'm never pleased to see another case. What I'm pleased, though, is that we are identifying any additional cases, and, remembering these are people who were close contacts, who would have been isolated immediately, tested very quickly. So what we have seen, and what we will expect to see, is the—because this is a cluster, and we've seen this earlier in the year—the numbers will grow out, and what we will be looking to do is see that the additional numbers are stabilising over the next few days. But, again, pointing out what we're wanting to do is find all these cases. That's why we're going so hard on very wide testing around any new cases.

**Media:** [*Inaudible*] we need to get a proper picture of where we're at with it—this is meant to be sort of three days to get a stocktake of where we're at?

**Dr Ashley Bloomfield:** Yes, and we've got—I think we're getting an increasingly good picture, and we will have even more information by this afternoon when Cabinet meets to make its decision. So the picture, I think, is a very good one. There is some heroic work happening out there—over 15,000 tests processed in 24 hours. Every one of those is a swab that's been taken, processed through the night by laboratories, so this is exactly the sort of pace that we had geared up for, that we could undertake when this situation arose.

**Media:** What about the index case, Dr Bloomfield? Are we any closer to that?

**Dr Ashley Bloomfield:** It's still a piece in the puzzle we are trying to fill, but we are—you know, we're looking still at the human-to-human transmission and going back along that chain. We're also thoroughly investigating the sort of chain through the Americold setting from the border right through to that cool store, and we're getting some help from our police colleagues to treat that as an end-to-end scene examination.

**Media:** Just on the number of tests that have gone through, I think you said it was 15,000 in 24 hours, and then 26,000 in the last 48 hours. Are you confident enough that we have enough stockpiled in terms of COVID tests, given this influx of testing that the ministry's been doing?

**Hon Chris Hipkins:** Yes, the advice that I've had gives me comfort that we do. Again, I'll ask the director-general if he wants to add to that, but the advice that I've had is that when this exercise started we had at least 280,000 test kits available, and, obviously, we bring more testing supplies in progressively. But again—

**Dr Ashley Bloomfield:** Yes, we have got a good supply chain here, and what the labs are doing now, of course, is because the tests we are most interested in are the Auckland region ones, so we're starting to use capacity outside of Auckland to prioritise processing those ones, and, in addition, there is some pooled sampling happening where there's a low risk of there being a positive result. A number of samples can be tested at once, and if they're all negative then another bunch can be done.

**Media:** So test kits are taken from, for example, Wellington up to Auckland because there's lower use here but higher use up in Wellington?

**Dr Ashley Bloomfield:** No, it's more the processing. So once the samples are taken—so there are swabs aplenty around the country. Once the samples are taken we can shift them down to the Waikato or Wellington to be processed so that they get done quicker.

**Media:** Dr Bloomfield, the case that is in hospital, how concerned are you that you haven't linked that back to the cluster, and what hospital is that person in?

**Dr Ashley Bloomfield:** Yeah, so at Auckland City Hospital, which I mentioned earlier on, so it's an Auckland-based case. I'm not concerned at this point, because it's very early on and it's under investigation, and it was, sort of, the most recent case. It just made our 9 o'clock cut-off this morning, so it's well under investigation, and hope to have an update on that later today.

**Media:** You believe it will be part of that cluster?

**Dr Ashley Bloomfield:** I couldn't say; it's under investigation.

**Media:** Dr Bloomfield, what will your advice to Cabinet be regarding the need for restrictions outside of the upper North Island?

**Dr Ashley Bloomfield:** Look, again, I just don't want to pre-empt the advice; it's in development. And my advice—well, the health advice which goes to the Minister, he shares that with the Prime Minister and his colleagues, and it's a key piece of the advice that is taken into account, but it's Cabinet's decision. I don't want to pre-empt it.

**Hon Chris Hipkins:** Just before we take any further questions, I do just want to be clear here that Cabinet will get advice when we meet at 3 o'clock this afternoon. That advice is still being finalised. We won't get into what that advice will or won't contain at this point, because, obviously, that's a picture that is still emerging, and then we will make appropriate announcements later on this evening about the decisions that Cabinet takes based on that advice.

**Media:** Have unions pushed back at all on testing at the border with regards to the people they represent who staff the border?

