ALL-OF-GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 26 AUGUST 2020

Hon Chris Hipkins: Good afternoon, everybody. Today, I'll provide you a bit more information on the membership and terms of reference for the group that will be providing oversight of the Government's updated testing plan. I'll also talk about the use of QR codes on public transport, and we will—combined—talk a little bit more about progress on testing.

But, first, I'll start with the director-general's update on cases.

Dr Ashley Bloomfield: Thank you, Minister. Kia ora koutou katoa. So today there are a total of five new confirmed cases of COVID-19 to report. Two of those are imported cases and they were detected in our managed isolation facilities. There are three new community cases. Two are contacts of cases that were already known about and one is under investigation.

An additional case that was reported yesterday as a household contact is now being classified as under investigation and genome sequencing is under way on that case—and on the other new ones we will also get the genome sequencing done. So our total number of confirmed cases is now 1,344. The total number of active cases is 134, of which 21 are imported cases that were detected in managed isolation.

Today's imported cases include a female in her 50s and a male in his 30s. Further information on their travel routes to New Zealand will be made available through our statement later. Both have been transferred to the Auckland quarantine facility.

By this morning, our contact tracing team had identified a total of 2,422 close contacts of cases, of which 2,368 had been contacted and were self-isolating and being tested, and we're in the process of contacting the remainder.

There's one area of interest that I want to mention specifically today. Auckland Regional Public Health Service can confirm that five people associated with the Mount Roskill Evangelical Fellowship church have been diagnosed with COVID-19 in the last two or three days. So we're asking anyone who attended the following events to get tested as soon as possible. They are services held at the church which is on Stoddard Road on 8, 9, or 11 August, and a wedding held at the church on Friday, 7 August. Anyone who attended these events and is currently unwell or has experienced any signs of COVID-19 in the past two weeks should stay at home except when getting their test. They should wear a mask and travel directly to and from the testing centre, ring ahead, stay in self-isolation until you have returned a negative test result and until 24 hours after you are completely well. And Auckland Regional Public Health will be putting out more details in a statement this afternoon, including people who may be going to be tested. Those people might also ring Healthline and let them know that they were at those events and pass their details on.

There are now 163 people who are linked to the cluster who have been moved to the Auckland quarantine facility, and this includes 90 people who have tested positive, as well as household contacts.

Today, there are nine people receiving hospital-level care for COVID-19. All are part of the Auckland community outbreak. There is an additional person connected to the outbreak in Waikato Hospital but not for COVID-19 - related symptoms.

There are two patients at Auckland City Hospital. Both are stable and in isolation on a ward. Three patients at North Shore Hospital—two are stable in isolation on a ward; one is in intensive care in a critical condition—and there are four patients with COVID-19 in Middlemore Hospital. Two are stable and each of these in isolation on a ward; two are in ICU and considered critical.

As far as testing goes, yesterday, laboratories around the country processed 8,559 tests, our total tests to date now being 710,063. The Auckland regional DHBs are increasing their

mobile and pop-up testing sites again this week, and we encourage people to go along. Today and tomorrow, there are pop-up testing sites at Rānui Library carpark; at Randwick Park School; at Taka He Monu, the Tongan Methodist church; and Mt Smart Stadium. These pop-up sites complement the community testing centres across the Auckland region and will move to different communities every two to three days.

I should say that over this next week or so, there will be some testing in the community of people without symptoms. And DHBs will ensure that pop-ups are in the communities where we do want people—even those without symptoms—to be tested. This is part of our surveillance programme to help ensure we have identified the full extent of the current outbreak. People can also get testing at their GPs both in Auckland and around the country.

Finally, on the COVID Tracer app, there are now 1,834,000 people registered on the app and an average of 1.4 million scans every day for the past seven days. Thank you, Minister.

Hon Chris Hipkins: Thank you very much, Dr Bloomfield. The recent case of COVID-19 being able to spread amongst passengers on a public bus has prompted the Government to make the wearing of masks or face coverings on public transport compulsory at level 2 or above from 11.59 p.m. on Sunday, 30 August. It's a precautionary approach and it will be another important layer to our prevention strategy as we continue to learn and adapt.

