## ALL-OF-GOVERNMENT PRESS CONFERENCE: FRIDAY, 23 JULY 2021 HANSARD TRANSCRIPT

**PM**: Kia ora koutou katoa, and thank you for joining us today. Yesterday afternoon, Cabinet met to discuss the current status of the trans-Tasman travel arrangements. As you'll be aware, the Government has been keeping a close eye on the situation across the Tasman. This watching brief means public health officials have been providing constant advice, including the measures taken by currently unaffected states in order to contain the spread of the current outbreaks.

Yesterday was another record day for cases in New South Wales, and before our minds turn to the impact that has on travel, we want to acknowledge the impact it is having very directly on people's lives. COVID-19 is devastating, and so to the people of Australia, to the state Premiers and to the Government, you have in us a friend who is willing a speedy recovery for your people, communities, and the whole country. But there is no doubt that the movement of people can complicate recovery. Of the 136 new cases today in New South Wales, 53 were symptomatic in the community. Not all of them are linked to known cases. Cases have already cropped up linked to New South Wales in other Australian states. Quarantine-free travel from New South Wales, as you know, is paused, and New Zealand currently also has a pause in place with Victoria and South Australia, which mean pauses now cover approximately half of Australia's entire population.

We've acted with an abundance of caution at every turn, and we will continue to do so. Right now, we're deploying staff from Immigration New Zealand to Australian ports to check that all travellers to New Zealand have proof of a negative pre-departure test. This means every traveller will be stopped and checked before they can fly. This further step will provide an extra measure of confidence for New Zealanders and has been part of our approach to change and adapt to the ever-changing nature of COVID. There is no doubt it has changed in recent months.

Since we set up quarantine-free travel with Australia some months ago, more than 200,000 people have flown between our two countries. When we set up the traffic light system for COVID-19, it was based on what we knew at that time about variants that were present and how it was moving through countries and communities. But the Delta variant has materially changed the risk profile. We've seen that contact tracing alone is unable to get ahead of this variant and that restrictions are absolutely necessary to stamp it out. In the UK, the sevenday rolling average of daily cases to last weekend was more than 42,000. In the last 30 days, 99 percent of cases have been Delta. In Indonesia, the seven-day rolling average of new cases to last weekend was more than 48,000. Capacity for whole genome sequencing is limited there, but analysis suggests the Delta variant is widespread. Malaysia, South Africa, and Fiji are also seeing concerning rates of infection, and Delta continues to be the dominant variant.

In the view of our health officials, there is greater risk now from the Delta variant than there was when we opened the quarantine-free travel arrangement with Australia. It is the Government's duty to keep New Zealanders safe from COVID-19, and we continue to believe that the strongest health response is also the strongest economic response. This approach has served us well to date; so too has our willingness to adapt. COVID has changed and so we must. It's on that basis that the Director-General of Health has recommended, and Cabinet has agreed, to suspend quarantine-free travel with Australia. From 11.59 p.m. tonight, Australians will no longer be able to enter New Zealand quarantine free. This will be in place for at least the next eight weeks. At that point, we will reassess our arrangements.

For New Zealanders in Australia, we are absolutely committed to getting you home. For the next seven days, we will have managed return flights for New Zealanders from all states and territories. Only New Zealand citizens and those ordinarily resident in New Zealand will be

able to fly home. While we have set the return period to seven days, if we have not met the demand for Kiwis to return in that time, we will work with the airlines to extend those flights for a few days till we have brought all those who intend to come home. There are two states where return will have extra conditions. As you know, anyone who has been in New South Wales in the last 14 days can only return to New Zealand via a flight from Sydney and will still have to go into managed isolation for 14 days. That requirement remains unchanged. Those who have been in Victoria must have proof of a negative pre-departure test and must immediately self-isolate upon return to New Zealand and return a negative day three test before ending their period of isolation. For everyone else, you can fly home provided you have evidence of a negative pre-departure test, which is our existing arrangement.

