

ALL OF GOVERNMENT PRESS CONFERENCE: TUESDAY, 25 AUGUST 2020

Hon Chris Hipkins: Kia ora everybody, good afternoon. Today we'll go directly to the *director-general for the latest update on cases, and then I'll update you on a range of actions that we're taking to further tighten the screws on this elusive virus. Dr Bloomfield?

Dr Ashley Bloomfield: Thank you, Minister. Kia ora koutou katoa. So today there are seven new confirmed cases of *COVID-19 to report, and all are related to the community cluster in Auckland and are in Auckland. There are no new imported cases. Of the seven community cases, two are linked to a church in Auckland and two are household contacts. This brings our total number of confirmed cases to 1,339, and we will report that through to the WHO. One previously reported case is now considered recovered, so the total number of active cases in New Zealand is 129, of which 19 are imported cases in quarantine in the Auckland facility.

By this morning, our contact tracing team had identified 2,446 close contacts associated with the community outbreak, and 2,390 of these had been contacted, are self-isolating, and, of course, being tested at the right time, and we have a process in place to track down the rest of them. Please, if you are called by our contact tracing team, please do take or return the call as quickly as possible. There are now 160 people linked to the cluster that have moved into the Auckland quarantine facility, and that includes 89 people who have returned positive tests, as well as household contacts.

We have eight people receiving hospital-level care for COVID-19; all are part of the Auckland community cluster. Two patients are in *Auckland City Hospital; both are stable and in isolation on a ward. One patient has been discharged from hospital to the *Jet Park quarantine facility in the last 24 hours. There are two people in *North Shore Hospital. One is stable in isolation on a ward, and that is connected to community cluster. One is critical in ICU, and that is a community case that is still under investigation by Auckland Regional Public Health. There are four patients with COVID-19 in *Middlemore Hospital. Two are stable and in isolation on the ward, while two are in ICU and in critical condition. These are the same four patients—that is, those in Middlemore—who have previously been reported; all are, indeed, part of the community cluster. Our hospitals continue to manage their COVID-19 patients with full infection prevention and control, so they remain safe places for others to go and receive care. There is an additional person who remains in *Waikato Hospital, but not as a direct result of COVID-19.

On to testing, laboratories completed 4,434 tests yesterday, bringing our total tests to date to 701,504, and we often see—in fact, almost invariably see—this volume on both Sunday and Monday lower, right around the country, because of the drop in testing over weekends. Just on the *NZ COVID Tracer app, we now have over 1.8 million people who have registered for the app—nearly 45 percent of the population 15 and over. It's great to see this high level of uptake and the awareness that is there of the value of the app, both registering and then using it to keep a track of movements. To assist that we've now got 318,278 QR codes that have been created, and the number of these being created on a daily basis has dropped right away, reflecting the fact that we have nearly all of our businesses and premises that have got QR codes in place, and I'd like to thank them for doing that. Minister.

Hon Chris Hipkins: Thank you, Director-General. Over the last two weeks our COVID-19 defence* systems have gone into overdrive as the resurgence plan has taken effect. Countless dedicated workers up and down the country have applied enormous effort and brain power to wrestle control of the new Auckland cluster. Under extraordinary pressure, they've just been getting on with it, quietly working away day and night to make us all safer. We—all of us—owe them a huge debt of gratitude, and I personally would like to thank them for their incredible dedication and professionalism. The numbers they are delivering

day after day bear repeating here. Since Wednesday, 12 August, more than 100,000 Aucklanders have been tested. Across the country, the number of people who have been tested in the last two weeks stands at 194,000. So in just two weeks, our dedicated workforce has delivered more than a quarter of all of the testing for COVID-19 that New Zealand has done since the beginning of the year. That's a very impressive feat over the course of just two weeks. On contact tracing, where we go out and find all of the people that someone with COVID-19 might have come into contact with, they are reaching the gold standard goal of 80 percent of people being contacted within 48 hours. The scale and speed of this response should give New Zealanders a real sense of pride but also confidence that our systems, and the people who make them work, are able to mobilise so quickly and effectively.

