

**ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 30 JUNE 2021
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou katoa. Good afternoon, everybody. After a very quiet week on the COVID-response front and because everyone's currently talking about the weather, I'm particularly pleased to report today that the first 360 doses of the Pfizer vaccine were delivered to the Chatham Islands at 7.30 p.m. yesterday, in somewhat stormy weather conditions. The Chatham Islands is home to one of New Zealand's most isolated communities. If COVID-19 were to make it there, the community could be severely compromised, placing significant pressure on the Canterbury DHB—they've identified the islands as a priority group, and people can expect to get their vaccinations on the Chatham Islands over the next few weeks. Around 560 residents on the Chatham and Pitt Islands will be eligible to get to their first doses of the vaccine. They'll be storing them very carefully as they get their campaign under way over there.

As of midnight last night, we have delivered 149,608 doses of the vaccine across New Zealand. That's an increase of more than 130,000 doses on last week. Within that, just over 705,000 New Zealanders have now received their first dose and more than 440,000 have received their second dose, meaning they are fully vaccinated. Of those, 206,406 are in group 3, or have had their first dose from group 3, and 91,477 in group 3 have had their second dose.

Of the information going up on the Ministry of Health website right about now, we've added a bit of additional information to the dashboard this week. You'll see there's a bar chart indicating vaccinations by group, by week, and a table that shows cumulative vaccinations for each of our groups. Overall, we continue to track ahead of plan. It's about 8 percent ahead of plan, mindful that we have some tight delivery schedules that we're working for and we're managing supply very closely.

We've been clear for some time now that we could enter a period of tight supply relative to demand, through June and early July. That's very much the position we are in at the moment, as I outlined yesterday. But just to give you a little bit more detail on that, ahead of the large deliveries that we expect to receive from mid-July onwards, we're expecting a million doses to be delivered across July.

We are finally calibrating the supply across our 20 district health boards. By the time our weekly delivery of Pfizer arrives next week, we'll have less than a day's worth of vaccine left in our freezers. That is a deliberate decision. We've taken the decision that we would rather have vaccines in people's arms than waiting in fridges. Transport management processes are now much, much more streamlined than they were in the beginning, meaning we get under way dispatching vaccines to DHBs within a few hours. So vials can land by international air freight in the early hours of the morning and beyond the road by mid-morning.

Stock levels at each DHB are being monitored very closely. We're making sure that the deliveries that we give them over this next few days is very closely aligned to their bookings so that the stock is getting to the right places to match that demand.

In terms of group 3, district health boards are continuing to contact everybody in group 3 to let them know that they will be receiving an invitation by the end of July. By 23 July, everybody who is enrolled with a GP should have received an invitation to book their vaccine. Group 3 vaccinations do continue to increase.

In terms of the booking system, district health boards are in the final stages of transferring their existing booking data into the online system Book My Vaccine. Book My Vaccine will be used to book appointments when our group 4 rollout begins. So, therefore, it will be available to the wider public to see from the end of July, around 28 July. I understand some of the people in the room here saw a demonstration of that last Friday.

It is a huge and complex system. Those going online today looking for it won't see it; it's only visible to those who are being invited at this point. But to successfully migrate all of the information into the system, the IT teams have been working well into the night, overnight in some cases. That work is unseen. Many people won't even know that it happens, but I do want to acknowledge those teams who are working incredibly hard and send a shout-out to them to thank them for the work that they've been doing.

We have had questions in the last few days on other vaccine candidates, and the Janssen vaccine in particular. It is the next likely vaccine to be approved in New Zealand. The Medicines Assessment Advisory Committee met earlier this month to discuss Janssen's application for their COVID-19 vaccine, and they're in the final stages of making a decision on whether to grant provisional approval for the Janssen vaccine to be used in New Zealand. We should be able to provide a more comprehensive update on that next week. They're in the final stages of that decision-making process.

So in closing, we started today by focusing on our vaccine numbers, but before I hand over to the director-general for his update, I do want to acknowledge a couple of other significant things. The ongoing intensity required around our COVID-19 response is reflected in the 10,097 tests reported today. So a big thankyou to those involved in testing across the country, and also a big thankyou to those who have been coming forward to get tested. It's worth remembering that we have processed 2,288,000 tests so far during this pandemic. Having been the recipient of some of those tests, I do want to acknowledge particularly those who are being very frequently tested for COVID-19.