Once we've exhausted the demand for Kiwis to return, then the suspension of travel will be fully implemented. That means all incoming travellers from Australia will need to have a spot in managed isolation. There is considerable pressure on our managed isolation facilities at the moment, and my strong urging to everyone is: do not travel to Australia over the next eight weeks. We'll also be updating our official travel advice to reflect this.

Before I wrap up, I do want to speak briefly to what we'll be looking for when we come to reassess the suspension in eight weeks' time. Firstly, we do want the bubble to resume. We remain committed to it, and when I spoke to Prime Minister Scott Morrison this morning, I conveyed this view directly, but it must be safe. In the lead-up to reviewing the suspension, we'd need to be certain that the outbreak in New South Wales and wider Australia is contained, that any remaining cases are generally linked, that we don't see the large number of cases we're currently seeing in the community. We'd want to ensure that New Zealand's elimination strategy would not be at risk from resuming quarantine-free travel.

We've always said that our response would evolve as the virus evolved. This is not a decision we have taken lightly, but it is, we believe, the right one. I know this will mean many people will find themselves for a time separated once more from friends and family who live in Australia, and I know this announcement will be a disappointment to them. However, just as we have our alert settings for managing cases in New Zealand, we also have a framework for managing cases in Australia. Now is the time for a suspension to ensure New Zealanders aren't put at undue risk from COVID-19 and to ensure we retain our hard-won gains. Our team of 5 million has worked hard to put us in a strong position, both health-wise and economically, and we will not risk that.

I'd like to now hand over to Dr Ashley Bloomfield to explain more of the public health rationale behind this decision and also how we'll look, in the next eight weeks, to the status of Australia.

**Dr Ashley Bloomfield**: Thank you, Prime Minister. Kia ora koutou katoa. So, just to outline the Ministry of Health's advice behind our recommendation to suspend quarantine-free travel with Australia, the overall public health risk from Australia as a whole is low but it is increasing. So that means the risk to New Zealand from quarantine-free travel with Australia continues to increase. We have seen COVID-19, which is predominantly the highly transmissible Delta variant, has now spread inter-state in Australia, mainly from the larger outbreak in New South Wales. And, while outbreaks in Queensland, Victoria, and South Australia currently appear to be contained, the outbreak in New South Wales clearly is not. We do hope recent stronger restrictions that New South Wales has put in place will result in a decline in new case numbers, but there continues to be a significant number of cases who were in the community while infectious, and that is a cause for concern.

The other important factor we took into account was that quarantine-free travel between the two countries is designed to be in place in a situation with no or very limited community transmission to ensure that people can freely travel between and not present a risk to either country. That's clearly not the case. Quarantine-free travel was never designed to manage the risk of transmission between Australia and New Zealand. However, since the arrangement began around three months ago, we have had to respond rapidly, including undertaking almost daily risk assessments to manage potential risks to New Zealand. Among other things, this has put additional pressure on our overall response, and that includes on

our managed isolation facilities. So a suspension with Australia is intended to provide time for Australia, and particularly New South Wales, to manage the community outbreaks in place there. We have and will remain in daily contact with our health colleagues in Australia to monitor the situation closely and, of course, to ensure we are learning from their experience in responding to the Delta variant.

I do want to emphasise the significance of this variant, which is showing itself to be much more transmissible than earlier variants of concern. The experience in New South Wales makes it clear that even jurisdictions with very strong public health capability and capacity for testing and contact tracing have been unable to get ahead of this variant. And this development has been a very important factor in the advice we have provided to suspend the travel bubble with Australia. And our team is considering actively what this means for our own testing, contact tracing, and overall response to COVID-19. What is clear is that an incursion of Delta variant will require a swift and forceful response, and we are ensuring that we are prepared for that and, indeed, that is what we did when we recently had a case in Wellington.