That work is ramping up again this week as we shift to a more aggressively targeted approach. This drive means the Ministry of Health will be working with district health boards, public health units, and communities to target an additional 70,000 tests across New Zealand in the next seven days. This target would mean around 70 percent of the tests being carried out will be in Auckland—around 7,000 tests a day—with an additional 3,000 tests a day across the rest of the country. The 70,000 test target will include the routine tests completed on guests in managed isolation facilities, testing of all MIF workers and high-risk border workers and those at the ports and at the airports, the usual testing of symptomatic people in the community, and targeted testing of asymptomatic people in some targeted communities.

Community testing in Auckland will also continue to be a key priority, with a specific focus on South Auckland. Public health officials are paying very close attention to ensuring specific communities in that area have good access to testing and to any ongoing support that they may need. Work is under way to scope out increased use of mobile testing units being deployed to strategic locations, including identified schools and churches, to target the key populations.

This will see regional DHBs deploying at least six additional mobile testing units and pop-ups to further improve community coverage. They're actively working with Māori and Pacific health providers and with churches and other community organisations to identify testing sites that help to increase the public's access. These new testing sites are complementary and additional to those community testing centres that are already in operation. They'll be active for two or three days at a time, and then they'll move on, to ensure that we're getting good coverage of all of the relevant priority areas in the city. Sites are being finalised, but they will include sites prioritised to increase access to testing for Pacific and Māori communities in particular. The current plan includes sites in Rānui*, Glen Innes*, and Manurewa*, which are being set up tomorrow afternoon. Overall, there are now 20 community testing centres in metropolitan Auckland, 17 of which are pop-ups that have been established since the new outbreak was detected over the last couple of weeks.

Free testing is also available at 19 urgent care clinics and 46 designated general practices, where people can be tested without the need to enrol. And I want to reiterate here, once again, there is no charge for being tested for COVID-19.

I want to thank the tens of thousands of Aucklanders who have recently been tested and also the leaders in the community who are supporting the testing effort within their communities. It's challenging to keep up this pace, but it is doable, and the public also has a big role to play here. Yesterday, testing numbers dropped below 5,000, and DHBs are beginning to report signs of testing fatigue amongst the public. The Government's message is: please don't relax now. We need to continue our testing effort, and we need the cooperation of all New Zealanders in that process.

Finally, a quick update on the use of masks on public transport. Making masks mandatory on public transport has been based on the best advice of medical and scientific experts, allowing us to reopen our economy a bit more while we continue to work to stamp out the virus. We announced it yesterday to give people plenty of time to hear about it and to

prepare, and on Thursday I'll be setting out more detailed operationalisation of that, including how the rules will work in practice and what we're asking of passengers and transport operators. As we've done throughout our response, we'll continue to base our decisions on the most up-to-date evidence and to roll out a range of support within the community.

So I'd like to end by acknowledging the efforts and sacrifices of all New Zealanders, and Aucklanders in particular. Everyone is playing their part in driving out COVID-19. It's hard, and it's hugely appreciated. Please know that everything that we are all doing—and we're doing everything that we can—is focused on creating the certainty we need to get businesses operating, to save jobs, and to return life to greater normality as soon as it's possible to do so. Happy to take questions.

Media: Dr Bloomfield, do you have any more information about the one patient outstanding still under investigation? Are their results back from the genome sequencing or anything like that yet?

Dr Ashley Bloomfield: Yes, there's this particular person who actually is in ICU at North Shore Hospital, and that's the community case that's still under investigation. We don't yet have any links epidemiologically, but the whole genome sequencing has confirmed that the case is linked to the community cluster. So that's helpful. So far, a number of household and workplace contacts testing results are back, and those are all negative, which is reassuring but it doesn't shed any light on where this person may have been infected at this point.

Media: At this stage, do you think we'll ever find out the source of this original outbreak?