I also want to acknowledge that we're about to hit another significant milestone in our managed isolation facilities: 150,000 New Zealanders will have passed through our managed isolation facilities within the next few days, since the pandemic began, and we've seen very few incidents of COVID-19 passing out into the community. It has been an incredibly successful system, and that is the result of the hard work and dedication of those who are working at our border to make sure that where COVID-19 does land in New Zealand it stays at the border and doesn't make it out into the community. So to all those frontline workers wherever they are—whether they're at the border or in our MIQ—I think the entire country owes them a great big thankyou for their work. I now hand over to the director-general.

Dr Ashley Bloomfield: Thank you, Minister. Kia ora koutou katoa. Pleased to report today, as the Minister's mentioned, no community cases, and we have one new case of COVID-19 in a recent returnee in our managed isolation facility. All our other numbers will be reported through today's statement from the ministry.

With regards to the situation in Australia, members of the ministry's public health team are continuing to closely monitor the situation there. Currently, more than 12 million Australians—close to half the population—are covered by lockdown-type restrictions there.

Just to summarise what the situation is regarding quarantine-free travel and what is intended to happen over coming days, currently, quarantine-free travel flights from all of Australia are paused until Sunday, 4 July at 11:59 p.m. After that time, quarantine-free travel flights from Melbourne, Canberra, Adelaide, and Hobart will resume, unless there are developments in the interim that change the risk profile for any of those places. All passengers travelling from those places must present evidence of a negative pre-departure test taken within 72 hours of boarding, and that test must be a PCR test.

The quarantine-free travel pause remains in place for NSW, Queensland, Western Australian, and Northern Territory until 11:59 p.m. Tuesday, 6 July. A review of the pause will occur on Monday, 5 July, and officials are currently looking at options, as the Minister mentioned yesterday, to help return people home to New Zealand from pause-affected states or territories if the pause is extended there beyond 11:59 on Tuesday the 6th.

A reminder, though, to anyone, wherever they are in Australia, that if you were at a location of interest at the time specified, you are not able to travel to New Zealand from anywhere in Australia for 14 days after that exposure event.

Regarding pre-departure testing, travellers wanting to think about future travel back from Australia can look on the Unite Against COVID-19 website just to get clarity around what is required, and local health officials wherever you are in Australia will have information on where you can be tested. That testing is done privately and the cost is generally between \$120 and \$180 per test.

On border worker vaccinations, just a quick update on vaccination among that workforce, particularly those who don't work in managed isolation facilities—the latter group, of course, is required to be fully vaccinated.

There are more than 200 business operating at a range of borders around the country, both airports and ports. This includes everyone from airport shop workers to truck drivers who are attending ports. You can appreciate also there is turnover of staff and that many of these people are only at these sites fleetingly as part of their work.

The latest figures we have show that 83 percent of workers recorded as active in the border worker testing register have received their second dose of the vaccine, so they are considered fully vaccinated, while another 3 percent have received at least their first dose. The remaining 14 percent have either not yet been vaccinated, are exempt, or have not been able to be matched to their vaccination record. That's a small number. But only some of these workers, of course, currently fall under the current vaccine order that requires them to be vaccinated. However, as the Minister mentioned yesterday, there has been work on the next iteration of that border order, and it will be coming shortly. It will extend the mandatory requirement for vaccination to a much bigger group of people working at the border.

The ministry, right from the start, has worked closely with DHBs and our colleagues across Government, and in the private sector, around that vaccine roll-out to this group of workers. That's included providing information in multiple languages, holding face-to-face sessions with workers where they have had the opportunity to ask questions of health experts, and I myself have done some of those over Zoom. I'm confident that these workers have access to good information, and with between 150 and 200 vaccination sites open most days around the motu, they have had, and continue to have, good access to vaccination. Thank you, Minister.

Media: Minister, you use the language “managing supply” and “tight supply”, but we're running out of vaccines. Is that acceptable?

Hon Chris Hipkins: Look, we're getting vaccines in as fast as we can. So we were very clear back in January when we made the decision to switch to a Pfizer campaign rather than using multiple different vaccines at that time, that that would mean we would be waiting until the second half of the year to get the bulk of our vaccine deliveries in. Pfizer have been very good to work with in terms of when they indicate that they're going to deliver a quantity at a given time, they meet that delivery schedule, and so we're really appreciative of that. But we did make that decision to try and calibrate our vaccine supplies in the first half of the year so that we weren't leaving much left in the freezer while we prepared for the big doses to arrive.

Media: Why not just say we're running out of vaccines—we just have to prepare for that?

Hon Chris Hipkins: Well, we know we've got more vaccines coming—

Media: But we are running out.