So the ministry's overall public health advice is that all travellers returning from Australia should monitor for symptoms, check for any updated locations of interest in Australia in the places they have been, and follow the advice of the local jurisdiction, whether they are in Australia still or back in New Zealand. Anyone who is in Australia currently and wanting to come back to New Zealand but who was at a location of interest in any state or territory at the specified times must follow the local jurisdiction health advice regarding quarantine and testing and must not travel to New Zealand within 14 days of exposure. As the Prime Minister said, anyone in Australia who has been in New South Wales in the previous 14 days must not travel to New Zealand until that 14-day period has passed. Anyone in New Zealand who has been at any of the current locations of interest or, indeed, newly identified locations of interest in any state or territory in the last 14 days at the specified times should immediately self-isolate and contact Healthline for advice on testing, and there is a section 70 notice under the Health Act in place that makes this a legal requirement.

In addition to these measures, as the Prime Minister has said, anyone returning from Victoria is required to self-isolate for three days and do a day-3 PCR test and remain isolated until they receive a negative test. Our contact tracing system will be contacting these people on day 1 and on day 3, and then anyone who hasn't returned a negative COVID-19 test in our system after day 5 will be followed up. Again, a section 70 notice under the Health Act is in place that makes this a legal requirement. Back to you, Prime Minister.

**PM**: Thank you. I'll ask the Minister for COVID-19 Response to join us at the podium and we'll open up now for questions.

**Media**: Prime Minister, back to you saying that people are now going to be at ports checking everyone has actually had negative COVID tests. Are you saying there's been people coming into the country that haven't been checked properly and they may be putting us at risk?

**PM**: We've actually had comprehensive test checking at the airport to date. I've just been told travellers in Queensland right now have been told they cannot even check in unless they are producing that information. But we are making sure that we've got decent spread across the country, not just in some of those areas that have been considered higher risk. We have, over the course of the pause with some states, had some travellers trying to come into New Zealand who have been in states where they are not meant to be travelling from, and that does demonstrate to us that, despite the best efforts of checking, we are picking those individuals up, but they do still pose risk.

**Media**: Do you have numbers on those that have been coming in from where they shouldn't be?

**PM**: My recollection is over a hundred. But, again, we have picked them up; so that demonstrates the system has worked and the job there has been done, but it does still pose a risk.

**Media**: How are you picking them up at the border?

**PM**: We identify them as having—from their origin of travel, we identify them, and in some cases they end up in quarantine as a result.

**Media**: What are your forecasts for the number of people who will require MIQ spots and how are you going to accommodate that?

**PM**: Well, of course, the only individuals at this stage who will need to go into managed isolation are those from New South Wales, and so those individuals are already aware of that requirement.

Media: How many spots, though, are you going to need—

**PM**: So, just to be clear on that, there is no requirement being added here for quarantine; it's what we've already identified for travellers from New South Wales. All other states are able to return with their pre-departure test. Victoria has some additional requirements, but we are not asking anyone new from this change to go into managed isolation. Do you mean beyond the week of return?

**Media**: But what's happened is you've given them a seven-day window, right? So, given that there's a deadline now, what kind of pressure does that put on MIQ?

**PM**: I'll give an initial response, and then I'll hand to the Minister. My strong message to every New Zealander who is in Australia right now who has no intention of staying there long term is come home. We're giving you seven days so that we can clear the demand for any New Zealander who is currently in Australia and does not intend to stay. If you stay beyond that period of time, you will have to enter into the MIQ booking system with everyone else, and at that point we cannot guarantee when you'll be able to get a voucher. So my message is come back now.

Hon Chris Hipkins: If I just quickly run through the numbers. We know from our immigration data that around just over 20,000 New Zealanders since the trans-Tasman bubble was opened—just over 20,000 New Zealanders—have travelled to Australia and have not returned back to New Zealand. The spread of that varies across states—by far the three biggest states which account for the vast bulk of that are Queensland, New South Wales, and Victoria. Within New South Wales, it sits at around 4,000 to 4,500 people. We have around just about 1,200 in our MIQ facilities at the moment, and we've got a few more still coming in over the next few days as we fill up the thousand rooms that were allocated for the first fortnight. We are getting more than one person per room on average; so we're getting a number of couples and families coming back. That allows us to accommodate more people within the rooms that we have available, and we'll keep going through that with New South Wales, because they cannot return without coming through MIQ. But, for everyone in the rest of Australia, we want them to come back in the next seven days so that they don't have to go through MIQ. As the Prime Minister has indicated, MIQ is pretty full, and we're not going to have a lot of extra rooms available for people who are wanting to delay their travel back to New Zealand. If they want to guarantee that they can come back, they should do that in the next seven days.