We'll also, from that same time, be making the display of QR codes mandatory on most forms of public transport at all levels. It will come into force from 11.59 p.m. on Thursday, 3 December—a few days later, to give people enough time to comply.

The roll-out of face coverings and QR codes are measures to help us ensure the safety of both public transport workers and people who take the bus or train to work or to school. QR codes have been successfully rolled out in over 320,000 retail and other venues across the country, and, as the director-general has indicated, the uptake of the app and the usage of the app continues to increase day on day.

This latest requirement will add to the system's overall effectiveness and provide an extra layer of assurance and speed to our contact tracing processes. Public transport involves people being in close proximity to one another, and while some public transport companies do have ways of identifying passengers through ticketing systems, much like airlines and intercity coaches can, it isn't widespread enough to provide us with the universal coverage that we are looking for.

So we consider that QR codes are less burdensome than physical record-keeping for the public and for the transport operators, and it's also faster and easier to get in touch with people through the COVID Tracer app if the QR codes are being used. QR codes are also a better contact tracing tool than the HOP or Snapper cards because many people don't register their HOP or Snapper cards, and therefore contact tracing details can be more difficult to find. We will still use HOP and Snapper card information where that is appropriate.

So, as I said, from next Thursday, the displaying of QR codes will be a requirement on all transport modes carrying members of the public. So that will include buses, trains, taxis, ferries, and ride-share vehicles, but it does, of course, exclude your private car. Transport operators, though, will not be required to enforce the order—i.e., they won't have to make people scan the QR code—because that would be too burdensome for them, but we are asking people to comply.

The Roche-Simpson group, which the Government is establishing to provide oversight of the Government's testing and surveillance plans, is now in place, with three additional members. They are Dr Api Talemaitoga, a GP who is the chair of the New Zealand College of GPs' Pacific Chapter; Dr Rawiri Jansen, a GP in Papakura and the clinical director of the National Hauora Coalition; and Professor Philip Hill, who is the McAuley Professor of International Health and the director of the Centre for International Health at the University of Otago.

The group will be reporting to me on the implementation of the updated COVID-19 testing plan and the surveillance plan, and they'll work with Government agencies and stakeholders, including private-sector employers and unions, to gather useful information. This will add support to the Ministry of Health, which continues to perform well in its leadership of the COVID-19 health response.

The group will be focusing on ensuring cases are rapidly identified, identifying and minimising any undetected community spread, monitoring people at higher risk of exposure, and ensuring that Māori and Pasifika people gain effective and equitable access to testing.

As we all know very well, this is a tricky virus, but comprehensive border and surveillance testing will continue to play a very important role in helping us to pick up any new cases and deploy contact tracing quickly. All aspects of the surveillance and testing plans will be in scope for the group, including all aspects in the community, at the border, and at managed isolation and quarantine facilities.

Nearly every country in the world is experiencing new cases of COVID-19. The global pandemic continues to grow rapidly outside of our borders; so testing is a key part of managing the risk that COVID-19 poses to New Zealand and preventing it reappearing in our community. Regular COVID-19 testing does need to be part of our new normal. Our plan will ensure that anyone with flu-like symptoms gets a test. It will deliver asymptomatic testing of border staff and others who are at risk, such as managed isolation and quarantine workers. It is a big operation. We already have among the highest rates of testing in the world for the number of cases that we have, and we're very well positioned globally in that regard, but we can do even better, and that is what we'll continue to strive to do. No system is foolproof, but the work of this committee will strengthen the extensive testing that we have already done, which forms an important part of our ongoing elimination strategy and our strategy to identify any future cases.

With that, I'm very happy to answer questions.

Media: On the issue of the masks, there is growing concern with some of the providers in South Auckland—particularly the Pacific community—that the supply of masks is not there. What are you doing between now and then to make sure that there are enough to go around ahead of the Sunday midnight flick-over?

Hon Chris Hipkins: So we have distributed three million masks out to community organisations that are working in those communities where people might not be in a position to buy them. We've also been working with the supermarkets—so Progressive, who deal with Countdown, and Foodstuffs, who deal with New World, PAK'nSAVE, and so on—to make sure they have a good supply available. Countdown had a bit of a gap in their supply chain, so we provided them with two million masks from the national supply to help bridge that gap. Foodstuffs have assured us that their supply chain is solid, and Countdown, of course, are working to make sure their supply chain is solid as well. So we are making sure that masks are available for people to get.