Dr Ashley Bloomfield: Well, ah, I think there's a high probability. We are continuing to look, and in particular the value of the whole genome sequencing, both in being able to map out this outbreak but also to help us go back and look further back if there is any relationship between the genome sequence we're seeing amongst the cases in the outbreak and earlier cases in managed isolation facilities. So ESR continues to access and test further samples from earlier managed isolation facilities cases, and my hope is that one of those will give us an idea of just how this virus, or this expression of the virus, got into the community.

Media: How would you like to see schools respond to the new WHO recommendations in regards to face masks, particularly for over 12s?

Dr Ashley Bloomfield: Look, that's just one of the things we're working through from a policy perspective. At the moment, the Government's decision is around use of face masks in level 2 and above, and in public transport in particular. We will have another look at the WHO advice. I would say, remembering that the WHO advice is particularly targeted to countries that have existing community outbreaks—wide community outbreaks, which we don't have in New Zealand. So we will look, and continue to look, at updated WHO advice.

Hon Chris Hipkins: So one of the things that I'll set out on Thursday, and we're just working through the details of this now, are the requirements around school buses and whether in fact there are some age cohorts around school buses where the advice is that masks would do more harm than good, particularly for very young children. So we're just working through that now to nail down the final details of that, and I'll have that for you on Thursday.

Media: And what about the movement of children in those older age groups between classes and in communal areas? Should they be wearing masks then?

Hon Chris Hipkins: The guidance that the Ministry of Education has sent out to schools suggests that schools certainly shouldn't discourage students from wearing masks if they want to. Some students are wearing them on their walk to and from school at the moment. That's to be encouraged, and we thank them for doing that. But it isn't mandatory in a

school setting. Schools do have good guidance about the sorts of things that they should be doing to minimise risk within the school setting.

Media: Will you rule out making masks mandatory in schools?

Hon Chris Hipkins: Um, look, at this point, I'm not seeing any evidence to suggest that that would greatly increase the level of protection that we have. But, as with everything, and you will have seen this over the last few months, everything is always being reviewed.

Media: If DHBs are reporting testing fatigue, how can you be sure that this new testing blitz that you've outlined today will be effective?

Hon Chris Hipkins: Um, look, we did see an extraordinary response from New Zealanders over the last two weeks in being tested. I think maybe some people are feeling that they can ease off a little bit now. Actually, we haven't quite got this cluster completely identified yet, and so we do need people to continue to, you know, take the test when asked to take the test, and that will include some asymptomatic testing in those priority communities where we need to get our testing numbers up to give us that extra reassurance. [*Interruption*] I'll let you finish that one.

Media: Presumably, you've been doing that for the last couple of weeks anyway, so what's the difference between the last two weeks and the next two weeks going forwards, in terms of persuading people to get the tests if there is this test fatigue?

Hon Chris Hipkins: Look, like I said, you know, making the tests as widely available as possible is a big part of that strategy. We have looked at what sort of testing numbers we'll need. I mean, my message to New Zealand is, as it has always been, you know, please play your part by getting a test.

Media: How are these DHBs reporting this testing fatigue? Is it that people are now returning to refusing tests, or there is just a steady drop-off in numbers?

Hon Chris Hipkins: I think it's just the drop-off in numbers overall that we're seeing. But, again, I'm quite happy if the director-general wants to add to that.

Dr Ashley Bloomfield: Yes, just a particular comment—thanks, Minister—is that remembering that we have focused the testing very much on symptomatic people. And we also know that this winter we've got a much lower prevalence of influenza-like illness—so symptomatic respiratory conditions through winter, and that continues, actually. Even in last week's data, it shows that. So I suspect in that first wave, we have tested pretty much everybody who had symptoms during those first two weeks. There will be people ongoing over the next week or two who will have symptoms, and those people should be tested. As the Minister said, particularly across the Auckland area, we do want to do some testing of asymptomatic people, which is what we did last time as we came down the alert levels, just as part of surveillance to check there is no asymptomatic infection out there.