**Media**: Why are you trusting people coming back from the state of Victoria to self-isolate but requiring others to go into a more formal setting?

**PM**: You can very much see the very different status of outbreaks between New South Wales, where you've had over 130 cases reported today, versus what is happening in Victoria. So the status of the outbreaks are vastly different, which is why we're asking for different responses for those New Zealanders who have been there. The threshold on New South Wales, given the fact that it is very clearly in the community, we're asking people to go

into MIQ. For Victoria, it'll be a two-step process: pre-departure testing, and then a test once they've come back to New Zealand.

**Media**: Cabinet met almost 24 hours ago now. Flights from Australia have been coming in all day. If this situation is bad enough to shut the bubble for eight weeks, where was the urgency in informing the public?

**PM**: Well, of course, what we've identified is that the risk is growing. So we've said clearly from midnight tonight we will cease those flights. Cabinet made a decision yesterday afternoon, and then we have to notify airlines, airports, and put in place the arrangements to operationalise what will, essentially, be a shutdown for an eight-week period. So there is a bit of work to be done once Cabinet makes a decision. We received the advice yesterday, we moved on it immediately, we started implementing it, we've now announced it, and the sevenday window for New Zealanders commences.

**Media**: Could you not have told the public before, to bring out all of those logistics—at least telling people in Australia that they would need to come home?

**PM**: Well, we need to make sure that, at the point that someone, for instance, who may be affected contacts their airline or starts to make travel arrangements, that those airlines are prepared as well. So we do need to make sure that we have some things in place, but we received the advice yesterday, we made a decision in the afternoon, we worked to implement it, and then today announced, have it come into force this evening, and then that seven-day period for return. I would just say: when we have an immediate concern, we pause straight away. Here, we see the risk growing. So we're stopping the incoming flights for Australians, preparing to bring New Zealanders back, and then we're holding for eight weeks.

Media: Does this mean you don't trust Australia to contain outbreaks?

**PM**: We don't trust COVID. This is a virus that is incredibly tricky, and New Zealand has experienced that as well. What we have to acknowledge, though, is that Delta has made it that much more complicated, even for exceptionally skilled public health units. There is no judgment here. This is New Zealand just making a decision that's in the best interests, we believe, for us, but also the future of trans-Tasman arrangements.

**Media**: But, clearly, given the comments of Dr Bloomfield, you don't have faith in the measures that have been put in place by the states thus far to contain Delta?

**PM**: Our view is that Delta does require both restrictions but also robust contact tracing alongside that. That is not to say that we haven't had faith in the work that's been done, but there is very clearly a situation where Delta has managed to move through the community. But, again, this is not a matter of judgment. We want Australia to succeed, because it, of course, enables us to keep those arrangements alive, and we are absolutely willing for them to get back on top of this so that we can reopen in time.

**Media**: Is New South Wales to blame for their slow handling of this? They let it get out of control.

**PM**: Again, it's not my place or anyone here's place to make any judgments on something that we ourselves experienced and know how difficult COVID is. It is only for us to wish them the very best as they work to manage this Delta outbreak but to make decisions that are in the best interest of New Zealand.

