

**ALL-OF-GOVERNMENT PRESS CONFERENCE: MONDAY, 31 AUGUST 2020  
HANSARD TRANSCRIPT**

**Hon Chris Hipkins:** Right. Good afternoon, everybody. Today, I'm joined by the Acting Director-General of Health, Robyn Shearer, who's going to take us through today's cases. After that, I'll follow with a few remarks, and then we'll go into questions. Fire away.

**Robyn Shearer:** Tēnā koutou katoa. There are nine new cases of COVID-19 to report in New Zealand today: four are in MIQs and five are in the community. Of the four imported cases, three female—one in her thirties, one in her twenties—and a child arrived from India on 22 August, and all tested negative around day 3 of their stay in managed isolation. They were retested as they were contacts of previously reported cases and subsequently returned a positive result. The fourth person who has tested positive today is a woman in her thirties who arrived from India on 27 August. The five new confirmed community cases are all clearly epidemiologically linked to the Auckland cluster. Three cases are linked to the Mount Roskill Evangelical Church. The other two cases are both household contacts of two separate previously reported cases.

Since 11 August, our contact tracing team have identified 2,621 close contacts of cases, of which 2,505 have been contacted and are self-isolating, and we're in the process of contacting the rest. As of this morning, we have identified 28 close contacts of the Tokoroa health professional currently in hospital, and 16 of those have already been contacted. We expect to contact the remainder today. There are 128 people linked to the community cluster who have been transferred to the Auckland quarantine facility, which includes 85 people who have tested positive for COVID-19 and their household contacts. There are 11 people with COVID-19 in hospital today: two in Auckland City, three in Middlemore, three in North Shore, two in Waikato, and one in Christchurch Hospital. Nine people are on a ward, and two are in ICU—one each in Middlemore and Waikato hospitals. There are 15 previously reported cases who are considered to have recovered today. With today's nine new cases, our total number of active cases is 131. Of these, 24 are imported cases in MIQ facilities and 107 are community cases. Our total number of confirmed cases of COVID-19 is now 1,387, which is the number we report to the World Health Organization. Yesterday, our laboratories processed 7,219 tests for COVID-19, bringing the total number of tests completed to date to 758,027.

As the Deputy Director-General for Mental Health, I do want to take this opportunity to mention mental wellbeing. There is significant pressure in many of our communities at this time, and it's been really pleasing to see that people are making use of the supports we have available. We want people to know that there is help available if they need it, from face-to-face support, online, and by phone. It is OK if you're not OK, and it's all right to not be OK. This is a time of pressure for all of us in New Zealand and reaching out and supporting is what we need to continue to do. There is lots of advice on the Ministry of Health website, and there are also links to a number of practical tools such as apps and self-help online sites, and many of them have free data available. Thank you, Minister.

**Hon Chris Hipkins:** Thank you to the Acting Director-General. Today is the first day of Auckland being at alert level 2, and we're already seeing signs of the city getting back to normal—or some sense of normality. Anecdotally, Auckland Transport is seeing nine out of every 10 passengers boarding trains and buses using face coverings, and the police are adopting a very high-visibility approach near transport hubs, educating and encouraging passengers, handing out masks to those who have forgotten them, and on the Auckland streets we're seeing—anecdotally again—around 50 percent of people wearing masks. We're seeing big numbers of people at the airport, and the brakes are coming off the Auckland transport routes in and out of Auckland, as the checkpoints are being packed down. Those are all good things to see. It's a strong start, and as we've come to expect from the people of Auckland, people are getting on with it. So, thank you to everybody in

Auckland for continuing to play their part and thank you to businesses for their patience. I know it's been frustrating and difficult.

It's important to stress again, though, that this is just day one of the new alert level 2. As we take these tentative first steps and people and businesses start to go about their daily lives again, Auckland remains at a heightened version of COVID-19 alert level 2. So I want to give some reassurance. The four-level alert system was designed for the situation we now find ourselves in. It allows a region to be at alert level 2 with some contained and managed cases within the community. As we continue to chase down the remnants of the current cluster, we're asking everyone to keep up the good work that they have been doing by keeping themselves and keeping others safe. Following the guidelines, keeping distance, wearing masks when you're in Auckland, keeping gatherings to 10 or less in Auckland, and, of course, using the old-fashioned technology—soap and water—to wash your hands, or hand sanitisers. These are relatively minor inconveniences in return for getting some normality back into day-to-day life. And if we get into the habit of observing them every day, we reduce the chances of having to go back to alert level 3 or 4, and that's good for everybody and it's particularly good for the economy.