Hon Chris Hipkins: Well, of course, but I mean, that's always going to be the case. The goal is not to have a whole lot sitting in the freezer for a prolonged period of time; it's to get it out as quickly as we can as it gets into the country. I'll let you finish that, Jessica.

Media: What's the hold-up with the Janssen vaccine? Why hasn't that got Medsafe approval yet?

Hon Chris Hipkins: Look, it's still just going through the final stages of the Medsafe approval process. Often with the approvals process, there's discussion between the company

and Medsafe just around any wording—you know, dotting the i's, crossing the t's part of the process. So that's the part of the process I believe, that they are in at the moment.

Media: New research out today shows we need about 97 percent of all New Zealanders, including children, to be vaccinated with Pfizer to protect against the Delta variant. Is herd immunity effectively impossible for New Zealand?

Hon Chris Hipkins: Look, I've always said—and this is a useful contribution to the discussion, and it is a model, and so we should see that as a model. But I've always said, really clearly, I'm not going to settle for any target less than everybody being offered the chance to get the vaccine, and everybody taking up the chance to get the vaccine, unless there's a really good reason not to, such as a medical reason not to. It is a safe vaccine, it is the way we can all keep each other safe. So I'm not going to set a target that is anything below saying everyone should get it.

Dr Ashley Bloomfield: I just wonder if I could make a couple of supplementary comments that speak to the question you've asked. First of all, the research, which is helpful—the modelling is helpful. What it does show is that to achieve immunity and protect New Zealanders just with the vaccine would require a very high level of coverage. However, there is considerable benefit, even at lower rates of vaccination coverage, except that we have to have quite strong public health measures in place. The higher our vaccination rates, the less those additional measures have to be in place and the less likely we are to have to use lockdown-type situations to manage outbreaks.

The second comment I would make is that there is good emerging evidence that the Pfizer vaccine provides a high level of protection against the Delta variant, which is encouraging. And the third comment is, and this carries on from the comment I've just made, that if you look in the United Kingdom, where they have got quite rates of vaccination, full vaccination, and still quite high rates of infection—so the equivalent in New Zealand of over a thousand cases a day—virtually all the people being admitted to hospital or dying from COVID are unvaccinated. And virtually all the infections there now are the Delta variant. So this shows the effectiveness of vaccination in protecting individuals and of helping prevent that wider population morbidity and mortality and impact on our health system.

Media: So, realistically, if we can't achieve herd immunity, do we just have to have these controls in New Zealand indefinitely?

Hon Chris Hipkins: Look, I think we've always said that there's not going to be some magical moment where all of the controls just suddenly disappear. Our reopening to the world is likely to be a progressive exercise. In terms of the higher levels of vaccination, yes it will have an impact on the types of control measures that we use where we see outbreaks in the community, but there is still a lot of water to flow under the bridge yet. And, of course, international vaccination rates play a really important role here in New Zealand as well. I've used the phrase "Nobody's safe until everybody's safe." Actually, the virus continues to spread around the rest of the world, and that's still a concern for us here in New Zealand. It still increases the risk to us here in New Zealand.

Media: Do you think it's even possible that we could get to 97 percent vaccination rate?

Hon Chris Hipkins: I think, as the director-general has commented on, focusing only on herd immunity at this point isn't particularly helpful. There's a lot of aspects of this that we need to focus on, and the more New Zealanders who get vaccinated the better we are going to be across a whole range of different measures.

Media: Do you have a number of each group, and do you have any new estimates on the actual group size as well? Because the estimates we have are from February or March.

Hon Chris Hipkins: Oh, you mean the numbers of people—the doses in each group?

Media: Yeah.

Hon Chris Hipkins: Yes, I do. I'll just—

Dr Ashley Bloomfield: The Minister has probably got those numbers, but as he said, we're actually showing now a new graph on the website that shows the number of vaccines given each week by group. So we will be making that available with a new graph. And of course, as the new deliveries arrive to assure our supply and the numbers go up each week, you will see the number of group 3 people being vaccinated increasing considerably week on week, and then group 4 as that comes online too.

Hon Chris Hipkins: So just quickly running through those: in group 1, 55,648 first dose, 50,917 second dose; group 2, 389,721 first dose, 282,167 second dose; group 3, 206,406 first dose and 91,477 second dose; group 4, 53,287 first dose and 19,985 second dose.

Media: Are you confident those people in group 2 who haven't had a dose yet or are fully vaccinated, that they've been offered the vaccine, they just haven't had a chance to take it up yet?