**Media**: Are there going to be enough flights for people to come in over the next seven days, or are we looking at—

**PM**: I'll get Minister Hipkins to speak to that. He's been talking to Air New Zealand directly.

**Hon Chris Hipkins**: Can I first of all—a bit of a public notice—say if people have queries about their bookings or their flights, please contact the airlines in the first instance. Please don't call Healthline or one of the Government lines that are available. We want to keep those free for people who need to contact Healthline because of health-related reasons. But if

people do have questions about the requirements, there are phone numbers available. If in Australia at the moment and you have questions that don't relate to an airline booking, the number to call is 09 952 1695 or 04 830 3599. If someone is in New Zealand and wants further information, the 0800 number is 0800 537 726. Please call those numbers and not Healthline. With regard to adding extra capacity, I have had conversations with Air New Zealand. I haven't spoken to the other airlines. They will be looking to put bigger planes on the existing routes that they are intending to fly, and potentially adding additional flights. They'll be monitoring every day the number of bookings that they're getting in, to identify where the pinch points are. We have shared with them the data that we have about New Zealanders who have gone to Australia and not returned, so that they've got an idea of where that demand might come from, and they will keep monitoring that, and we'll keep working with them.

**Media**: Just in terms of that process for when they're checking, pre-departure, people now leaving, how is that going to work given most of the time you check in online or on the computer system—

**PM**: Manually.

**Media**: —there's no people there actually checking?

Hon Chris Hipkins: So we have made sure that we've got extra people in Australia for a temporary surge over the next week to make sure that we can do that checking. A lot of the checking up until now has been done at the New Zealand end. Obviously, during this period, where we really want to reduce the risk and where we only want people getting on the planes who are eligible, we'll be doing a lot more manual checking in Australia. That involves sending New Zealand people to Australia to do that checking rather than having the checking done here in New Zealand.

**Media**: [Inaudible] airlines. So from when you made that decision yesterday afternoon, that Cabinet decision, what have you been doing from then until—

**Hon Chris Hipkins**: I haven't personally spoken to the airlines, but they have been spoken to.

**PM**: The Ministry of Transport.

**Media**: And has Australia's complications with its vaccine roll-out lately played any part in this decision?

**PM**: No. The quarantine-free travel arrangement was always based on New Zealand and Australia's existing status. It was never reliant on vaccine. That was the whole point: that we both had strategies that enabled us to live COVID-free and to therefore travel safely, but it was always designed, if there were large-scale outbreaks, to have the ability to turn off that travel if it posed risk. Look, just back to Katie's question around public health in Australia, given it was referencing Dr Bloomfield's response, I will give him a chance to just say a few words on that as well.

Dr Ashley Bloomfield: Thanks, Prime Minister. As I said, we've been in daily contact with our colleagues in Australia, and I dare say the relationship is excellent. That's both state and federal. This is a complex situation—always—to respond to, and you'll have seen different states in Australia taking different approaches. In New South Wales in particular, they have had a real challenge with the Delta variant, and that's what's become obvious here, is that despite having what I think many around the globe would have felt was one of the best contact-tracing and testing systems in the world, the Delta variant has been shown—and there's a large study from Guangdong that's provided this evidence, Guangdong in China, that, actually, instead of about a six-day period on average when people become infectious, it's down to four days, and when they are infectious, there's over 1,000 times the amount of virus that they're shedding. So this has been a rapidly evolving situation for our public health colleagues there to deal with. So, just to go back to my earlier comments, we are watching

very closely to see what this means for how we would respond in New Zealand to one of those cases.

**Media**: You talked a bit about the concerns about the pressure this has put on our system. Are you saying that having the bubble has put extra pressure on New Zealand's system and we don't actually have the resources to keep up and we need that breathing room?

**Dr Ashley Bloomfield**: Not so such much having the bubble. In fact, the bubble was intended to be in a situation where there was no or very low community transmission. And in fact, based on the two or three months before the bubble opened, that's what we expected, but it hasn't actually been what's transpired. So our teams have been having to do, as I said, almost daily risk assessments, and often on a state-by-state basis, and I think we've responded very, very well. But, as we've seen, the complexity with this New South Wales outbreak, and the size of it grow, and the spill-over into other states, that has really put pressure on my public health colleagues in the Ministry of Health and, indeed, right across the system: our colleagues in transport and customs and so on.

**PM**: I think the point to make there is that that's not the basis of this decision, but the fact that it has, of course, taken up perhaps more capacity than would have been anticipated is because there's been more complexity and more outbreaks. That is a sign that it poses risk, and that has been the basis of the decision.