Contact tracing is another really important tool as we go back down the alert levels, and we're reminding everybody to get into the habit of scanning QR codes. For many people in Auckland who have been staying home while the rest of the country over the last few weeks has got into the habit of using QR codes, as Aucklanders get out and about and become more mobile, for some of them it will become a new thing compared to the way it's been for the rest of the country over the last few weeks. So if you don't have a smart phone, make sure you're manually recording your details of where you've been and who you've come into contact with should that be required.

Along with isolating returnees at the border for 14 days and the rigorous safeguards that we've put around that and the high volume of testing that we've seen in the community, effective and rapid contact tracing is the third leg of our defence. On Friday, QR codes will be mandatory—the display of QR codes will be mandatory on public transport. The policy work's been done, the order has been created, but we are giving transport operators an extra couple of days to make sure that they have those QR codes in place before that becomes a legal requirement.

The next update of the COVID tracer app is on track for release on Thursday, and that builds on some of the feedback that we have had from New Zealanders. The update will allow Kiwis to save their National Health Index number within the app. That will help us to speed up the contact tracing process. It also potentially speeds up the process of someone getting a test when they need to get a test. People will be able to manually edit the entries in their diaries even if they're entries that have been created by scanning QR codes, so if people scan and they want to add more details to the diary entry that's created by that, they'll be able to do that with the latest upgrade. The Ministry of Health will also be able to customise the contact alerts that we can push out as well so that users can receive advice that receives the risk and the nature of the exposure event that they may have been part of. The ministry is also working to confirm the future features that will be included in the next major upgrade of the app, and this could potentially include Bluetooth proximity detection and daily health checks for people in isolation.

An increasing number of New Zealanders are getting into the habit of keeping track with the app. The number of scans taking place each day is now averaging above 1.6 million. Bear in mind, as I said before, though, we've had a significant portion of the population not going very far and largely staying at home. The ministry's continuing to receive several thousand QR code requests every day.

I'm also pleased that the number of tests being carried out is at a good level. It's a huge and sustained effort by many dedicated people across the country, and it's a sign that our testing system, as part of our defence, is working as intended. Yesterday, 7,219 tests were processed, and that brings our total number to more than 60,000 since we announced the

most recent testing blitz. We do expect to see the numbers drop off a little bit over the weekends. That tends to have been our past experience.

We're continuing to encourage more people to get tested, because it helps to identify cases quickly, it stops COVID-19 spreading, and it keeps everybody safe. This applies particularly for people who have developed symptoms consistent with COVID-19, those who are connected to a COVID-19 case or to the sites where there have been cases, or if you've been in contact with somebody else who has been a contact of a case. If you're in one of these groups, please call Healthline or your doctor or visit a testing station in order to get a test. The tests are free. They should be easy to access for everybody, with more than 1,100 testing sites now available throughout the country, including most GP practices. With that, happy to take questions.

**Media:** Can people trust what they read on the Ministry of Health website?

**Hon Chris Hipkins:** Yes, I believe they can.

**Media:** Why, then, was incorrect information left up on there for three days?

**Hon Chris Hipkins:** Are you talking about the issue that arose yesterday around who should be tested and the communications around who should be tested? Look, I think that there were some issues that were lost in translation there. The Prime Minister canvassed those well yesterday when she stood here yesterday. I'm confident that they've been addressed and that there's been some reflection on how that came to be in the first place to ensure that those sorts of misunderstandings don't happen again.

**Media:** What was the misunderstanding? What was lost in translation? What was the directive, and then why was it published the way that it was?

**Hon Chris Hipkins:** I think what happened was a relatively long set of guidance around who should be tested was then translated into a couple of sentences, which got put into a social media ad—not even a couple of sentences. And I think that a lot of work has gone into reflecting on how that communication could have been clearer. I'm confident that everybody involved has learnt the right lesson from that, and that will be tightened up.

**Media:** On schools, are you concerned that some parents aren't sending their kids to school because they're worried about COVID-19, and, perhaps, what's your message to them?

**Hon Chris Hipkins:** Look, I do understand the anxiety there. We saw this after the first lockdown when we first stepped down to level 2. It took a while for those attendance numbers for schools and early childhood centres to increase again. So while I understand the anxiety, my message to parents is: it is safe to send your kids back to school. Schools are doing the extra things that we need them to do in order to keep kids safe, and we do want to see kids back at school, because it's important for their futures that they're engaging in their education.