Media: Minister, New Zealand First has now joined National's call for a select committee focusing on health. Is that something you'll agree to?

Hon Chris Hipkins: Look, it's ultimately a matter for the select committee as to whether or not they choose to meet. This wasn't something in the discussions we had around bringing Parliament back. This wasn't something that was raised by the Opposition during those discussions. Ultimately, it will be a matter for the select committee.

Media: Do you support that, though, as a way for the public and for the Opposition MPs to get experts in and question them?

Hon Chris Hipkins: Look, again, that's up to the select committee, what they decide to do. I don't think Ministers should tell select committees what they do. It's something that I've tried to avoid doing in my time as a Minister, in a range of different portfolios. It is something for the select committee to decide. What I do want to make note of, though, is that we are trying to make the people who are managing this response as publicly available as possible. You'll see the director-general and I here every day, widely available for media

interviews outside of this particular forum as well, and you do need to allow the people who are doing this work, at some point, to actually do the work as well. So it's not a question of saying there shouldn't be scrutiny—there absolutely should—but at some point, there does have to be a limit to scrutiny versus time to actually do the work.

Media: Dr Bloomfield, are you OK with—sorry, can I—

Hon Chris Hipkins: Follow that up, yeah.

Media: It wasn't actually a follow up; it's actually a change of topic. But on *Jetstar as well—I digress. With Jetstar, they're saying, "Look, we're on our knees with these restrictions and being spaced out." Is there going to be any allowance around that? Can you comment on that in any way? Is there any way that people could travel if they were all wearing masks, not socially distanced?

Hon Chris Hipkins: Look, at the moment, the level 2 restrictions are the level 2 restrictions, and we're not changing those. Air travel, of course, is an area of vulnerability. Public transport is an area of vulnerability. We're always reviewing those settings. Look, I haven't got any changes in that respect to announce today.

Media: How far through are you in returning all the tests of border workers and MIQ staff? I've spoken to MIQ staff that say upwards of 10 days and they still haven't returned—the test result hasn't been returned to them.

Hon Chris Hipkins: So the testing has been done. So around 13,000 people at the border or in MIQ—that's staff—have been tested over the last two weeks, and we've had all those test results processed. So as you will have seen from the lower numbers, those test results are in. If someone had had a positive result, they would certainly know by now from that. There is a delay sometimes in getting the negative test results to people, and that's something that I've been working on with the Ministry of Health. We've been looking at whether that process should be standardised. The different public health units across the country take a slightly different approach to the way they report those negative test results back to the people who have been tested, and so we're looking at whether that process should be standardised. But I guess the key public reassurance message here is when a negative test result comes up through the testing, people know about that very, very quickly.

Media: So if you're a staffer at one of these facilities and you haven't had the result back, you can be confident that it's a negative, basically?

Hon Chris Hipkins: Well, it would depend on when that was taken. If it's more than 10 days since the test was taken, someone would have found out about a positive test result by now.

Media: And are you confident you've got the settings right in terms of testing at the moment? I mean, we've had issues in the past around doctors not having enough swabs or where the case definition was at—they were ruling out more cases than testing. Are you confident that the settings are right in order to again surge the testing?

Hon Chris Hipkins: So I'll ask the director-general to comment in particular on whether the settings are right. But on the supply issue, I can say that's something that we take a very active interest in, and I'm confident, on the advice that I've received, that there is more than enough supply out there in terms of swabs, in terms of testing processing capability, to meet the current needs.

Dr Ashley Bloomfield: Thanks, Minister. So I was on a webinar last night with about 500 or 600 GPs from around the country, answering questions. There were no issues that they were raising about swab, PPE supplies, and so on. Of course, they were all quite tired, because there's been an enormous amount of activity over the last couple of weeks. It was a great opportunity to thank them for that. But I think we have got the settings right in terms of clarity around who's to be tested, the funding for that, and, of course, access to swabs and PPE.