But also bear in mind that if we're talking about face coverings on public transport, they don't have to be surgical masks; they can be a bandana, for example. People can make their own masks. The important thing here is that something tied over the nose and mouth will prevent people, if they're coughing or whatever, from spreading their saliva, and therefore reduce the risk.

Media: When you say those big numbers, they sound a lot. Of course, if you're talking about disposable masks, people might be getting a pack of ten or getting a couple per family, and they won't go very far. Are you concerned about the supply?

Hon Chris Hipkins: No, because, like I said—I mean, one of the critical things here is that people should be encouraged, actually, to use reusable masks, where possible, and a reusable face covering. You can make one at home; they're not difficult to make. There's a whole lot of guidance on the internet around how you might do that, but actually you can use simple things like bandanas and so on. And, by and large, from the feedback I've seen

of people getting on and off public transport in the last day or two, people have found all sorts of ways of making sure they're complying.

Media: Dr Bloomfield, do those cases in the Mount Roskill Church—are they connected to the South Auckland cluster?

Dr Ashley Bloomfield: At this point, they're all connected to each other, but we haven't found the epidemiological link to the cluster, and we're waiting for the whole genome sequencing. So, in a sense, we believe they will be linked to the cluster—we haven't got the epidemiological link yet. So they're like a mini-cluster at the moment. And those cases, with the case of the person who presented to North Shore Hospital on Friday night—and we've found no other cases around that person; plus the person who had previously been in a MIF facility and was associated with the travel by a relative to Hobbiton. They're our only cases that we haven't yet got either an epidemiological or genome link to the current cluster.

Media: With the Mount Roskill—there's no epidemiological link yet, but are there contacts, are there community contacts that would make you think they're part of the link, or could it be potentially a second, unrelated outbreak?

Dr Ashley Bloomfield: What I would say is we fully expect that it will link to the existing cluster if we look at the sort of demographic profile of the community there. We just haven't yet got what the epidemiological link is yet. And there are also some other outstanding cases. For example, the GP and their family, which we have been able to associate with the outbreak but as of yet not been able to make that epidemiological link. So the whole genome sequencing will be very helpful in this regard.

Media: On testing in managed isolation, what percentage of people are not being tested twice before they leave the facilities?

Hon Chris Hipkins: Look, I've anticipated this question; so I've got some numbers for you. From 8 June through to yesterday, there were 20,065 day three swabs taken, and 19,473 day 12 swabs taken. There are currently 5,204 people currently still in managed isolation or quarantine, which explains why the day 12 swabs number is that much lower. The advice that I have had is that 15 adults have refused a day 12 test in total over that period of time, and, of course, their stay is extended in managed isolation as a result of that.

Another interesting number with regard to these tests: there have been 14 positive tests at day 12. Twelve of those had a negative day three test, meaning only two of the people who tested positive have not had a day three test, and that was because of the time frame. Those people got their positive day 12 tests just at the beginning of the time when we tightened up the testing regime in June. And so this should give the community confidence that no one is coming out of managed isolation or quarantine without having a clean bill of health. And that's the critical thing here: at day three, we do not test absolutely everybody; children, for example, are not routinely tested at day three unless there is a reason to test them, and so if their parents returned a positive, for example, they would be tested then, but we do not routinely test very young children at day three.

Media: Why have you not been able to ever provide that data before?

Hon Chris Hipkins: Well, I haven't been asked.

Media: Well, you have.

Hon Chris Hipkins: Well, not for that level of detail, but given that there's now speculation about these numbers, I've got the exact numbers here.

Media: In those numbers, you can't explicitly say how many people have not taken a day three test?

Hon Chris Hipkins: Ah, no. I haven't got that figure in front of me, no.

Media: Why not?

Hon Chris Hipkins: Ah, I'm certainly happy to get it, but I think the numbers that I have supplied should give assurance that people are having a test before they leave. Like I've said, not everybody gets a day three test; not everyone needs a day three test, and we do not routinely test children at day three.