**Media**: Prime Minister, the Bledisloe Cup, the Wallabies—are they going to be allowed to come to New Zealand? Will you accommodate them in MIQ? What's going to happen?

**PM**: So two points, and I think this is a useful juncture for me to point out: the week that we have available for New Zealanders to return, there will be some New Zealanders who will not be eligible to return in those seven days, because they may be caught by being in a location of interest in, say, Victoria or may need to self-isolate for other reasons. We will work through with those New Zealanders their return, because, of course, it's beyond their control that they can't come back in that seven-day window. Likewise, if there are significant economic issues that are brought up by the closure in that seven-day window that can be resolved, then we have a delegated Minister to work through any of those issues. However, it must be in the seven-day window. We're not making exemptions outside of that. Everyone else has to go into quarantine.

**Media**: So, Prime Minister, am I hearing you correctly: if the Wallabies can make an economic case in that seven days, you may accommodate them to come here, and as long as they're not in New South Wales, they won't have to go into MIQ?

**PM**: There's issues to be worked through there, but what we were very clear on as a Cabinet: it must be during the same time that New Zealanders are able to return without quarantine. We'll not be making a special exemption outside of that. So no one will be able to avoid quarantine—no New Zealander and no Australian—outside of that seven-day window.

**Media:** But there's still potential for the Wallabies to come in in that window?

**PM**: If they are able, within the seven-day window that New Zealanders are able to return, a) if they're able to demonstrate the case, b) if they're able to come in in that window—none of that, as I understand, has been fully worked through. We're leaving that to delegated Ministers to make those decisions, not just for the situation; for any others where there may have been pre-arrangements that have significant economic impact if they are removed.

**Media**: It's almost sold out. So is that economic enough?

**PM**: Again, I'll just leave it to the Minister and those involved to work that through. But I think what was really important for Cabinet was not to create an exemption that any other person would not be able to access. Given New Zealanders will be returning in that period, we believe that that was a fair basis on which to allow a short exemption for an Australian group.

Media: And they will be free to leave after the matches?

**PM**: Well, as is any Australian who is currently here—can be free to leave at any time that they are able to. Of course, they'll need to keep in mind the frequency of flights.

**Media**: Have the Australian rugby team spoken to the Government at all about this? Have there been discussions about this?

**PM**: I haven't had any conversations, I don't believe.

**Hon Chris Hipkins**: There have been conversations between the Minister of sport and the New Zealand Rugby Union, and they will be ongoing.

**PM**: Not proactively. So, not proactively. My understanding is that they reached out because they, of course, saw media reporting and were wondering about the status, but no decisions have been made here. But, again, very clear on what we consider to be fair.

**Media**: Why eight weeks? A stab in the dark?

**PM**: No, never. Nothing's ever a stab in the dark.

**Dr Ashley Bloomfield**: Not a stab in the dark. Look, we've had pauses already in place with states for shorter or longer periods. Eight weeks is our estimate of how long—at least we think—it will take for the New South Wales outbreak to get down to much lower levels of community infection, and it also means that it gives people certainty around the period. It's going to be suspended for at least an eight-week period, but, as I said, we will be reviewing daily what the situation is there.

**Media**: If I can ask you about this new 0800 number for group 3 in our vaccine roll-out, what is that 0800 number?

**Dr Ashley Bloomfield:** That 0800 number is 0800 28 29 26, and that number is specifically for people who might be in group 3—so that is over 65s and people under 65 with pre-existing conditions, largely, who haven't yet heard from their DHB or from their primary care practitioner, their GP, about it and been invited to book. They can ring this number from today, and Healthline have got specially trained operators who will take them through getting a booking in place.

**Media:** So I've spoken to vaccination workers today, and they tell me that this exact number has been in place right from the beginning. So what's new?

**Dr Ashley Bloomfield:** What's new is today we're making it public, and that same number, with additional staff on, is available there as a backup to sweep through people who haven't yet received that invitation, either by email, text, or mail, from their DHB. And they will be able to now ring that number and make that booking through the Book My Vaccine process.