Media: On the surveillance testing, what proportion of that 70,000 do you expect to be surveillance testing? And how will you be doing that? Will there be some kind of incentive for people to come in or will you just be sitting outside supermarkets, saying, “If you want to be tested, you can be.”?

Hon Chris Hipkins: Look, the break down—obviously, we’re going back through all of the managed isolation workforces, and of course we’ve got our day 3 and our day 12 testing, which will come within that overall number of 10,000 tests per day. But that will leave the majority—significant majority—of that being testing in the community, and as I set out in my notes, that will include some asymptomatic testing as well in those communities where we’re really just trying to make sure that we have absolutely run this virus to ground.

Media: In retrospect, wouldn’t it have been better to keep that surveillance testing going throughout level 1?

Hon Chris Hipkins: Look, you will have seen me standing here almost every day—well, every day that I’ve stood here, in the time that I have been Minister of Health—trying to get those testing numbers back up again. I’ve made no secret of the fact that, during that period of, whatever it was, five or six weeks, that I was the Minister between when I became the Minister and when this latest cluster emerged, we needed to see the testing numbers going up again. The testing numbers were too low.

Media: At that time, you were only testing symptomatic people and people in managed isolation, and, as you’ve said, there’s been lower amounts of respiratory illness, so it would make sense that those numbers were quite low. If you had kept up asymptomatic testing, wouldn’t you have seen this earlier?

Hon Chris Hipkins: Look, I’ll ask the director-general to comment on this, but I would note that asymptomatic testing is certainly justified in an area where you’re dealing with a cluster. I think the justification for that becomes weaker if you’re not dealing with live active cases, but again I’ll ask the director-general to comment on that.

Dr Ashley Bloomfield: Thanks, Minister. The key point here is we did do quite a lot of surveillance testing as we came down through the alert levels. Once we were in alert level 1 and we were confident there was no community transmission occurring, we did want to maintain the testing rates across the community, and we saw, for a whole range of reasons—and it wasn’t just about testing; there was a whole range of behaviours that all of us, I think, reverted to because we were confident and perhaps a little over confident there wasn’t any virus in the community. What we have seen, though, is this outbreak was identified when a symptomatic person went and got tested in general practice, and we were seeing those rates come up again, and we have seen that the community will respond. But that’s just to your previous question—again, we’ve seen, where we put these pop-up testing stations in church or supermarket carparks, people will come, and I’m fully expecting that will happen over the next seven to 10 days, and we’ve seen the South Auckland community in particular has been incredibly responsive to that call for testing.

Hon Chris Hipkins: I’ll come to Jenna now, and hopefully your Newshub colleagues won’t interrupt you this time.

Media: Do you agree with Professor Michael Baker that, if masks are worn on public transport, including planes, there isn’t a need for physical distancing as well?

Dr Ashley Bloomfield: Actually, at the moment, we have a different view, and it’s not unusual for me to have a different view on some things with Professor Baker. Our view is that masks are an adjunct to physical distancing—that’s our current view—and it’s the physical distancing that remains just as important. It’s an issue we continue to work through with our transport colleagues.

Media: So have you, then, advised the Government that the physical distancing on planes needs to remain?

Dr Ashley Bloomfield: At the moment, that’s our current advice.

Media: In the testing framework that you've distributed to GPs, there's a three-tiered system, and when there's an epidemiological link, the test is more than twice as expensive. So, ongoing, when you're doing this surveillance testing, will that be considered—that top-tier of test—and does it not incentivise GPs to charge for the higher test? Are there enough checks and balances to make sure that they're charging for the appropriate tier?

Dr Ashley Bloomfield: So, at the moment, there's no co-payment or charge to the patient for any tests—

Media: The fees that are claimed by the GPs that are invoiced to the Ministry of Health.

Dr Ashley Bloomfield: Sure. So, if the GP does an assessment as well, which might include questioning about a possible link—an epidemiological link, so it puts the person in a high index of suspicion—then, yes, they can claim a higher fee, but the vast majority of the testing, clearly, over the last couple of weeks, because we've been testing widely in the community, has not required that additional assessment.