**Media:** Is it OK for kids to stay home, though, if their parents are worried?

**Hon Chris Hipkins:** No, it's not. Like I said, I understand parents' anxiety, but our message very clearly to them is: do get your kids back to school. Their futures depend on this. They've had a lot of time out of school already this year. We don't want them having any time out of school that they don't need to be out of school, so please do get your kids back.

**Media:** Is it fair for NCEA students to be expected to sit exams now, considering they've spent so long out of school?

**Hon Chris Hipkins:** So we have already made some changes around NCEA for this year, including putting in place some extra measures to support those students who might be a few credits short, and I announced those after the first lockdown. We also pushed out the date for portfolio submissions for those subjects where students need to submit portfolios, to give them that little bit of extra time. And I'm in conversations with the Ministry of

Education and with schools about what extra support that group of students, particularly the students who might be leaving this year, may need to make sure they can complete their NCEA. One of the things we're working through at the moment is—Te Kura, the Correspondence School, have been offering for the last couple of years a summer school for those students who perhaps are just a few credits short and need to do a bit of catch-up learning over summer, and we're looking at whether we can make that more widely available to those students who might need to do a little bit of extra catch-up for their NCEA.

**Media:** When did you first learn about this issue around the miscommunication in terms of the testing?

**Hon Chris Hipkins:** Yesterday morning—sometime yesterday morning.

**Media:** So it was the same time as the Prime Minister found out?

**Hon Chris Hipkins:** Almost certainly, yeah.

**Media:** So why didn't you proactively correct the record?

**Hon Chris Hipkins:** I didn't find out about it until after the radio interview that I'd done, if that's what you were talking about.

**Media:** Just following up on that, I mean, the misinformation seems to be much further, or much wider, than just a Facebook post: it was on the website, as [*Inaudible*] pointed out; we understand Healthline staff were giving out incorrect information. How did it happen?

**Hon Chris Hipkins:** Look, I think one of the things that Health officials were grappling with here is that we do want to send the message out there that it's not only people who are symptomatic in those communities who may be asked to be tested, and there has been a bit of pushback from people saying, well, if I'm not showing symptoms, or—and, actually, from some of the health practitioners, GPs and others, saying, "If people aren't showing symptoms, should they get a test?". I think what the Health team were trying to do is make sure that it's clear that if you're asked to get a test, even if you're not showing symptoms, you're being asked for a reason: because of the community you live in, because of the fact that we are doing surveillance there to make sure that we have absolutely picked up all of the cases around the edges of the cluster. I think it's clear that some of those communications could have been clearer, and I'm absolutely confident that those are being really tightened up now.

**Media:** Was it driven by a desire to get those testing numbers up to meet the targets?

**Hon Chris Hipkins:** No, I don't think so. I mean, I think that, clearly, the message around asymptomatic testing is one that we've canvassed quite a bit, and the fact that we're in—and it does change, you know, at different waves. So we had a big wave of testing in the beginning, and we saw asymptomatic people queueing up to get tested that meant that symptomatic people weren't at the front of the queue. As we come out of the other side of the cluster, as we start to get—you know, we're confident that we have that more contained—we actually do want to see the asymptomatic testing coming up again in some of those areas. That doesn't mean everybody getting a test, though, and I think that that perhaps wasn't as clear as it should have been.

**Media:** But Minister, where did it go wrong? Where does the buck stop?

**Hon Chris Hipkins:** Oh, look, the buck ultimately stops with the Government, and I clearly accept responsibility for that, as does the Prime Minister. I do want to point out, though, neither of us saw these communications before they went out. I think, as the Prime Minister indicated yesterday, there is some sensitivity around paid advertising at the moment, because we're in the regulated period, and I think that meant that officials didn't, you know, run the wording of those advertisements past us in the way that they might have done previously, and our feedback to them has been that they should continue to do that. You know, these are not political advertisements; these are factual advertisements. We want to

see them before they're going out. That last set of eyes sometimes spots things that everybody else in the chain might not have spotted.

**Media:** There's still a problem, though, isn't there, because you found out yesterday morning that the Prime Minister didn't proactively try and correct the record when she stood at the podium yesterday, and I don't think the website came down until that afternoon. So there's some kind of disconnect, isn't there, between the officials and the Government and how you'll correct that? And also I think the Prime Minister was slightly disingenuous yesterday when she was saying that it was just a headline—it wasn't; it was far more than that, and it wasn't just on Twitter either.

**Hon Chris Hipkins:** Yeah, look, I don't accept that. I think the Prime Minister spoke very openly about that when she stood here yesterday. I wasn't here, obviously, but I did watch it on TV.