Hon Chris Hipkins: Yes, they will have been and, obviously, it's voluntary for group 2 but we'd certainly encourage them to take up the ability to be vaccinated early.

Media: Will you decide, on Janssen, would you consider at all using Janssen—can you rule out using it as part of the mass vaccination roll-out, as obviously there's a lot of advantages to speed and we might not get the full shipments of Pfizer until October, and then for then the vaccine be rolled out? Janssen, we've got the money to pay for it. Medsafe were probably going to approve it in a few weeks, is basically the understanding. A lot of people will probably be fine with this slightly lower protection, slightly higher rate of blood clots from Janssen. Could you consider using it as part of the vaccine roll-out for people who want it?

Hon Chris Hipkins: Oh, look, we're continuing to go through the approvals process with it so that we have it there as an option. I wouldn't rule it in or out, though, but at the moment plan A is still to offer everybody the chance to get the Pfizer vaccine by the end of the year.

Media: And so when you say an option, do you mean for people who need it because they're allergic to something in the Pfizer vaccine or are you actually thinking everyone could—you know, someone could call up next month and say "I want Janssen right now" even if they're 25 and healthy?

Hon Chris Hipkins: Certainly, I think for a small group of people it may well be an option if they can't have the Pfizer vaccine. But in terms of making it available, we're not working on a choice-based campaign here. We are working on a Pfizer-based campaign. That's our intention, to continue down that road, and actually most other countries who are using multiple different vaccines don't provide people with a choice; they basically get told which vaccine they're going to have.

Media: So does that mean that the Janssen vaccine will sit in storage in the eventuality that we need it?

Hon Chris Hipkins: Certainly, delivery schedules have not been confirmed with them yet. So there's multiple stages to this process. Approval is one big part of this stage. The decision to use and the conditions in which we would use it is another stage. And then, of course, delivery—confirming a delivery schedule—is another. So the approvals process is just one of those.

Dr Ashley Bloomfield: Just two comments to follow up what the Minister has said: first of all, our COVID vaccination technical advisory group has already looked at the circumstances, and their advice to myself and through to Cabinet about when the Janssen vaccine might be used—and, as the Minister said, there may be some people who, for whatever reason, can't receive the Pfizer vaccine, for whom it would be indicated. But their advice also—preliminary advice to me—is that, given we have the Pfizer vaccine, which is a highly effective vaccine and has got a very good safety profile and showing very good effectiveness against the new variants, their advice would be to maintain our Pfizer-based programme. The Janssen vaccine can be stored in the freezers for up to two years, and of course, then there is the option either of using it here, should it be indicated—for example, if

there was a very big disruption to the supply of Pfizer—or, indeed, it could then be considered for donation to other countries, and that would be separate decision, obviously, for Cabinet.

Media: And the requirement for mandatory vaccination among border workers—who was that going to be extended to cover, and what proportion of the workforce will that then be?

Hon Chris Hipkins: Look, it will be a more significant part of the workforce than it is now. I've made some decisions about that. We're still in the process of working through all of the finer details of that. We're not far from being able to share that information, though. I just can't share that today.

Media: You expect that we will run to a point where we will have about one day's doses left. Is that based on us returning to that 100 percent of the plan and not being at 107 of the plan?

Hon Chris Hipkins: That's right. And DHBs, you'll see that—whilst the overall average is still maintained ahead of plan—they have been getting back closer to plan. Some of them. There's still a little bit of over in there, in the system. But, look, it's finely balanced, it would be fair to say.

Media: So we're still at 107 percent above plan, the same as last week, down from the week before, because of the nurses' strike. Do you really think we're going to get back down to 100 in two weeks' time?

Dr Ashley Bloomfield: Can I comment there, Minister? The reason we will, even at the end of our current supply and before that next big shipment comes, we will stay above 100 percent and probably land at around 106 and 107 percent, is because, in many places, the vaccinators have been able to get seven doses out of the six-dose vials, and the plans were based—the 100 percent of plan—on six doses per vial. So we will maintain that, in a sense, delivering ahead of what the plan was right through to next week, when the new drop arrives.

Media: Can I jump on that? So I think you said on Monday that you had less than 30,000 doses left, and the supply was around 50,000 that you receive this week. So am I right in thinking that you'll only administer around 80,000 doses this week?