Media: So, going forward with surveillance testing, would that be the second tier of cost?

Dr Ashley Bloomfield: This hasn't come up, but it's one of the things we'll look at, as to whether we continue to pay a differential payment. What we are wanting to pay for, though, is GPs' time where they are having to do a clinical assessment in addition to doing the test. In most instances, it doesn't require a detailed clinical assessment, but we do want to be able to pay them the right amount of money if they do have to do that in addition.

Media: In talking about targeting Māori and Pasifika communities, has there been consideration of putting Māori and Pasifika staff in those pop-up stations, and is there Māori and Pasifika - specific messaging that will go with those targeted pop-up stations or is it just a testing station in a community?

Hon Chris Hipkins: We've been working very closely with Māori and Pacific health providers so that they're very extensively involved in this. There's been a lot of consultation with Māori and Pacific communities. Information is being made available in a variety of different languages—for example, including Pacific languages—so we are working very closely with those communities. But, again, I'll ask the director-general if he wants to add to that.

Dr Ashley Bloomfield: Just to reaffirm that, many of these testing teams that are going out to establish the pop-up sites have explicitly got Māori and Pasifika staff so that they're able to speak the language of the people who might be coming in—the first language if necessary. But just to make that point, actually, the planning, the delivery, the contact with community leaders, the contact with the families where there might be a case, Māori and Pacific providers have played a leading role in all those areas.

Media: How many businesses have so far been found not to comply with the mandatory QR codes and have any fines been issued?

Hon Chris Hipkins: No fines have been issued to date, to my knowledge. We did say that we are going to be taking an encouraging approach here. We want to work with people to understand why they're not displaying a QR code if they're not. Local authorities have been helping us with that regard, working with their local business community to make sure that people are displaying the QR codes. We tried to make that process as easy as possible. Some people find the self-service kiosk, you know, that's available online still a bit of a challenge, and there is a manual system where they can request their QR code and it gets sent to them. That's operating within a fairly tight turnaround now, so that people are getting those QR codes. But we're trying to be positive about this and work constructively with businesses to make sure they're displaying them.

So I'll let you follow that one up and then I'll come to the front.

Media: Are you relying on public reporting or is it sort of a balance between public reporting and authorities that you're working with on the ground?

Hon Chris Hipkins: Oh, look, what we're seeing is that most businesses are working very hard to comply.

Media: Dr Bloomfield, do you see any merit or necessity in the likes of yourself and perhaps other experts making yourselves available to Opposition MPs in the form of a select committee, as National and New Zealand First have suggested, or do you need more time to do the work, as the Minister suggests?

Dr Ashley Bloomfield: What I can say is that I've been involved already, as have other members of my staff, in briefing Opposition MPs about this particular outbreak. So I certainly have no trouble in making myself available to brief on particular topics or generally on how things are going, and have done that already just last week.

Hon Chris Hipkins: If I could just add to that, briefings have been provided to the Opposition whenever they have asked for them. Shane Reti, I think, contacted me yesterday asking for a briefing. We didn't manage to schedule that yesterday because people were actively working and making sure that we got the announcement out yesterday. But we, I think, are endeavouring to schedule that for this afternoon, so that they will have their briefing. So we've not been declining them briefings, but if they want those to be in public, through a select committee, then that's obviously a matter for the select committee to determine.

Media: Minister, with regards to the wearing of masks, many of our Pasifika communities attend churches, funerals, tangihanga*. Will you require them to wear masks in those close group gatherings?

Hon Chris Hipkins: Well, obviously, there are some restrictions now on group gathering size that will apply, particularly in Auckland, for this next period of time, and we've been clear about that. My advice to people: if you're in a group and you don't know everybody that's in the group or you may only be an occasional contact with them, then wear a mask. We're asking all New Zealanders, when it comes to mask use, to be sensible, to take a precautionary approach, to wear a mask when in doubt, and just help to stop the potential spread of the virus.