**Media:** Was there ever a directive from Cabinet or from yourself to the ministry, or any sort of plan, to have a testing regime in South Auckland and West Auckland where everybody was tested?

**Hon Chris Hipkins:** No.

**Media:** Given that message went out yesterday, were you surprised that there were only 7,200 people being tested? Did you expect that number to go up, given that that morning a lot of West and South Aucklanders went and got tested?

**Hon Chris Hipkins:** So the feedback that I've had this morning—obviously, based on, you know, I always ask questions about the testing results from the day prior—is that there was a bit of a flurry of activity around a couple of testing sites in the morning and that that had faded away by the afternoon, and therefore any additional pressure at those testing sites was relatively short lived.

**Media:** So to be absolutely clear, can you please tell us which asymptomatic people need to be tested—is it just those that have had contact with COVID places and COVID cases?

**Hon Chris Hipkins:** So the contact tracing system will be identifying areas where there is greater vulnerability. So that can be the contacts of contacts, depending on the context of what they're investigating, and so they'll be getting in touch with people and asking them to do extra tests. If there are people in those communities who are a bit more concerned and want to get a test, they should not be denied a test, but we are not saying to all of South and West Auckland that they all have to get a test.

**Media:** What about countrywide? What asymptomatic testing should be happening countrywide?

**Hon Chris Hipkins:** Partly that depends on what needs to be done to make sure we're balancing and getting the right number of surveillance tests. So what we do know is that we have a relatively low rate of influenza this winter, and that's partly because we have administered more flu jabs than ever before and also because people stayed at home for a long period of time, and that meant that we're seeing fewer people with flu-like symptoms presenting for testing.

At the moment, I haven't seen any evidence that we're struggling to maintain our surveillance testing levels across the rest of the country, but if in the future we saw those numbers dropping away again, then we may be asking, depending on the context, depending on what the risk profile of the whole country was telling us—we may ask more asymptomatic people to get tested for the purposes of just maintaining our surveillance, but at the moment we're not in that position.

**Media:** Can you understand how confusing that is for both people that want to get tested and the people doing the tests?

**Hon Chris Hipkins:** Look, the issue is in a situation like this, yes, the testing priorities will change depending on where we're at in the cycle. So at the beginning of a lockdown period, where we were trying to make sure that we fully identified the scope of the cluster, our focus is there on symptomatic people and on the contacts that we're asking to be tested. Asymptomatic people with no known association aren't the priority, because the risk is still reasonably low, but as we get through that bulk of testing and we want to keep our testing numbers up as we ease into lower levels of restrictions across the community, then there'll be grounds for more asymptomatic testing in that kind of environment. So, yes, I do understand that people sometimes struggle to keep up with that. That's the nature of what we're dealing with, though. This situation does change, based on what each day's investigations are telling us.

**Media:** The Mount Roskill church cluster: are you able to give us an update as to whether you've managed to link that back to the original cluster; and also, from that cluster we've reports that the church was meeting for prayer meetings during the lockdown period. Can you speak to that?

**Hon Chris Hipkins:** So the contact-tracing teams are investigating all of those claims, and I don't have anything to say on the potential meetings that may have happened during the lockdown at this point. In terms of a likely link, we know through the genomic sequencing that they are linked, but in terms of the epidemiological link, there's still some further investigation happening there. There are some potential scenarios that they're working their way through, but obviously I don't want to identify the particular people where they may think that might have happened, but they've got a few leads that they're working their way through.

**Media:** And on those imported cases today—three of those from the same flight on 22 August—is that the same flight as the seven cases, the Air India flight on 22 August? Have we got 10 cases from one flight?

**Hon Chris Hipkins:** Oh, I can go back and check that. But if you look at the information about those particular cases, and the acting director-general may have them, you'll see that these people were retested again after receiving negative day three tests because they were known contacts of people who had otherwise tested positive. So that could well mean that they were on the same flight. I don't know whether you have that information.

**Robyn Shearer:** I don't have that information to hand, but we can get that for you.

**Hon Chris Hipkins:** It could well be that that's the link.

**Media:** It looks like the number of people moved into MIQ facilities who've tested positive is starting to decline. Has there been a change in policy there, or are you still moving people into MIQ there that are positive?

**Hon Chris Hipkins:** No, we are still moving people into MIQ. Obviously those numbers fluctuate based on people recovering and so on, and we've seen a flurry of cases over the weekend. Not all of them will have yet moved into MIQ. They have a process that they go through to get people into MIQ. Some people have a few things they have to organise—you know, people look after the pets or whatever. But yes, the policy is still to move people into quarantine when they are testing positive and to offer the opportunity for their immediate household contacts to join them as well.