**Hon Chris Hipkins:** No, the conversations we've had with the unions have been incredibly constructive. They are keen to see their staff being tested or their members being tested. The feedback we've had from the unions is that the members themselves are keen to be tested.

**Media:** So at no point in managing the border have unions at all suggested that their staff would not want to be tested?

**Hon Chris Hipkins:** No concerns have been raised with me by the unions, and no concerns from the unions have been relayed to me by others who they may have raised them with.

**Media:** [*Inaudible*] clarify two things: one is that the workers at the border and MIQ facilities haven't been regularly tested up until this round where they all have to be tested, firstly. And secondly, can you clarify whether there is any positive test in Wellington? We've been told that someone connected to the Weta workplace has tested positive.

**Hon Chris Hipkins:** So in regards to the last question, I can say that that's certainly not come through. As I mentioned before, all of the positive test results that we've had are the ones that we have just gone through, and that's the most up-to-date information that we have on that. There were rumours circulating around Wellington yesterday about positive tests—I spent a bit of time chasing those down and can confirm that they were incorrect. This is one of the challenges that we have across the country at the moment. People are at a heightened level of anxiety; that's understandable. There is one source of truth, though, when it comes to these things, and that's the announcements we make here. And one of the reasons that we are not drip-feeding information out—we are doing it in a consolidated and coordinated way—is because we don't want to spend our time chasing down and reconciling information. We'll do that properly, and then when we make the announcements, we'll make sure that that information is all verifiable and fact-based.

**Media:** Sorry, can you answer that first question?

**Hon Chris Hipkins:** Oh, sorry, the first question was?

**Media:** Whether the MIQ and border workers have been regularly tested.

**Hon Chris Hipkins:** I'll ask Dr Bloomfield to address that.

**Dr Ashley Bloomfield:** Yes, we discussed this yesterday. So that programme of regular testing was getting under way. The focus has been on the higher priorities setting, which was our quarantining facilities, and the issue's been raised about voluntary or compulsory testing. The reason that the Minister's actually issuing an order is because we

are in an outbreak situation, and therefore it's more appropriate to and backs up what was previously voluntary testing. And, as the Minister's pointed out, under this situation we're seeing good support and cooperation from those workforces.

**Media:** And with that order, is that for compulsory testing now for this cluster investigation, or is it for ongoing regular testing?

**Hon Chris Hipkins:** Is it—do you mean the order?

**Media:** Yes.

**Hon Chris Hipkins:** That is for those who are working at the border.

**Media:** Is it just a one-off order though, or will it set a precedent that they need to be regularly tested?

**Hon Chris Hipkins:** Look, I mean, I'll release that order as soon as I've signed the final version of it. So I haven't done that yet, but I will release it as soon as I have.

**Media:** So these workers are being tested, despite the fact the order hasn't actually been signed?

**Hon Chris Hipkins:** That's correct. But we've had no one declining a test.

**Media:** You haven't mentioned aviation security; have they been tested?

**Hon Chris Hipkins:** Yes.

**Media:** Minister, I've just seen a post from a ramen shop in Wellington saying that they've been informed a member of the public who's been diagnosed with COVID-19 dined at the ramen shop on 5 August. Is that correct? Do you have any information about that? Has a COVID case come to Wellington?

**Hon Chris Hipkins:** No. And, like I say, we are not going to continue to comment on every speculation on social media, because there is a lot of false information on social media.

**Media:** This is from the restaurant itself.

**Hon Chris Hipkins:** Yeah, and like I said, I spent quite a bit of time running down allegations yesterday around positive cases in Wellington, and none of them were true.

**Media:** Well, it was true. It was a positive—

**Hon Chris Hipkins:** So we have got a very consolidated process in place so that, when we do make announcements here, that information is all correct and accurate.

**Media:** Well, what, then, is your message to Winston Peters, who's saying that he's been informed that a quarantine breach is responsible for this outbreak?

**Hon Chris Hipkins:** Look, that's a question that you can address to him; he was also very clear in that interview that he did not get that information from an official source.

**Media:** Yeah, but if you're trying to shut down misinformation, why not talk to the Deputy Prime Minister?

**Hon Chris Hipkins:** So he can comment on that if he wishes to.

**Media:** Is that irresponsible of him? I mean, he's the Minister of Foreign Affairs; he's speaking to international media. Is that helpful?