Media: Just in terms of the 7,000 test a day target in Auckland, why have Rānui, Randwick Park, and Point England been specifically targeted for pop-ups?

Hon Chris Hipkins: Ah, I'll ask the director-general to comment on where the specific locations are. But partly they'll be because they may be areas where we'll want to see the testing numbers going up.

Dr Ashley Bloomfield: That's exactly right, Minister. So these are in addition to the, I think, 20 community testing centres that have been established over the last couple of weeks—well, some were already there. And so these locations have been identified as places where populations who we do want to get more testing done in will be able to access the testing, and the DHB will move them around the region to make sure that those populations, particularly the Pacific population in South and West Auckland, have ready access to testing.

Media: [*Inaudible*] crews out and about in Auckland today at testing stations, and we're seeing near empty testing stations. What is proactively being done to get people in for a test?

Dr Ashley Bloomfield: Yes, I know the district health boards have been putting some communications out, and we've just been talking about what we can do at a national level. I guess one of the things I can do is encourage people. Of course, anyone with symptoms should get a test, but also people who don't have symptoms, and in particular in the Pacific community in western South Auckland—I would encourage them to also go and seek a test.

Media: Dr Bloomfield, could you tell us anything about why you initially rejected the Reserve Bank's application for an exemption for bank branches and then why you appeared to change your mind about a day later?

Dr Ashley Bloomfield: So what I can say is, of course, I approve or decline exemptions on the basis of advice from my team, who go through a thorough process of assessing applications. When I initially declined the application for that exemption, the team wasn't aware of information that previously in alert level 3, these banks and credit unions and so on had been allowed to open at one point, when we came out through alert level 3. Once that was made known to us, I asked them to reassess the application, and it was on the basis of their updated advice that I then gave the approval for the exemption.

Media: That seems extraordinary. Banks were allowed to operate even under level 4. This was well known and publicised.

Dr Ashley Bloomfield: So what wasn't clear to the team was what the formal decision had been to allow that, and so they sought clarification, and, as you can see, it was provided quite quickly the next day—that did confirm that a decision had been made previously under alert level 3, and they were able to get confirmation of that decision to support a decision to give the exemption again this time.

Media: Is the Ministry of Health equipped to handle questions like this?

Dr Ashley Bloomfield: Yes, we are. So saying that, we don't rely just on our own staff. At the moment, we have a team of over 70 people processing these exemptions. Most of them come from other Government organisations, so they've come in to bolster our team. But any of these exemptions that involve—and most of them involve businesses or non-health organisations. We work with the relevant Government department, whether it's MBIE, MPI, and so on to get the important information we need. In this case—and it may have been because it was—in my recollection, it was Sunday afternoon. It may have been that they couldn't access the information at that time. The important thing is once that

information was provided, I then asked them to reassess it and gave the approval for the exemption.

Media: Given the high percentage of Māori and Pacific Islanders in this cluster, what's the representation of Māori and Pasifika at the decision-making table, and have there been any decisions made in regards to the Auckland cluster that haven't involved Māori and Pasifika?

Hon Chris Hipkins: What you'll see—for example, in the testing group that I just announced, there is Māori and Pasifika representation on that, because we do acknowledge that there is a high degree of engagement from the Māori and Pacific communities, particularly given the overall demographic breakdown of the number of positive cases that we've experienced in this cluster. We're working very closely, and the Ministry of Health is working very closely, with Pacific and Māori health providers to ensure that they are completely engaged and involved in the process, and you'll see that we put some additional funding into that as well to make sure that they're getting all of the resources that they need.

I can tell you that at a very high level—at a Government level—both of my Associate Ministers of Health, Peeni Henare and Jenny Salesa, are involved in all of the decisions that we make as a Government around COVID-19 and are feeding in a Pacific and a Māori perspective into that as well, as, of course, do other Ministers who sit around the Cabinet table.

Media: The testing centres have been quiet today. How are you actually going to get to that 7,000 tests a day, and are you just relying on people showing up to them?