**Media:** On mask wearing, how soon will the educate and engage approach move to penalising people if they start risking public health?

**Hon Chris Hipkins:** Look, like I said, the anecdotal feedback we've had is about nine out of 10 so far in Auckland today. About 50 percent of people on the streets are wearing masks as well, which, again, is a positive sign. I think people are taking this seriously. So look, we'll keep it under review. At this point I'm confident that an educate and inform approach is working and that people are taking it seriously.

**Media:** And the new case that was reported that wasn't linked to the main cluster, has that been epidemiologically linked since then, and is there genome sequencing ongoing for that case?

**Hon Chris Hipkins:** This is the case over a couple of days ago?

**Media:** Yeah.

**Hon Chris Hipkins:** Yeah, so the genome sequencing is being done today. So we should have the results of that shortly.

**Media:** And the link hasn't been found in the meantime by a, sort of, likely transmission?

**Hon Chris Hipkins:** There is a potential link, but, obviously—there's a potential epidemiological link, but more investigation is happening there. The threshold for when people say it's linked; it's quite high. So they run down all the possibilities and make sure they've got a fairly strong evidence base before they would say that there's a clear link there.

**Media:** Are more resources being put into contact tracing, given that shift into 2.5 in Auckland [*Inaudible*] great importance?

**Hon Chris Hipkins:** We have the ability to scale up if we need to. At the moment we're still hitting all of our targets in terms of when known contacts are added to the system, they are being contacted very quickly and, where they need to be, sent off to finder services because we don't have contact details for them; that process is happening reasonably quickly. If we need to bring more people into that process to keep up with demand, then of course we've got the ability to do that. We've got some reserve already there that could be activated very quickly, and then there's some further reserve that, with a bit of notice, we could activate that as well. So at the moment the system is operating within the capacity that it has.

**Media:** What sort of numbers in terms of the reserve?

**Hon Chris Hipkins:** So at the moment there's about 350 people on call; that can be expanded to 500 reasonably quickly; and, as I've indicated before, we could have a thousand people, with a bit of planning and with pulling other people into that process.

**Media:** How often are people being sent random test results of other people, and why do you think that's happening—perhaps both of you?

**Hon Chris Hipkins:** Sorry, I'm not familiar with what the issue there is. Are you suggesting that some people have been sent someone else's test results?

**Media:** Yep.

**Hon Chris Hipkins:** I haven't heard any examples of that. If there are, then, obviously, I'd be keen to hear about those, just to make sure that we're nailing all of that down properly. I do know in the early part of this there were some issues around linking national health numbers to test results—that process has improved dramatically, and so there should be less of that if there was some in the early part. I think that's—

**Media:** But if there are more recent examples, how concerning would that be if the medical details or the details of the person's private information which you receive in those test results are sent to other people—how concerning would that be?

**Hon Chris Hipkins:** It would be concerning, and we'd need to look at the particular cases to figure out where that went wrong. One of the issues with the current system, which I'm working on at the moment with the officials team, is that different public health units have different ways of reporting test results. And I would certainly feel much more comfortable if that was a standardised approach for the whole country, and we've been in conversations with them about what would it take to get that up and running and get that happening.

**Media:** And Robyn Shearer, are you aware of any mistakes being made with positive tests being sent to the wrong person?

**Robyn Shearer:** I'm not aware of that, no.

**Media:** Minister, just on Amelia's question about those going to MIQ, do you have the numbers of how many are in bespoke-type situations because they can't go there for whatever reason?

**Hon Chris Hipkins:** Not very many. I'm certainly happy to get you those numbers. I can tell you that of the 107 active cases that we've got as of now, or as of this morning, 85 are in quarantine so far. So there are still a few more out there that will either be in a bespoke arrangement or that will be on their way, and I'm happy to get you a breakdown of what those bespoke arrangements are.

**Media:** Minister, on the app, you said that the next update after the coming one could include Bluetooth functionality for near field and stuff. Has the Government made an in-principle decision to actually move the app towards that, or is that a decision that is yet to be made and you just want the functionality maybe there?

**Hon Chris Hipkins:** It's always been in the development pipeline for the app. The app has quite a long development pipeline with a whole lot of potential functionality, and the key thing has been prioritising that to meet the most immediate needs and to make it as functional as possible. But the Bluetooth technology enablement has always been in the development.