**Hon Chris Hipkins:** That's a question that you should address to him.

**Media:** No, but you—for you, as health Minister, is that helpful?

**Hon Chris Hipkins:** All I can say is that when the director-general, the Prime Minister, or I or any other Minister stands here to give you this report, what we are saying is all verified and fact-checked. And we will not put out any information from this podium or from these announcements that is not completely accurate.

**Media:** But he sat in his office—so, I mean, and he was talking to the international media about that. So what is your response to that?

**Hon Chris Hipkins:** Look, and he also said that that information had not come from an official source. So those are really questions that you should address to Mr Peters.

**Media:** The patient that's in hospital, can you tell us a little bit more about—male, female, age, and condition?

**Dr Ashley Bloomfield:** Not at this point, but I will have an update, I hope, later today. I don't have any further information to share on that at the moment.

**Media:** Right. And is that person included in the cluster of 30? Because I just want to reconcile those numbers: it was 17 yesterday; 13 today, including this one person who hasn't been identified as part of the cluster. So how do you get 30?

**Dr Ashley Bloomfield:** So it's one of our, yes, confirmed cases and we're in the process of establishing a link. So it's under investigation.

**Media:** But have you included that person in the 30?

**Dr Ashley Bloomfield:** Correct—at this point.

**Media:** Dr Bloomfield, Te Urutā, the Māori health expert pandemic group, is against Māori COVID cases being forced into quarantine facilities. What's your response to that?

**Dr Ashley Bloomfield:** Look, I know many of the members of that group, and, actually, what I can say is that the final directive that I've signed and sent out to medical officer of health is not saying that people have to be sent to the Jet Park in Auckland; it is saying that they have to be in a suitable quarantine arrangement that the medical officer of health is happy with.

And I mentioned, earlier on about the Tokoroa family, and we've been actually working with the DHB and the local iwi to establish an arrangement that is agreed with the family. And, again, pointing out the idea here is to protect that transmission of the virus within the household—that's where most of the infections happen—as well as any inadvertent transmission on to the family, and to provide that support. And the quarantine facilities are set up to do that, and that's the purpose of it. So I think it's a point well-made, and there is absolutely flexibility for the medical officers of health.

**Media:** Dr Bloomfield, we've had reports of no checks in place at Auckland domestic airport, both flying in and out. Can you outline what sort of border security there is for people coming in and out of Auckland, flying?

**Dr Ashley Bloomfield:** That's not my area. What we do know, of course, is that people can only come into Auckland if it is their usual place of residence—and, likewise, people can only leave Auckland if they're going to their usual home. And my understanding is the airlines have been doing a good job in checking that thoroughly.

**Media:** Are you satisfied with the amount of resourcing at Auckland testing stations? We've had reports of only a couple of nurses being at testing stations, and, thus, the long queues. Are you satisfied with the resourcing there?

**Dr Ashley Bloomfield:** Look, I know the DHB has put additional testing units in there over the last few days, and I am satisfied with that. The key point here is there are two parts to this: one is having the testers there, but also making sure we are getting all those different workforces, including those not rostered on or working nightshifts, through and arranging that. So we're working really closely with the border agencies.

**Media:** Can I ask about the church service in Māngere East on Sunday, with the 300 people who are being urged to be tested? So what's the situation with that?

**Dr Ashley Bloomfield:** Yes, those people have been followed up as part of the contact tracing. And, as has been reported in the media, they have been asked to go and be tested as part of the precautions around that.

**Media:** Are you worried that that will be a super-spreader event, or could be?

**Dr Ashley Bloomfield:** Well, it's hard to know until we've done the testing and got the results. The important thing there is people are being—you know, and I just want to thank Aucklanders; they've been very good at being available, being contactable. We're having really high rates of being able to contact people quickly and asking them, and they are self-isolating and being tested on request. So what will be helpful, and we've seen that already, is those people going and being tested.

**Media:** Why did you tell us yesterday there was no evidence of a super-spreader event?

**Dr Ashley Bloomfield:** Because there is no evidence yet.

**Media:** There's potential for a super-spreader event, though, surely?

**Dr Ashley Bloomfield:** Oh, no, the super-spreader doesn't apply to the event; it applies to the person. So there are some people who seem to shed an enormous amount of virus. This was the case—for example, the very first South Korean outbreak was someone who was classified as a super-spreader at a religious service, and hundreds of people were infected by that one person. So it's a very small number of people who seem to shed an enormous amount of virus and create a lot more infection of other people than normally happens. Remembering the sort of R factor of this virus is usually somewhere between three and five people infected by one person, there are some who seem to infect dozens or even hundreds of people.