Hon Chris Hipkins: No, because that was what we hold; the people who are doing the vaccinations hold vaccines, as well. So there's already vaccines out there in distribution, bearing in mind now that there's a much longer shelf life. So when we started this, we were working on the basis that we had to keep pumping it out for no more than five days. Now they can be stored for longer. So there is more vaccine out there, sitting in freezers around the country, which is why the combination of that—I don't have that exact figure—but the combination of that number plus what we've got in store is what's going to get us through to next Tuesday.

Media: To be clear, do you expect a similar amount of vaccines to be administered this week as last week—so around 140,000?

Hon Chris Hipkins: Yes.

Media: And there's obviously that crunch point that arrives on Tuesday, but when are we out of the woods? When's that first very big supply?

Hon Chris Hipkins: We're expecting around, give or take, 150,000 to arrive next week. So that's obviously more than we have been doing on a weekly basis at this point; so that helps to start us build up a little bit more of a buffer there. And then the following week, hopefully, we'll be able to build up a little bit more of a buffer again. And then, from mid-month onwards, we start getting bigger deliveries, which will mean we then start to ramp up again. But, as I've indicated, we're going to get a million doses over the month of July.

Media: Can we get a breakdown of the Māori vaccination rates, and how concerned are you about those numbers?

Hon Chris Hipkins: So it sits at about 10 percent overall at the moment, so I think 10 percent of the first doses have gone to Māori and about 9 percent second doses. So that is below the population for Māori, proportionately. I think if you look across, particularly, group 2, which is our biggest—one of our biggest—well, it is our biggest group so far, our health workforce, for example, we know, unfortunately, Māori are disproportionately under-represented in our health workforce. That's something that I think as a country we need to focus on. We need to deal with that. That's not something vaccination's going to deal with. But we do need to see those numbers increasing for Māori, and that will certainly be a focus as we get into groups 3 and 4.

Media: Because that's a drop in the percentage rate, how concerned are you about that?

Hon Chris Hipkins: Look, I think it does highlight that as we get into groups 3 and 4 we're going to need to really focus there on our equity challenges, making sure that for Māori, particularly, but also for Pacific communities and for lower socio-economic areas we're making sure we're getting good population coverage there, in line with their share of the population, if you like. I'm looking at the DHB by DHB numbers—so if you look at Northland, Tairāwhiti, Auckland, high concentrations of Māori, they're doing slightly better, which is reassuring, but that doesn't mean there's any room for complacency. We have to do better in that regard.

Media: To clarify, on extending the mandatory vaccination border order, so it could be that all front-line border workers, whether they're in public or private hiring, will have to get vaccinated?

Hon Chris Hipkins: Look, we'll have more detail on that soon, but, certainly, the vast majority of people who need to be tested, because they're, you know, at more risk, are likely to end up needing to be vaccinated.

Media: Have you considered the potential negative knock-on effects of that, of people moving out of that and sort of there potentially being skills shortages because of people not wanting to get vaccinated, so then leaving?

Hon Chris Hipkins: Absolutely, and that's one of the things that we worked through with industry. What we have found—and I don't want to name and shame any particular groups here, so I'll speak in generalisations, but we've found that where we've discovered pockets of hesitancy among that workforce, and we've worked more intensively with those workers to make sure they're getting good, impartial information—so it's often been sitting them down with a medical professional for 10, 15 minutes to actually talk through the ins and outs of it, what their reservations may be—we generally found that 90-plus percent of them then say, "Oh, well, let's get on with it and let's have this vaccine."

Media: Have you considered sort of extending the groups eligible—so, for example, at the ports, make more people eligible at the ports, so that people who they share their lunchroom breaks with, they have more of their peers who are vaccinated, to further reassure people?

Hon Chris Hipkins: We'll get more options in that space as we move into broader groups of the population being vaccinated.

Media: Do you have data on genomic testing on recent cases detected at the border, and how many of those cases have had the Delta variant?

Hon Chris Hipkins: I don't have the latest tally, but—

Dr Ashley Bloomfield: We do have those data, and we get a report every week from ESR, so I'm happy to provide that information.

Media: Is it largely the Delta variant?

Dr Ashley Bloomfield: Off the top of my head, no, but we can give the proportions of which variants we're finding at the border.

Media: I just want to ask just because that kind of reflects the new model from TPM that Amelia was talking about earlier. The PM had started the year talking about the need to transition from the border to a kind of personal armour around each other, and that language was really based off of the original COVID. Does the prevalence of the Delta variant overseas make that kind of, I guess, language impossible going forward?

Hon Chris Hipkins: Not really sure what your question was there, sorry.

Media: Well, I guess, has the Delta variant changed your plans?