**Media:** But this has been in place for months. So why not just allow group 3, who should be allowed to be vaccinated now anyway, use it to make a booking?

**PM:** Well, they are able to now use it to make a booking. But also, our booking systems have to be connected as well.

**Media:** Prime Minister, have you made any separate considerations for Tasmania? Obviously, the risk there is so much more minimal than the rest of Australia.

**PM:** Yeah, and look, these were things that we considered. But, of course, what we have to keep in mind is that there is movement across Australia, between states. Yes, of course, we rely on the border controls that are in place, but from time to time there are exemptions in those border controls. This is a way that we can guarantee that we're not reliant on there not being seepage or border crossings. This is the safest way we can undertake this next period of time while Delta is clearly present in Australia.

**Media:** On Fiji: how close is Fiji to being designated as a very high risk country? We've had 11 cases over 10 days—I haven't seen today's—at MIQ. Surely that situation, coming across the border, is getting fairly concerning.

**Hon Chris Hipkins:** The director-general and I have both been in conversations in the last 48 hours or so, just reviewing the very high risk countries. The four that are currently there, and others that could potentially be added based on what we're seeing around the world. We've not made final decisions on that, but there are further decisions that we'll be making in the coming days.

**Media:** Do you have a break down in terms of whether those returnees are citizens or residents, and will that play a factor in your decision making?

**Hon Chris Hipkins:** In terms of from Fiji in particular? No, sorry, I don't have that, but we can probably find that out for you.

**Media:** Minister, could you please confirm reports that were out this morning saying that 170,000 fewer doses will be administered by August?

Hon Chris Hipkins: No, that's not correct. I mean, the model is constantly being recalibrated to align with supply, and you may recall that, over the last few weeks, we've had more constrained supply. In the last three days, nearly 100,000 doses of the vaccine have been administered; so the vaccine programme is absolutely scaling up. In answer to the earlier question that you raised around the 0800 number, up until the last week or two, some of the DHBs were running their own localised booking systems. So, if people had contacted the 0800 number from one of those areas, that 0800 number wouldn't have been able to help them. We've been working to migrate all of the bookings on to the national booking system, which is now all but complete, so that we can actually have a nationally coordinated booking approach. We didn't have that when started the vaccine programme, but we wanted to get it under way as quickly as we could. Our goal was, by the time we got towards the end of group 3 and into group 4, that we had a nationally, uniform, coordinated system, which is what we now have.

**Media:** Have either of you had an update today on how many people in group 3 have called through and made a booking in the past few hours?

**Dr Ashley Bloomfield:** I've got some data, yes. And my recollection is, in the first few hours, around 2,000 people made a booking, and by 11 o'clock, the wait was up to 20 minutes, but the staff there are doing a great job of supporting over 2,000 people, and that was by 11 in the morning.

**Media:** What does that tell you then about—

**PM:** And that's on top of a significant number of bookings, obviously, already in the system.

**Media:** What does that tell you, then, about the lack of group 3 who have been contacted and vaccinated?

**Dr Ashley Bloomfield:** Well, we've actually been monitoring the district health boards over the last two weeks, and the vast majority of DHBs have sent out an invitation to all the people who are in the system, and there's no national list of group 3, but between 85 and 90 percent of people in most DHBs could either be contacted through us having their address details from their general practitioner or through them having made contact with the health system elsewhere. But not everybody was ever going to be in that invitation group, and so this is for those who may not have heard for some reason, and now there is an opportunity for—anywhere in the country—those people to call one number, and they can be booked in through the Book My Vaccine.

**PM:** Keep in mind that, in group 3, there's over a million people—so keeping that in mind. And, look, we expect that there will be people in there who we just didn't have their upto-date details, and people don't necessarily go to the doctor a) regularly or b) check that

they've left their current details when they do. So this is a backup to allow us to make sure people can get in line, book, and then be made available for a vaccine.