**Media:** You did say yesterday that the family didn't attend church in the weekend, didn't you?

**Dr Ashley Bloomfield:** This is a different family.

**Media:** Does testing at the Ports of Auckland indicate that that is now a point of suspicion for virus entry?

**Hon Chris Hipkins:** No. We made it very clear, and I think we set this out right at the beginning of this exercise, that because we do not know the point of origin of how the first family or the first identified case contracted COVID-19, we are being absolutely scrupulous and checking all of the areas where it could have come in. And so we're being very vigilant at the ports and at the border with our testing, because, again, it's part of our elimination process.

**Media:** Why were you not doing that testing of the ports if it's a risk?

**Hon Chris Hipkins:** Look, I think we've already gone through that. There was testing taking place in those areas. We've now made that mandatory and it's covering everybody.

**Media:** Were the ports a little bit of a blind spot before, would you say?

**Hon Chris Hipkins:** Look, we have been working on that. I mean, there are a whole lot of quite complex issues to work through with the ports. There are a lot of people that move around the port on a daily basis and, again, there'll be those who are more at risk than others. There have also been issues to work through around the crew who are loading and unloading but aren't actually coming into New Zealand, which is, obviously, an area where this is risk. So we've been working through all of those things very carefully, and testing is part of the answer there but it's not the only thing. You know, the best thing that we can do, of course, is to stop the risk of any transmission of the virus in the first place, which is what we've been very much focused on at the ports. But I'll let you finish that, then I'll come back to Jess.

**Media:** You mentioned the number of people facing—or, you know, are at risk at the border. What's the total number that you're looking at?

**Hon Chris Hipkins:** Look, like I said, I've got that information for the airport. We're still working through getting that information for the port, because, like I said, there's a lot of people that will cross through the port in any given day, so I'm just going back to my notes

where I found the ones for the airport. They are 280 staff who are working at the front line who are deemed to be more at risk. So these are people who are likely to come into contact with people who are coming off planes.

**Media:** Just to follow up on this, I mean, Dr Bloomfield, you talked a bit about the port yesterday. Is that because of the food being moved to the cold store? Is that becoming a place of suspicion at this point?

**Dr Ashley Bloomfield:** Look, I think there are two aspects to this: one, the Minister's talked about our focus on the ports, and remember we've had in place for more than a month an order, a maritime border order, that has actually prevented people from coming off ships. So that's been the most important thing with physical distancing of crew who need to come off to unload—physical distancing from any portside worker. So that's been the mainstay and that's been in place for well over a month. We have been rolling out testing at 17 ports around the country, and Auckland was one of those. And the testing over this next few days is because Auckland is clearly where this outbreak is, so we want to test border staff at both the maritime and air border but also, yes, as part of our investigation, just to follow that chain of the Americold goods that might have come in through the port and been transported to that Mount Wellington depot. So that's a further sort of scene and end-to-end scene investigation.

**Media:** [Interruption] Well, just, have you noticed any increase in testing times in the latest surge of testing? Have testing times—sorry, processing times for—

**Dr Ashley Bloomfield:** Yes, definitely. I mean, the labs are processing huge numbers—record numbers. There are still many thousands of swabs that are in the process, and they are working—many of them are working 24/7. And it's important that we are able to process those that are the highest priority, which at the moment, of course, are the Auckland-based ones and those of people who are close contacts, and those do go to the front of the queue.

**Media:** Just a question on the sequencing: so the Auckland cluster shows that it's a strain similar to the UK from March. Does that mean that it's been here in New Zealand undetected since then?

**Dr Ashley Bloomfield:** It's similar to a UK strain that has been in the country since March, but it will also potentially have been coming in with some of our positives who have been detected at our managed isolation facilities. So it doesn't mean we haven't had any since March, so we are going back and looking at the samples of all those in managed isolation or quarantine in the period since. We have rehearsed this. I think there's very good evidence to suggest that it hasn't been lurking in the community, and I think the nature of this outbreak shows how, actually, once you identify that first case, you find quite a lot quite quickly, and we just wouldn't have not found cases over the last three months if it had been still lurking away in the community, especially because we were going into winter.