Dr Ashley Bloomfield: Well, yes, I think people will show up, but we're not just relying on that. So we will have some communications going out, both locally and nationally. I've just reiterated that message here today. What I would also say is that I've written today to all the DHB chief executives to give a really clear expectation around how they should make sure they are providing access to testing, not just in the Auckland region but right around the country. We had a teleconference with them last evening, so they were all aware anyway, and they've got quite explicit plans about how they can ensure that there is access to testing. And just to reiterate the comment I made earlier: we are looking this week as well to do testing of asymptomatic people as part of surveillance, just to try and ring-fence the extent of this outbreak, particularly in the Auckland region.

Media: Hold on—hold on. Just to follow up: the biggest and busiest CBACs in South Auckland were closed the week before you asked people to say yes to the test. How do you expect to ramp up testing if they can't be accessed easily?

Dr Ashley Bloomfield: Well, I think we've shown over the last two weeks that not only could we ramp up the accessibility to the testing with the additional CBACs or community testing centres, plus the mobile teams, plus, of course, through general practice—and we saw that in the volume of tests—but all those points of access are still there, and the DHBs in Auckland are adding further mobile teams, another six this week as well.

Hon Chris Hipkins: If I could just quickly add to that too. The overall numbers are worth repeating here. There are 1,121 places that you can be tested across the country—350 of those are in the Auckland metropolitan area. So there are certainly plenty of availability of testing. Our focus at the moment is on engaging with communities to get people to get tested if they're showing symptoms. So say yes to the test—we keep repeating that over and over again. We're also looking at how we increase our asymptomatic testing in those areas where we just want to increase our testing numbers for the purposes of reassurance, and that's a big area of focus. And we do have the ability, as the week progresses, to look at popping up new sites where we need to, where we want to see the numbers going up.

Media: With regards to—what's the official stance on overstayers within our community? Many of them are hiding. Then, on top of that, many of our community are worried about their jobs, and a positive test would not necessarily be good for some.

Hon Chris Hipkins: Yeah. So, look, I just want to make this absolutely clear: the Government will not be using any information that we collect through testing for immigration purposes. So if people are here on an expired visa and they go and get a test, we will not join those two dots together.

We have taken that decision deliberately, because we do not want anybody who is at risk and who may potentially have COVID to not get a test and not come to our attention because they're worried about their immigration status. So, absolutely, regardless of your personal circumstances, if you are asked to get a test or you are in that group that's at greater risk, please get the test. We won't use that information to punish you in some other way, and I cannot state that enough.

Media: Minister, you've said that tomorrow you'll outline some more details about the wearing of masks. What still needs to be thrashed out? What needs to be considered ahead of you talking about those details?

Hon Chris Hipkins: Look, there's just a few issues. We're working with the Ministry of Education, for example, to clarify exactly which groups of school students would need to wear masks. There is some concern that for very young children, for example, it might create more of a risk than the benefits would—so the risks would outweigh the benefits, I should say. So we're just working through those finer details at the moment. But, look, the broad, I think, expectation is quite clear: by and large, everyone should be wearing a face covering when they're on public transport.

Media: You mentioned wanting to ensure that there was equitable access to testing. Do you or Dr Bloomfield have any information that shows that there is not equitable access to testing, and what are the figures around that? What are the concerns around that?

Hon Chris Hipkins: No. It's just I think we want to make sure that we're engaging with the communities, that we're identifying any barriers to testing. Basically, I think what we've identified is that the availability of testing should not be the barrier. You know, testing is widely available, so one of the equity lenses that we run over this is: well, why aren't people getting tested; are there other barriers that aren't related to physically being able to access a test that are getting in the way? So that's one of the things that the committee will be able to look at.

Dr Ashley Bloomfield: So—

Hon Chris Hipkins: So I'll let you follow that through. [*Interruption*] Hang on. We'll just follow that one through, then I'll come to you.

Dr Ashley Bloomfield: So just a follow-up comment there, actually. We look at our testing rates, particularly by ethnicity, and I may have mentioned in here but, reassuringly, our rate of testing amongst Pacific is actually twice the average overall, and Māori rates are also higher than the average overall. So that's exactly what we would want to be seeing, that there are—because particularly for this outbreak, we know that the communities that are more affected are the non-Māori, non-Pacific community.