**Media:** When did that change, because the Prime Minister said earlier on that she was worried about uptake of the app if that functionality was included because it would, you know, reduce battery life possible. Was there a switch at some point?

**Hon Chris Hipkins:** Well, no, I mean, I think one of the things about the development process is that you work through all of those issues. So, yes, when we were first developing the app, other countries' experience was when they switched on Bluetooth right at the beginning, it created other problems. So one of the things about the development cycle for an app is that you look through whether there are solutions to all of those potential problems.

**Media:** What's the time frame for that major update that would include Bluetooth functionality?

**Hon Chris Hipkins:** Yeah, that's still a wee way away. It's not going to be in the next update which will be happening this week.

**Media:** Can we get an update on the mystery cases, or the cases where you haven't been able to epidemiologically link the cases to the original Auckland cluster? For example, the man who presented to North Shore Hospital a couple of weeks back: have you been able to link him to the cluster?

**Hon Chris Hipkins:** Robyn, I don't know whether you have that detail?

**Robyn Shearer:** I don't have that detail, but the team at [*Inaudible*] are working on that. So that is being followed up, but I don't have that detail with me today.

**Hon Chris Hipkins:** Yeah—happy to get you that information. What I can say is that the number of cases—the cases are all linked either genomically or epidemiologically. Sometimes, reconciling those two things takes a little bit of time, and that work is happening. And where there isn't one of those links, then of course we've told people about that, and normally, you know, over the cycle, you see that that link will start to emerge.

**Media:** Minister, some evidence overseas that vitamin D can reduce the risk and the severity of COVID-19—has there been some thought by the ministry as to whether that's advice that can be given out, or—

**Hon Chris Hipkins:** Look, I think—I don't know whether you want to add anything to that. That's news to me. I think there's a lot of information that's put out there about what may



cure COVID-19 or what may reduce the risk of COVID-19. I think the key thing is to rely on the advice of clinicians, and that's not something that the clinicians have been telling us.

**Robyn Shearer:** So our public health team, and Ashley, of course, keep in touch with the international evidence around best effect for COVID-19 and what's emerging—so nothing that we know of as yet.

**Media:** Minister, just on mental wellbeing, how have you targeted Māori and Pacific mental health needs specifically, and do you have the percentages of Māori who have engaged with your services to date?

**Robyn Shearer:** So there's been a few things that we've put in place since the beginning of COVID-19. So one is ensuring that we keep in contact with all of the national iwi groups and have rallied support through them. We've got some specific funding that we've put in place for Māori mental health services and new services as well as some targeted campaigns particularly for Māori and Pacific. So those have been rolling through. I don't have the exact numbers of people who've accessed those, but we can get those for you.

**Media:** Minister, some people in Auckland and also around the country, I think, are feeling that we're moving out of lockdown too early because there are still community cases out there. What would you say to reassure them?

**Hon Chris Hipkins:** The alert level system is designed to accommodate an isolated cluster of cases or isolated clusters of cases in the community. All of the new cases that we are seeing are known contacts, so they are people who are in isolation when they are getting their positive test results, so that should give people confidence that the system is working as it's intended. The contact tracing system is designed to operate in a way that helps to give us confidence that we can still have a good degree of freedom whilst this process is taking place. So whereas alert levels 4 and 3 are about getting on top of a potential outbreak, scoping it out, making sure that we've identified all of the potential scenarios, identifying whether there's any unknown cases out there in the community; alert level 2, particularly, is designed for us to say yes, we know we've got cases out there, we know where they are, and we know where their contacts are. So other than that, life can start to resume for a greater number of people but with enhanced protections in place. So that's why you see the limit on gatherings to 10, it's why we're asking people to wear masks on buses and maintain their social distancing, it's why we're continuing to have all those extra measures in place to provide that extra security.

**Media:** Was there due diligence done into what's being taught at the Green School?

**Hon Chris Hipkins:** Look, the Green School was funded as a shovel-ready project. It's a private school, so in that regard their curriculum is something that they work with the Ministry of Education about, they follow the same criteria as other private schools do, they don't have to teach to the New Zealand Curriculum—private schools don't have to teach to the New Zealand Curriculum. They do have to demonstrate that they're teaching something broadly equivalent to the New Zealand Curriculum, but that is ultimately at the discretion of private schools. But the funding of the capital part of that, that actually didn't go anywhere near the Ministry of Education; it's not an education budget that that has been funded out of.

**Media:** What do you make of the Labour New Plymouth candidate joining the protest at Marfell Community School at the weekend saying the money shouldn't have been spent there?