**Media:** Talking about the super-spreader being a person or event, there are clearly environments that are higher risk. That's why we have the ban, especially on indoor gatherings where people are tightly mixed together. So other than the church service in Māngere that's already been flagged, are there other events in those kinds of environments that you've flagged in the history of those positive cases in the last few weeks?

**Dr Ashley Bloomfield:** There is the church event that you just talked about with the 300 people, and, of course, there have been the schools, and we've mentioned all of those. So those are locations where potentially, because there are a lot of people and potentially a lot of close interaction with some, especially in early childhood education. But we've told you about all of those. At this stage there are no other large events like a Super Rugby game that have any connection to the outbreak.

**Hon Chris Hipkins:** Sorry, you're right behind a very bright light so I might have missed you earlier.

**Media:** Thank you, Minister. So just given the length, then, to the UK genome—and you're saying that it wouldn't have been here silently; it would have come in through the border and therefore the isolation facilities—does it therefore play into Winston Peters' belief that any breach must have been at a facility, then?

**Dr Ashley Bloomfield:** Well, we simply don't know, and that's why we're doing the genome testing, and if we can get—at the moment, as I said, I think, a couple of days ago now, we've had initial genome testing. We didn't find a match between the genome of these current cases in the current outbreak with any of the samples that had been analysed from people who were positive cases in our managed isolation facilities, so saying not all of those samples have been able to be analysed but they're continuing with other samples.

**Media:** Minister, Dr Ashley Bloomfield said at the beginning there have been members of front-line staff that have been abused by people that were going to get the COVID test. First of all, is that acceptable, and what's your message to people who have been engaging in that sort of behaviour?

**Media:** And any more details on it as well.

**Hon Chris Hipkins:** I'll ask Dr Bloomfield to give any further details on that that he wants to, but my message to all New Zealanders is this is an incredibly difficult situation for all of those working on the front lines; whether it's the police working at the roadblocks; whether it's our staff working at the airports, including at the domestic airports, where they're under a lot of pressure as well; whether it's people working in medical facilities, hospitals, those who are on the phones, those who are doing the testing—please be patient, please be kind. These people are working exceptionally hard to provide New Zealanders with the care and support that they deserve. There are no grounds under any circumstances to be abusing those people.

**Media:** Can you tell us about the cases in Tokoroa? You said they were linked to an Auckland family. Did that Auckland family visit Tokoroa or the other way around, and what specific precautions are you taking in that township to make sure COVID-19 doesn't spread there?

**Dr Ashley Bloomfield:** Yes, so two of our cases that were confirmed yesterday, they were probable cases already, one of them being in an Americold worker who had done the trip to Morrinsville, visited the aged residential care facility and then to Tokoroa, and they had stayed the night there. So it's linked to a visit from two confirmed cases, or at least one of the confirmed cases in Auckland. And the measures that have been taken was the public health unit did that immediate interview with the new cases to find out who the close contacts were. It's a wider whānau, probably somewhere between 20 and 30 people, all self-isolated, all now tested, and also a quarantine arrangement being made available for them.

**Media:** Just following on from Jess's questions, are you able to give us any more details about those healthcare workers who were attacked, where and how many?

**Dr Ashley Bloomfield:** No, I don't, and I'm not sure it's helpful to do that. But what I can say—and this was something, you know, I used to find inexplicable when I was formerly a chief executive at a district health board—that, unfortunately, some people are verbally and physically—they verbally and physically abuse or attack staff. And it's just—it's both inexplicable but it's completely unacceptable. I recognise people's frustrations, anxiety, and concerns, and I just encourage everybody to look after not only yourself and your whānau but, particularly, our healthcare workers. I can tell you this: they are working flat out, and many of them are very tired.

**Hon Chris Hipkins:** OK, we'll have the last couple of questions. You will get another shot at this in a couple of hours. Here we go, we haven't had a question over here, so—

**Media:** With the genome sequencing, have you found any link or are you looking at a link at possible other ways of the virus passing on, for example, cold storage or freight, and what's the progress with that?