Hon Chris Hipkins: No. I mean, ultimately, our goal is still to get as many people vaccinated as possible. It is still to keep border protections in place, to make sure that we're not allowing COVID-19 any quarter in New Zealand, and to work really quickly to stamp out any incursions that may come up. That's still the broad plan, and we're still sticking to that. Now, Derek, I'm worried blood flow in your arm is decreasing! So—

Media: A few weeks ago you put out a call for the households of border workers to come forward and get vaccinated. Do you have any update on how that's going? From the numbers you said earlier, there seems to be at least 100,000 people in group 1 now. That's obviously a lot more than was first anticipated, although I know we don't actually know what the denominator there is.

Hon Chris Hipkins: We don't know what the denominator there is, no. You can't have the first and second dose together, so it's 55,600 people overall who have had at least one dose. The second doses generally have had a first dose as well, so that's the total number at this point.

Media: But then there's—we know that—I think you said before, Dr Bloomfield, that there's at least 27,000 border workers in the system who've been vaccinated, or roughly thereabouts. So that would indicate that only about 27,000 household members of those workers are actually vaccinated as well—is that about right?

Hon Chris Hipkins: As I've indicated before, some of those household members may have been vaccinated, but may not count under group 1, so they might have been recorded under group 2 or 3. You know, if a border worker's living with a nurse, for example, the nurse might be counted under group 2. So it's not perfect data, but I'll—

Dr Ashley Bloomfield: Just in the last week, for example—so it is going up week on week. So in the last seven days, 386 people in that household group, for group 1B, we call it, had a first dose and 611 a second dose. So it's still increasing, and that is people in that group who are identified as being household members of border workers.

Media: It's not mandatory to get vaccinated for that group, so, I mean, is there anything else we can do there or does it just seem like there's—

Dr Ashley Bloomfield: We'll keep doing everything we're doing. I mean, it's providing really good information and access to the vaccine, and, as I say, between 150 and 200 sites are open most days at the moment. From mid-July, that will scale up and through July and August be up to 800 sites around the country, so there will be lots of opportunity for those people and others to be vaccinated.

Media: Just on the postcode lottery nature of the vaccinations—unsurprisingly, I'll use Taranaki as an example again, but the over-65s group, there's still no vaccinations happening there, and it's not just that DHB; there's quite a few. You talked some weeks ago about the fact that, you know, there were multiple reasons—resources, etc.—and that it was for the DHB to do that, but is any pressure actually going on from a Government or a Ministry of Health level, or, as far as you're concerned, is it just a case of, well, if everyone gets vaccinated by the end of the year, it's fine?

Hon Chris Hipkins: Look, there will be unders and overs between now and the end of the year, absolutely, and we want people to be vaccinated by the end of the year, but we do want people to be vaccinated broadly in line with the sequencing framework that we have set out.

I accept that there'll be some unders and overs in that. So I just mentioned the Chatham Islands at the beginning, for example—it doesn't make sense to send over just enough vaccines to do a few hundred of them when, actually, it makes sense to do all of them at the same time. So there will be some variation in that.

In terms of those district health boards that are slower to start group 3 or slower to get bigger numbers in group 3, all have started group 3. We have been really clear with them that they need to let people know by the end of July—well, they need to let people know as soon as possible that they will get an invitation by the end of July to have their opportunity to get into the vaccine programme.

Media: You've said in the past that you were going to have some, I think they were called, vaccine champions, and they were basically people that would be going out into the community and demonstrating that the vaccine was safe. Where is Cabinet or the Government sitting now as to (a) who those people will be and (b) when they will be revealed?

Hon Chris Hipkins: Well, look, you will have already seen examples of this—you know, of high-profile public personalities going and getting their vaccinations, whether it's the Governor-General, political leaders. You know, kaumātua have been playing a lead role here, church ministers, some of our sports people. I saw the coverage of Dame Valerie getting her vaccination ahead of the Olympics and doing that live on camera—which I know only too well how that feels. And so you will see more of that, and particularly as we get into those bigger population groups. What we've tried to do, though, is make sure that we're arranging those photo opportunities, for want of a better term, broadly in line with when people fitting that description will be able to get their vaccination as well.

Media: So for the Australian traveller in the weekend, were there any issues with contact tracing Australian tourists in Wellington, and has Cabinet considered any additional measures for Australian tourists who are going to come to New Zealand once the pause opens, like compulsory COVID tracing app on their phone?