**Hon Chris Hipkins:** Look, ultimately, people are free to have their own views on whether or not they think the project should have been funded.

**Media:** A Labour candidate is allowed to have his own view on money that you and other Ministers signed off on?

**Hon Chris Hipkins:** It's a democracy.

**Media:** Would you be comfortable with a Labour candidate having a view on RoVE that was contrary to yours?

**Hon Chris Hipkins:** Look, I think the RoVE—the Reform of Vocational Education—are part of Labour’s manifesto. The Green School is not.

**Media:** On asymptomatic testing, should healthcare workers be being tested?

**Hon Chris Hipkins:** Yes, we are doing quite a lot of testing in the healthcare worker space. Obviously, particularly focused on the healthcare workers who are working in areas where there is a higher degree of risk, so you’d see testing amongst health workers in managed isolation and quarantine facilities, health workers at the border, and health workers who are working in hospitals where there are people hospitalised—so where there are positive cases in hospital.

**Media:** What about aged-care workers?

**Hon Chris Hipkins:** Yes, certainly aged-care workers if in doubt, they should be getting tested, and where there’s a heightened degree of risk, and we had one that we saw in—it was Morrinsville; I can’t get Morrinsville and Matamata mixed up again, I’ll get in real trouble—in Morrinsville, so we actually put a testing station there, to make sure that we got those numbers up.

**Media:** Is it targeted into those places where there are risks, or is that a nationwide directive that those workers should get tested?

**Hon Chris Hipkins:** There’s not necessarily greater risk, but there’s greater consequences for the people in those facilities if COVID-19 were to make it through the door, and therefore, as enhanced protection, if people working in aged-care facilities want to get tested, we’d certainly encourage them to do that.

**Media:** And that goes for healthcare workers across the country as well?

**Hon Chris Hipkins:** Yes

**Media:** Minister, you’ve been asked to appear—you and Dr Bloomfield—in front of the Health Committee. Last week you indicated those responding to COVID needed time to focus on the work. What do you make of it reconvening? Is it warranted, is it a distraction?

**Hon Chris Hipkins:** Look, I’m always happy to answer questions where I can. There’s always a balance between being prepared to answer the questions, so that you’re informed, and actually doing the question answering. We’re at alert level 2, and so I think if the select committee wants to meet I’ve got no problems with the select committee meeting, and I’m certainly happy to front up and answer all and any questions that I can.

**Media:** In terms of the Tokoroa case, the concerning feature of this for some of us watching is that this person was tested and it was negative and then they were tested again and then it came up. I’m just wondering what the approach is towards encouraging second tests for people in high-risk areas?

**Hon Chris Hipkins:** So we do—as part of our surveillance testing, our contact tracing, we test all of those people twice. So they get—similar to what we do at MIQ—they’ll get a test and then they’ll get another day 12 test as well. Then, of course, if they start to show symptoms in the meantime then they’ll get a test then as well. So we’re keeping in contact with those people after they have had their first test. So even if it was negative, we still keep in contact. If they start showing symptoms, we offer them another test. If they don’t, we’d typically give them another test around day 12 as well. And, like I said, the vast majority of people are keen to take that, because they want to eliminate the possibility of them having COVID-19 for their own peace of mind.

**Media:** What about broader contacts—so not necessarily just the close contacts? Do you have a message to people, say, in Tokoroa—it’s a small community—to get tested for the second time?

**Hon Chris Hipkins:** If they've had a test the first time around, if they're feeling nervous or anxious about it, then of course they could have another test. Generally speaking, if they haven't had an exposure to the people who have been positive cases, the risk will be very, very low for them if they're not showing any symptoms. But they can have another test if they are feeling anxious about it and want to do that for their own peace of mind.

**Media:** Just to clarify: do they stay in isolation, however, if they give a negative test, if they're a close contact?

**Hon Chris Hipkins:** For the contacts, yeah—so the known contacts, yes, they would be isolating for the full 14 days, and so that day 12 test is to give them confidence that, as they're coming to the end of their 14 days, that they haven't been incubating it during that period of time.

**Media:** Do you collect the data on those tests?

**Hon Chris Hipkins:** Yes, we do.

**Media:** And what's the sort of compliance with that that's emerging?

**Hon Chris Hipkins:** I had a feeling someone might ask me that. I get a daily report on that, and I can tell you—so, many of them, we won't have hit the 14 days yet with, but we are seeing—I haven't actually got a total number here. So, basically, what we do is we go through each of the locations where the people were tested. I've got a column for initial testing and a column for day 12 testing, and what that would show is that the vast majority of people that get the first test are getting the day 12 test—where the day 12 has come up. But there are still a few of them where the day 12 won't have come up yet.