**Hon Chris Hipkins:** So there is a Ministry of Primary Industries team on site today at the cold store doing testing to identify whether we can learn anything from that, and, obviously, as soon as we get the results of that we'll be in a position to add that to the pool of knowledge and to let you all know that. But, again, I'll ask the director-general if he wants to add to that.

**Dr Ashley Bloomfield:** Nothing to add to that. We're looking at all options on this in this case, and it will be harder, probably, to extract DNA out of samples in the environment—if any are found—but it's certainly part of the puzzle. Even just if we do find virus on surfaces in those cold store facilities, that may well help with the puzzle.

**Hon Chris Hipkins:** One more from Tova and then Jess, and then we might need to wrap it up at that point.

**Media:** Thank you. My colleague's done the maths on your border testing numbers and, based on that, in the ramped up testing, 41 percent of isolation hotel staff still haven't been tested as of today. Are you totally happy with the rate of testing at the border or could it have been done better?

**Hon Chris Hipkins:** No, the testing rates in the last, sort of, 48 hours or so are around 58.3 percent of those working in MIQ have been tested, so that's 1,435 out of 2,459—

**Media:** That makes 41 percent that's—

**Hon Chris Hipkins:** —there'll be—well, then, obviously, there will have been more done since then. That's just in the last 48 hours. So some of those will be repeat tests; some of those people will have been tested previously, as well.

**Media:** Are you completely happy with the number of tests done at the border or could it have been done better?

**Hon Chris Hipkins:** Look, I would have liked to have seen more tests earlier, yes. It would be fair to say that.

**Media:** Could I ask about Pakuranga College. When were they advised about this, and can you give us some more details about that?

**Hon Chris Hipkins:** Sorry, I haven't got the school by school breakdown of when each school was notified. We are happy to release that information, though, so you can get out—

**Media:** They're saying on their Facebook page this is the first they're hearing about it.

**Media:** Yeah. They said they didn't know.

**Hon Chris Hipkins:** No, they should have been notified. So I'll double check that. The Ministry of Education and the Ministry of Health are working very, very closely together in Auckland. I know that the regional director for the Ministry of Education is actually in the control nerve centre, if you like, in Auckland so that as these things come to light the Ministry of Education can do their bit in liaison with schools. But I'm certainly happy to get that information of when each school was first informed, and how they were informed.

**Media:** Is it acceptable that they didn't know?

**Hon Chris Hipkins:** Well, look, I'd just need to go back and check that. I don't have that information right in front of me.

**Media:** Is it definitely Pakuranga College?

**Hon Chris Hipkins:** Sorry, I'll let the director-general answer the—

**Dr Ashley Bloomfield:** That's what I have in my notes, but we'll go back and check. I can remember from at least a day ago seeing Pakuranga College appear, and so I'm just going by the notes. But we'll—

**Media:** That's even worse, isn't it? If you knew a day ago and they're only finding out about it now, I assume.

**Dr Ashley Bloomfield:** Just to reiterate the point I made yesterday that we update at 1 o'clock every day, but, as soon as we find something out, we act immediately. And that is why sometimes, especially with schools, we will find out what action has been taken well before our 1 o'clock, and the community will be notified much more quickly and immediately.

**Hon Chris Hipkins:** Yeah, look, like I said, I'm very happy to get you the list of, you know, all of the cases that relate to schools, when the schools were notified, by whom, and when that happened.

**Media:** Yeah, but I think we trust you when you say you're acting before you tell us about it, but if Pakuranga College is only finding out about it now and you knew yesterday, that's—

**Hon Chris Hipkins:** Yeah, look, like I said, I haven't had a chance to look into that. So give us a chance to look into that, and I will definitely come back to you on that one. Very last question.

**Media:** If somebody's being physically attacked, a healthcare worker, is somebody going to be facing charges for that?

**Dr Ashley Bloomfield:** I couldn't say—I couldn't say.

**Media:** And just following up on what I asked earlier about this person in the hospital. Why are they being included in the cluster if there's no known connection with that cluster?

**Dr Ashley Bloomfield:** So they're included in our confirmed cases, and, at this stage, we're in the process of establishing a connection, and I'll update later on. If we haven't been able to establish that connection and it's under investigation, I will let you know that as well.

**Hon Chris Hipkins:** OK. Thanks everybody.

**conclusion of press conference**