Media: Do you have the workforce in place to really be able to engage really well with those communities, Māori and Pasifika, particularly up in Auckland? Do you have the workforce available to be able to do that work?

Hon Chris Hipkins: Look, I believe that there is. The advice that I've had is that there is, but Dr Bloomfield is more familiar with the detailed planning in that regard so—

Dr Ashley Bloomfield: So the question was: is the workforce available to engage with those communities? Yes.

Media: Yeah, and do you have good representation within the workforce to be able to work with the communities?

Dr Ashley Bloomfield: Yes, indeed. And especially in Counties Manukau DHB, both the staff employed by the DHB and also those Māori and Pacific health providers in those communities, many of them well established, and they're all part of sort of the effort to get out into the community. So I'm really confident in that, and I know that the chief executive of Counties Manukau DHB, who's actually leading the region-wide COVID-19 response, Fepulea'i Margie Apa, convenes every day with the Pacific leaders of the communities as well as with those health providers, just to talk about what's going on, get intelligence, and make sure that the testing sites are being deployed in the right place, what are the barriers, what are the issues, what are any specific communication channels they can use for—

Media: Will school kids have to wear masks on the school bus?

Hon Chris Hipkins: That is one of the things that we're clarifying. Yes, for certain age cohorts, but there will likely be an age cohort of school-age children that will be exempt, and that's exactly what we're nailing down at the moment.

Media: So a secondary-primary split?

Hon Chris Hipkins: Secondary school students should be wearing masks and we're just figuring out exactly where the cut-off is. You know, that's something that we're working through, to just make sure we get that exactly right. [*Interruption*] So I'll let you finish that, Jess.

Media: Oh, I was going to—John Tamihere has come out today as well and said, "Look, NCEA students should just be able to pass this year, because of all the stresses they've gone through." Is that something you'll consider?

Hon Chris Hipkins: No, that's not something that the Government is willing to consider. Of course, we do have to protect the credibility and the integrity of our qualification system. We are, of course, looking at what other things we can do to support students. So we've pushed back submission dates for portfolios, for example; we've been doing that. We are looking at what extra support we might be able to supply. Te Kura, the correspondence school, do offer summer school, for example, for those who end up being a few credits short. And so we're working with them to see, if we needed to really ramp that up to provide that bridge for people who might be leaving school but haven't quite got enough to go on to their further study that they're looking for, can we do more in that area.

So we will have more to say on that, but I don't think that just giving everyone a free pass would be in their best interests, because, ultimately, we would then be signing something to say that they can do things which they might not be able to do, and I don't think that's going to be in their best interests.

Media: Dr Bloomfield, is there any consideration given to some kind of incentive to get people—especially asymptomatic people—to test? Any kind of carrot to get people in for testing [*Inaudible*]?

Dr Ashley Bloomfield: Well, actually, what we have seen—and a good example is Queenstown. It seems like a long time ago, but it was just a few weeks ago where a pop-up was put up in the car park of a supermarket there. Over a thousand people turned up to be tested in one day and were tested, and that was in response to part of an investigation for a case that had been identified who arrived in another country overseas. So I don't have any sense that there will be a lack of willingness of people to turn up for testing, and it's making sure that it's available and that they know about it.

Media: On the household contact from yesterday, you said that they were classified as a household contact yesterday but now they're under investigation. Can you just clarify what you mean by that? So they're not a household contact anymore?

Dr Ashley Bloomfield: Yes. My understanding is they're one of this group of five that are associated with this new church that I've talked about today. So previously yesterday the information I had was that they were felt to be a household contact of someone who had already been linked to the outbreak, and that wasn't the case. So they're part of this group that is under investigation.

Media: So do they know them but may not necessarily live with them? Is that kind of the—

Dr Ashley Bloomfield: I don't have any further details.

Media: Dr Bloomfield, one of the things we've been hearing from people is concerns about getting tests because of the move to quarantine—that they're afraid they might be pulled out of their homes and moved into quarantines. Have you been hearing about that at all—concerns that people have been hesitant to get tested because of that?