**Media:** With the Bluetooth functionality, is that going to be Apple or Google protocol, or is that a [*Inaudible*] thing that the Government's [*Inaudible*] together?

**Hon Chris Hipkins:** Look, I haven't had a report on that yet. That's the next wave of development. So the reporting to me has been focused on getting this latest issue sorted for this week, but I know that they are in discussions with Apple and Google, and they're looking internationally at what other countries are doing internationally and incorporating the lessons that they're getting from that into that app development. So the scope, if you like, for the next lot of development, I haven't yet seen and signed off on, but I imagine that won't be far away.

**Media:** We've been contacted by GPs who say they're getting confusing messages about asymptomatic testing, particularly rural GPs, and one message is coming from the Ministry of Health and one message is coming from their PHO. So could you just clear up: are GPs in rural areas outside of Auckland supposed to be testing asymptomatic people?

**Hon Chris Hipkins:** Look, my advice to them would be: follow the guidance that they get from the Ministry of Health rather than from their PHO. The Ministry of Health do revise the guidance that they send out to GP practices, as I've said before, and the advice that they—and, again, it's not going to be the same for everyone across the country. So they'll be getting direct communications from the Ministry of Health, and that's what I'd encourage them to follow.

**Media:** Will they be able to trust their PHOs?

**Hon Chris Hipkins:** Look, I think one of the challenges with the health system, as I've discovered in the last eight and nine weeks, is that it's a very devolved system with a lot of different moving parts. And that means that sometimes the line—you know, between a communication leaving Wellington and getting to where it needs to get to, it can get confused. Therefore, the Ministry of Health is where people should be looking for the direct line of advice about who should and shouldn't be tested.

**Media:** They're putting out wrong information. Do you see how problematic the miscommunications are when it comes to this?

**Hon Chris Hipkins:** Yeah, I think we've well canvassed that.

**Media:** Where's the chain of command, though? So the policy is here, and the communication is here. Have you been able to isolate where that link is broken?

**Hon Chris Hipkins:** In this particular—in this most recent case, obviously there's a lot of—I don't think there was any particular malevolent intent by anybody, or any particular problem. I think it showed that the overall communication chain needed to be tightened up within the ministry and within the all-of-Government group, and I think that that has happened.

**Media:** I don't think anyone is suggesting malevolent intent. It just sort of seems that what was actually communicated was just so far from what was actually—

**Hon Chris Hipkins:** And I think that has all now been tightened up in the last 24 hours.

**Media:** Right. But, like, what specific—who was it, and what specifically were they thinking to get that so wrong?

**Hon Chris Hipkins:** Look, I haven't spent a huge amount of time going into that, other than to make sure that that system's been tightened up so that it doesn't happen again. Like I said, everybody—I've said this many times here: everybody in this process has to focus forward. They need to look at where something's not gone according to plan and make sure it's tightened up so it doesn't happen again. But I am not interested in pointing the finger or looking at apportioning blame.

**Media:** How do you tighten up a system without figuring out what exactly went wrong in the first place?

**Robyn Shearer:** The Ministry of Health are doing a review of what occurred, and have taken responsibility for that, and we'll be looking in detail at how we can improve that practice and are working on that right now.

**Media:** Will that review be made public or will the public know about what went wrong then?

**Robyn Shearer:** I can't answer that question at this point, but I think it relates to what the Minister said. It's around a protocol shift, so ensuring that when we're putting information up on to the website, we have the right sign-off by the public health clinicians, and then there's a good communication point between the Ministry of Health and the all-of-Government.

**Media:** How long do you think that review will take?

**Robyn Shearer:** I can't answer that at this point, but what I would say is that we're working on improved protocols right now.

**Media:** What possible justification would there be for not releasing it to the public?

**Robyn Shearer:** I think we're happy to communicate the findings, but I think the Minister and the Prime Minister have already covered that in that we understand there was a communication problem between what happened in the Ministry of Health, what went on to the website, and the link to the all-of-Government information.

**Hon Chris Hipkins:** OK, last question.

**Media:** Where's Dr Ashley Bloomfield?

**Hon Chris Hipkins:** He's on leave today. All right, thanks very much everybody.

**Media:** Is he well?

**Hon Chris Hipkins:** Yes. It's not a health issue.

**Robyn Shearer:** He's very well. He's spending time with his family.

**conclusion of press conference**