Media: Of the seven community cases today, two are from household contacts; two are from churches. How are the other three infected?

Dr Ashley Bloomfield: Actually, I notice my information that I provided didn't have the other three. We will make sure it is in the statement. I'm sorry; I haven't got that information in front of me, but what I can say is—and I've read the situation report—they were all directly epidemiologically linked to existing cases.

Media: So then is there just that one case where you haven't been able to epidemiologically link it to the original cluster?

Dr Ashley Bloomfield: I'd need to check that, but we'll make sure that's clear in the statement that goes out.

Media: I was going to ask a follow-up to that, which is: the 109 cases in the community that aren't the maintenance worker at the Rydges—have all the rest been connected through epidemiology to the main cluster or are there still cases that you haven't figured out yet?

Bloomfield: There are still some cases that we've been able to show through the whole genome sequencing are linked to this outbreak quite clearly, but we haven't yet established the exact epidemiological link, and, of course, we haven't established the exact link right at the start of this outbreak, where that connected to—you know, what case that connected to. So the vast majority have got an epidemiological link, many have got a link through both, and some it's just through the whole genome sequencing.

Media: How concerning at this point, though, is it that those links haven't been established, that you can't quite figure out how that happened?

Bloomfield: Well, I must say that particularly where we get a new case where we can't initially link it, then we follow that very closely, and that was one of the influential things in my advice to Cabinet about why we felt it was important to extend the current alert levels for another few days, until we can much more confidently link any new cases directly to the outbreak.

Hipkins: The thing that I would just add to that is, you know, Ministers pay a very, very keen interest every morning to what new information we've gathered around new cases and around, you know, new information about existing cases that are being investigated. And it is like trying to assemble a jigsaw puzzle and each new piece of the puzzle provides you with more information, and there are still some gaps in the jigsaw at the moment. It is very clear we haven't quite identified with any certainty where the origins of this cluster came from yet, but each new piece of the puzzle gives us a bit more of a clue as to what that might be.

Media: What is the Government going to be doing after these next couple of weeks to ensure, you know, once the country moves back down to level 1, that those testing levels do remain at the 4,000 the day that you'd set previously, so we don't end up in the same situation again where you have an outbreak and you detect it 10 or 11 days after first symptom onset?

Hipkins: Yeah, I think you're likely to see after this, whenever that may be, that there'll continue to be a very active community presence around testing. It won't just be reliant on GP practices and after hours clinics; it will actually involve a continual use of pop-up testing sites. We want to keep that surveillance testing rate at, you know, a good, healthy level to give us the sort of reassurance that we're looking for. So, yes, it will look a bit different after this most recent outbreak compared to how things looked before.

Media: Just wanted to check in what was happening with the case of the person whose brother went to *Hobbiton and they'd previously had COVID when they were overseas. Have we linked to that one yet?

Bloomfield: Not as yet. There's been a challenge with getting enough genetic material from the sample, and so *ESR are still working on that. It's believed to link to the current pocket—well, what I should say: it's possibly linked to the current outbreak, but it also may relate, if we look at some of the test results and the values of the early test result—it may just be an old infection that has now been picked up. So we're still just clarifying that one.

Media: So would it be fair to say, then, there are two unlinked cases? Is that the—

Bloomfield: Well, actually, it'd be fair to say there are three, because there is also the *MIF worker which we've previously described. So, yes, those are the three. I guess the one we're concerned about is the one who's in hospital, because it popped up unexpectedly with a hospital presentation.

Media: If we could just go back to yesterday and the Cabinet decision around alert levels and dropping the border with Auckland on Sunday and retaining the country at level 2, was that your advice? What was your advice around where the rest of the country should sit and whether the border with Auckland should remain?

Bloomfield: Well, our advice was to maintain the rest of the country at alert level 2 and keep Auckland at alert level 3. And it was not so much related around the border; it was just what we believed based on epidemiological evidence, the pattern of the outbreak, and just where we were at timing-wise. That was our best public health advice, and my advice was one of the things that Cabinet took into consideration in its decision.