Dr Ashley Bloomfield: I haven't heard, but it's important to just clarify what does happen. If someone gets tested and there's a positive result, that result is notified directly from the laboratory into the EpiSurv database with the contact details for the person. A public health unit then gets that result, makes contact with the family, and then a process is gone through, which is that interview process, sometimes over the phone, sometimes face to face, and the move into a quarantine facility is not something that happens immediately. The first priority is to find out who the close contacts are; make sure that family, workplace, and other close contacts are isolated; and that they are able to be tested. And then there's the discussion around who may need to go into the quarantine facility and the timing about doing that.

There's no: suddenly a van arrives at someone's house and carts people off; that is not how the process works, and I can reassure people. And I think what is reassuring is we see the large number of people who have gone into the quarantine facility with whānau members as well. And I think all the feedback I've had is that that's serving them very well.

Media: It might sound silly, but, you know, in terms of those concerns, people have been saying, you know, "What will happen to my dog? I don't want to get tested because of my dog." How many days do people actually have to get their affairs in order, on average, before they go into one of these facilities?

Dr Ashley Bloomfield: Oh look, the team—these are exactly the sorts of issues that the team works with people on, including their employment and making sure that their income needs are met, that any welfare needs are met. Some of them may have other family members that are not household contacts who they are responsible for or look after. All these things are taken into account. And yes, I can relate to the issue around pets. That is exactly one of the things that the team works with each family on.

Media: Minister, have you written to DHB chairs telling them or directing them to balance their budgets to, effectively, reduce their spending?

Hon Chris Hipkins: No I haven't written to them. I have been meeting with them—it hasn't quite worked out exactly weekly, but at least every couple of weeks I meet with them all via teleconference. And yes, I have set out an expectation that we want to see DHBs getting back into the black. Some of the DHBs that will be easier for than others, and some of them it will take them a bit longer than others. So we are working with each DHB as needed on a DHB by DHB basis.

Media: Would it concern you though that some DHBs will therefore go out and cut hundreds of staff? There's reports from Canterbury that they're going to cut 600 staff.

Hon Chris Hipkins: Well, DHBs go through a planning process, and the ultimate outcome of that planning process has to be signed off by me as the Minister. So those are all things that we work through with DHBs during that planning process.

Media: Is now the time to be cutting staff and cutting spending in health?

Hon Chris Hipkins: Look, DHBs still need to be responsible financial managers. They still need to balance their books. And some DHBs are doing a better job of that than others. Basically, we should not be rewarding those DHBs that consistently go over budget and punishing those who consistently stay within their budgets. So everybody needs to be treated fairly. DHBs can't just make a decision, "Well, we want to offer extra services to our community that we're not funded for and so we're going to operate a deficit to do that.", because, ultimately, the taxpayer has to pay for that. And, you know, there is a limited health dollar to go round, and so by some DHBs clocking up large deficits, they're effectively punishing the parts of the population where the DHBs are not doing that.

Media: But doesn't that just mean that the Government is not providing enough funding? Maybe it underestimated the population growth, or—

Hon Chris Hipkins: No, that's absolutely not correct. In many cases, the DHBs that are running large deficits have also seen large increases in funding. The Government has been putting significant increases in funding into DHBs, but they still need to balance their books.

Media: How many cases have not been linked to the current cluster via either epidemiology or genome sequencing? There's these five from the church, there's the one man who showed up in hospital; are there any others?

Dr Ashley Bloomfield: Yes, there's the other person who had previously been in a MIF facility, and then there is—oh, those are the only ones that haven't been linked that we know or that we consider are associated with the cluster. And then, of course, there is the one separate case which was the MIF worker, which we have shown through genome sequencing is unrelated.

Media: Minister, an Ombudsman report into mental health facilities has found two of those inspected were in breach of the UN convention against torture and degrading treatment. As health Minister, is that good enough?

Hon Chris Hipkins: No, it's not, and the Government's put a huge emphasis on mental health. And one of the issues that the DHBs are reporting to us is that they are really capacity- and space-constrained when it comes to mental health, and so some of the worst things that we have seen there are because DHBs just don't have the space that they need. So the Government has put a significant amount of additional capital funding in over the last couple of years, and that's being spent as we speak to improve the quality of those mental health facilities. These things do have a bit of a legacy to them, so you can't just magic up new buildings overnight; it takes a while to build them. But we absolutely acknowledge that some of the facilities that DHBs are working with in the mental health space are not fit for purpose. They are inadequate. They are resulting in a standard of care for people with mental health needs that is not acceptable.