Hon Chris Hipkins: The feedback I've had so far is that Australians coming to New Zealand do tend to be pretty active in their use of the QR code system, the COVID tracer app system, and the contact tracers haven't had any difficulty in that regard, bearing in mind that in this one case—well, two, really, if you count the person's partner—they were very diligent in keeping good records of where they've been, and that definitely helped our contact tracing teams. So not looking at anything specific there. We are, of course, looking at that broader issue around how do we provide more accurate information faster to our contact tracing teams. We'll have more on that—and that's particularly around the COVID tracer app, but we'll have more on that in due course. But in the meantime, my message to all Kiwis is it is one of the best things you can do to keep COVID out of the community—to keep good records of where you've been. So for our elderly community who don't want to use the QR code system, if they're keeping some kind of record—we've got little booklets available where they can use those as a record instead. Please do that—it really does make a difference for our contact tracers.

Media: On these 2,600 contacts, there are still 83 that are being contact traced. Why is it taking so long to get to those 80-odd people?

Hon Chris Hipkins: Sorry, I didn't bring that breakdown with me today, but my understanding was that some of them are not yet due, so there's a small group, I think, who are not yet due. There's actually quite a small number that are being chased because they have an overdue test. So I don't whether the director-general has the daily breakdown.

Media: The numbers that we got in the Ministry of Health breakdown had those but there were still 83 that listed as chasing for contact tracing purposes.

Dr Ashley Bloomfield: Yes, they're still chasing to either match the test, if they've had one, or to just confirm that they have had a test; if not, we can rearrange for them to be tested. But we are now up over 96 percent of tests back—all negative.

Media: How concerning is it with those 83 people, because that sounds like a lot?

Dr Ashley Bloomfield: In the scheme of things, as we talked about yesterday, given we were following up over 2,600 people, not concerning, because we haven't seen any other signals from those other results we've had, and these people will be followed up and chased up.

Hon Chris Hipkins: It's worth recalling here that we've cast the net far wider than we have for any other COVID-19 case we've ever dealt with. The Verrall report, which set out the gold standard for contact tracing, suggested that you might have, sort of, 20 to 30 contacts per case. We're talking about 2,600 for this one case, so the system has performed remarkably well in that environment.

Media: If we cast our minds back to the Papatoetoe High School, for example, it was the very people who didn't get traced who ended up having it, and that presented a whole slew of problems, so how do we keep running into the instances where we can't get in contact with all of these people, and do we need to be setting out those mobile testing sites sooner?

Hon Chris Hipkins: If I take the first part of your question first, I think there was a difference in Papatoetoe in that we were dealing with spread of COVID-19—we were dealing with active cases. Here, we were dealing with one person who's subsequently left, so there is a bit of a difference there, and in the context of 2,500 people traced and testing negative, that gives us some reassurance that the likelihood of those few remaining people being positive is very low.

In terms of that better contact information, though, that is an issue that we keep under review all of the time. We get good information at the border of people coming into the country. The very mere act of signing up for the COVID tracer app and sharing your contact details helps us enormously, because it means our contact tracing teams have a current phone number for you, and a current email address for you, for example. So just doing that one thing is actually a really important way of us being able to keep in touch with people—using the QR code system, monitoring for the alert notifications when they come up as well. Please don't just swipe it off the screen and forget about it; if you're getting an alert notification, you're getting it for a reason—please take the action that the alert notification asks you to take.

Media: In your opening comments, you said that you had or you were about to land on 150,000 New Zealanders through MIQ. What's the data for international foreign nationalities going through MIQ?

Hon Chris Hipkins: I don't have that with me, but I can certainly get you the breakdown of where they've come from. Obviously—

Media: The nationality of those people, because you've obviously given exemptions to foreigners in lots of places.

Hon Chris Hipkins: Sorry, I'm not sure what the—

Media: Well, you've given exemptions to go through MIQ to non - New Zealanders, so I'm wondering: what's the data? How many Australians have you let through? How many Canadians have you let through?

Hon Chris Hipkins: Yeah, I'm happy to get you a breakdown of the country of origin of all of those 150 if that's what you're asking for, yes.

Media: It's not where they've come from; the nationalities.

Hon Chris Hipkins: Oh right, yeah, I see. Yeah, we can certainly do that.