Media: So you wanted Auckland to remain in level 3 beyond Sunday? Is that right?

Bloomfield: Through until Sunday.

Media: There's been the first confirmed case of reinfection in Hong Kong. What does this mean for New Zealand, and, specifically, does this validate our elimination strategy or raise problems for herd immunity and an effective vaccine?

Bloomfield: I think it's too early to read anything into that finding, and that's what you heard the World Health Organization come out and say as well, and I endorse that.

Hipkins: OK, we'll do the last couple round of questionings.

Media: We've been contacted by someone who missed a funeral today because the exemption process to get them out of Auckland was too slow. What is an acceptable time to wait for that exemption process to roll through?

Dr Ashley Bloomfield: Well, I can say our exemption team is working as quickly as possible on them, and, in fact, we were reinforced yesterday with another—I think—20 people who came from other Government agencies. We're absolutely prioritising those urgent requests that relate to visiting dying relatives or attending funerals or tangihanga, so in that case I'm very sorry if we missed the deadline there, but it might have been short, but I know the team is very focused on getting those, and I'm turning them around and signing them off regularly during the day.

Media: I just wanted to go back to the fees that GPs are charging for tests. I mean, typically, a GP appointment costs between \$50 and \$75, and you've said that the fair price for a COVID test is \$250 by that top-tier price. Is this an undercover subsidy for GPs who've had a hard time over lockdown?

Dr Ashley Bloomfield: Well I can say it's not, and the amount that is paid for doing a test or doing a full assessment and a test has been carefully negotiated and worked through by the ministry, district health boards, and primary care.

Media: So why is it so much more expensive than what a GP normally costs for a visit?

Dr Ashley Bloomfield: Well, it takes into account the extra time it takes if someone is doing a swab, it requires the GP to put on PPE, there's also the materials involved, as well as the clinical assessment.

Media: Can you guarantee Māori and Pasifika communities that there will be Māori and Pasifika in the staffing in those pop-up stations? Is that a guarantee you can give them?

Dr Ashley Bloomfield: Well, I don't think I can guarantee that at every pop-up station there will be Māori and Pasifika staff. What I would say is—and I just recalled after your last question—that what we have seen is the Māori and Pasifika providers across Auckland making their staff available. I know, for example, the National Hauora Coalition has made a number of its staff available to assist with these testing teams, and so I think there's a very strong likelihood that, if people from those communities are going to be tested, they will see Māori and Pasifika staff as part of the teams.

Media: Minister, what did you make of Judith Collins describing you as essentially a part-time Health Minister this morning?

Hon Chris Hipkins: I completely disagree with her. I can certainly tell you it doesn't feel particularly part-time at the moment.

Media: Is there any [*Inaudible*] to restrict travel to the South Island and lower the alert level down south to 1?

Hon Chris Hipkins: Look, the Cabinet looked at all the different sort of geographical considerations that could apply here. There is a lot of movement—New Zealanders are an incredibly mobile people, and so differentiating between regions, unless you're going to have the hard borders that we have around the level 3 in Auckland at the moment, is actually very difficult.

Media: Dr Bloomfield, the case that showed up in hospital and has been linked back to the cluster, is part of the difficulty there that their medical condition precludes the kind of contact tracing and interviewing that would be necessary?

Dr Ashley Bloomfield: That's not my understanding, certainly not from when they initially presented to hospital. I guess the concern there is that if the first time you find out about a case is when someone presents to hospital, then that's a little yellow flag. So that means the person has been infected for a little while, for a few days, and that's why we're particularly concerned about that case, but we've had no trouble identifying—or the public health units had no trouble identifying—household and work contacts. They were all isolated and then tested, and the question then is how do we trace that case back to the actual wider outbreak, epidemiologically.

Hon Chris Hipkins: Alright, we'll wrap that up there. Thanks everybody.

conclusion of press conference