Media: Were you shocked with that report?

Hon Chris Hipkins: Look, I haven't had a chance to read the report fully; it only came out yesterday. I certainly will be reading that and following it closely. We were aware as a Government that there are issues in this area. We've been working very hard to address those, including significant investments to improve the quality of mental health facilities in our DHBs.

Media: Can we just go back to that day three test? The fact that you don't have the number of people who have refused—I mean, if you don't have that data, how can you be sure that those tests are being done?

Hon Chris Hipkins: I mean, if you look at the overall number of tests that have been taken at day three versus the number that are taken at day 12, and then we identify the fact that we've only had 15 people refusing day 12 tests, you can do a process of maths to identify that the vast majority of people are getting day three tests. But as I said, we don't routinely test children at day three unless there's a good reason to do so, and that will almost certainly explain the vast majority of the differential. You know, I'm not concerned about the

level of day three testing, and the reason I'm not concerned about it is that people don't get let out without either a negative day 12 test or a prolonged stay in managed isolation which means that they are absolutely COVID-free, and guaranteed to be COVID-free, by the time they leave.

Media: But the modelling that's been relied on, the Shaun Hendy modelling, is predicated on the day three and the day 12 tests being done, right?

Hon Chris Hipkins: Yeah, so one of the things to keep in mind: we look for 10 days in MIQ for somebody who has a positive test, from when they are tested positive. So if somebody doesn't do a day three test and they then test positive on day 12, by that time they may well be well on the way to recovery. It will ultimately extend out the amount of time that they are in managed isolation versus if they'd had the positive test on day three. So it's actually quite a big incentive on people to have that day three test, because if they test positive on day three and positive on day 12, it'll have an implication for how long they spend in managed isolation. So coming back to the risk to the public, the real quality assurance for us, the real guarantee people have that people aren't leaving MIQ with COVID-19, is that day 12 test, and if anyone tests positive at day 12, then they are absolutely held for as long as we need to hold them to guarantee that they don't bring COVID-19 into the community.

Media: Dr Bloomfield, what progress has been made in terms of contact tracing for the man in North Shore Hospital? I'm just wondering how concerned you still are about that case.

Dr Ashley Bloomfield: So on the contact tracing side of things, where all the close contacts are identified very quickly and tested and none of the family or workplace contacts have returned positive tests—so they've all tested negative—they remain in isolation for the full 14 days. I know that the public health unit is going right back to have a look and see where there may—where this person may have been infected, and, in fact, they are now looking at a private event at which a number of people were at very early on in August. So they're going right back just to see if that might be—it's right at the boundary of possibility, but I think they're doing a very thorough job. They have a list of all the people who were there, and they are all being followed up as well. So—

Hon Chris Hipkins: All right. We—

Dr Ashley Bloomfield: —they're sort of leaving no stone unturned.

Hon Chris Hipkins: Well, we'll do one last question. I do have to go and answer these questions in the House very shortly—so you're lucky last.

Media: So the day three tests: there are other people in managed isolation facilities—residents and staff—who could be infected in the period of time between a day three and a day 12 test. The woman who came from the United States who tested positive on day three, but still managed to infect a hotel worker via surface or aerosol who entered an elevator after her—you know, what if she had been there for another nine days?

Hon Chris Hipkins: So anyone who is showing symptoms gets tested as soon as they start to show symptoms, regardless of where they're at in the testing cycle. Staff in there do take protective measures—staff working in managed isolation. That's the reason that we have them in managed isolation facilities—so that we can ensure that anyone they're coming into contact with has protective measures in place. And, of course, we have our backstop testing of all of those staff to ensure that if anybody does become infected with COVID-19, we're picking that up.

So thanks, everybody. I'm happy to pick that up again next time I'm up here. I do have to go and get ready for question time. Thank you.

conclusion of press conference