Media: Minister, on the postcode lottery I think Jo was just talking about, obviously there are areas of the country where over-65s who are really keen to get a vaccine can't have it—and that's pretty big, it's pretty much incontrovertible. There's also areas where clearly people are calling the number up during group 4 and they're getting vaccinated—53,000 now in group 4 who've been vaccinated. Obviously some of them will household contacts, and stuff,

and there'll be good reason. But that's quite a high number isn't it—53,000 is not a handful of people. What's going—

Hon Chris Hipkins: If you look at that as the proportion of the million-odd doses that are being delivered, it's still reasonably small. As I've indicated before, I think there are a variety of reasons for that. One is where DHBs have been doing community by community vaccination for small communities, where it just makes sense to do that—that will be a contributing factor. There may also be a contributing factor where there have been a whole family, for example, who have been vaccinated together, some of whom are in that higher risk category, and for convenience and for the purposes of getting them to have the vaccine, the family members may have been done at the same time. Then, of course, there was that small group of people who just got lucky because when we were managing five-day allocations at a time, and doses were going to expire, we did say to teams "Just vaccinate people if you've got vaccines that are about to expire." That's less of a problem now, because of that longer shelf life we've got out of the vaccines.

Media: Do you have a message for anyone who's thinking, "Hey, I can just call this number up and get a vaccine tomorrow even though, you know, I'm a 33 year old who has no pre-existing conditions."?

Hon Chris Hipkins: My message is please don't do that. Please let's just work our way through the sequencing framework so that we're vaccinating those at the higher risk first, and then we will work our way through. Once we get into group 4, it becomes a demand management issue, and we'll be working to manage demand. But, look, at this point, please just let those people in group 1, group 2, particularly, and then also onto group 3—please let them get their vaccinations first, because we've prioritised them for a reason.

Media: You've previously said like other countries are sort of rolling out faster than we are because they have more vaccines that they're using and we've chosen to go with Pfizer. Has our decision to go with Pfizer affected the time line for Medsafe approval for any of the other ones that we have purchase agreements for?

Dr Ashley Bloomfield: No, it hasn't because—the first point is Medsafe is reliant on the data being provided by the companies, and so there's no sense that those companies have been on the go-slow because we've chosen Pfizer. The second comment here is that the deliveries from those other companies who produce the other vaccines, Janssen and AstraZeneca, were scheduled to come in from quarter three—in my recollection, anyway. The decision was made, back in February, when the offer came for the addition Pfizer vaccines that were over and above what we had pre-ordered, which we're coming to the end of those we have pre-ordered—in fact, we were able to bring some of the quarter three delivery forward into quarter two; I think about 100,000 of those doses were brought forward. We knew then that the balance of our vaccine would arrive in the second half of the year, and we gave that advice and made that call because we felt a single vaccine programme based on the Pfizer vaccine, which even then had a very good effectiveness and safety profile—and that's borne out—that was the way to go. We stand by that.

Media: It also effectively means that we could have gone any faster if we had decided to go with more vaccines as well, right?

Dr Ashley Bloomfield: The logistics around establishing a whole programme around a single vaccine was much easier than the logistics, the training, everything, around a programme that was based on more than one vaccine. That doesn't mean if there is an indication to use a second vaccine, we won't be able to do that, but a single vaccine - based programme is definitely logistically more simple.

Hon Chris Hipkins: I'm aware that the bell is about to toll, so last question up the back.

Media: I guess with New Zealand's vaccine roll-out constrained by international suppliers—I mean, how satisfied are you with international rates of production, and do you think things like the WTO IP waiver could assist the New Zealand situation?

Hon Chris Hipkins: I think the pharmaceutical companies that have got vaccines that are have been approved and have gone through all their trials, they're working very hard to ramp up supply as fast as they can, and so full credit to them. They're playing their part in the global effort. Of course, it's a massive undertaking to vaccinate the globe, and, as I've always said, and you'll always hear us talking about this here too, we want to see high vaccination rates around the whole world, not just here in New Zealand, because, actually, that's going to add a layer of protection to us here in New Zealand. We're not all going to be safe from COVID-19 until we are all safe from COVID-19.

Media: The IP waiver [*Inaudible*]—

Hon Chris Hipkins: It could help.

Media: What night will you finally sleep easy?

Hon Chris Hipkins: I think we might be few more months of this to go. Look, COVID-19 throws up new challenges every day.

Media: Is there a day, though, that you'll know for sure that the next shipment's arriving or that there possibly will be delays?

Hon Chris Hipkins: Look, I'll be up overnight watching flight tracker to make sure that it actually gets here.

Media: What day is it coming—that 150,000?

Hon Chris Hipkins: I think it's Tuesday morning—early Tuesday morning. Thanks everybody.

conclusion of press conference