**Media:** Just on the matter of logistics, on the 0800 number—I promise this is the last one—I've spoken to some people in the group 3 today, people who were in their 70s, and when they called this morning, they were told that they needed a sort of code number from their GP, which they didn't have and didn't know they'd even need to have. What's that about?

**Dr Ashley Bloomfield:** My understanding is that, for the first 45 minutes, there was a need to update the script, and this was particularly for people who lived in the Wellington region. The script was updated, and so now, if those people have called and weren't able to book, if they call back, they will now be able to so.

**PM:** Originally people were provided a booking number to demonstrate that they were eligible to be vaccinated; so that's what that would have been. I'll just start to wrap up. If I can just get you to bring your questions to the fore—yes?

**Media:** Prime Minister, we've had three fishing vessels at the ports carrying COVID on board. Will there be stricter restrictions to stop vessels like this coming in, depending on the New Zealand MIQ rooms?

PM: Yeah, two things I'll say here: 1) we've been very clear from the outset that, when it comes to cargo crew, in order for New Zealand to maintain supply chain, and in order to ensure that we still have shipping and shipping containers entering New Zealand and taking our export goods offshore, we need to make sure that we can continue to re-crew. Otherwise, we run the risk that ships just will not come to New Zealand, and we have obligations there as well. So we do allow ships to come in. We have mechanisms to manage the risk there. with anyone infected, and it's why we're being so strict on vaccine and infection control at our ports. When it comes to fishing crew, two different issues here: if a fishing crew is linked to New Zealand in some way, if they are processing in New Zealand, then of course we would treat them differently. If, however, they're a foreign-flagged vessel that is fishing offshore New Zealand, has no connection to New Zealand, I'm asking for Crown Law advice as to whether or not we can remove their ability to re-crew from New Zealand, because I see no need for us to take unnecessary risk for a foreign vessel where there is no benefit to New Zealand whatsoever. I'm still awaiting that advice. I sought it about seven days ago, but we're working through that issue.

**Media:** Prime Minister, full disclosure, one question for you and one for the directorgeneral. For you, so given that there's this pause, or two-month freeze, on the trans-Tasman bubble, what effect does that have on your time table to make public some of your thoughts on broader border issues and relaxation of MIQ?

**PM:** No change—no change. We'll still be sticking to the time table we've set around setting out that reconnection plan, bringing in the public health experts and advisers, particularly Professor David Skegg, to help share some of the advice we've been receiving. Because, ultimately, the trans-Tasman arrangement was one element of our reconnecting plan. We have to think about how we deal more broadly with other countries where COVID is more present.

**Media:** And the date for that first taste of that is when?

**PM:** I'll make sure that we share that publicly; I just want to check that it hasn't moved, but it's not too far away. I indicated it was a matter of weeks.

Media: A month?

**PM**: I'd need to just go and just double check. I'm just trying to recall the date, Lisa. It's not too far away. A matter of weeks.

**Media**: Dr Bloomfield, the most recent Roche report—and you've referenced the stress that Delta puts on contact tracing and genome sequencing—the most recent Roche report said that we needed early, aggressive response in New Zealand, a formalised plan, and we

didn't have one. And the second thing it talks about is we have no maximum capacity number, an actual number, for what we can cope with in terms of contact tracing cases. Have you rectified those things?

**Dr Ashley Bloomfield:** So two comments here, and then the Minister may wish to comment as well. I think the "early, aggressive approach" language is very consistent with the "go early, go hard". And that's actually an approach we have taken right from the start, and you saw us do that in Auckland in the February outbreak, and just a couple of weeks ago in Wellington, when we had a single case, who had subsequently left the country, but we had over 2,500 people contacted, nearly 1,000 people in isolation for 14 days. So I would say that's—

**Media**: But this is a formalised plan, Dr Bloomfield. Sorry to interrupt, but they're talking about a formalised, go-to plan. Is that plan in writing? Can we see it?

**Dr Ashley Bloomfield:** Well, I think our plan is clearly in place, because it's what we execute every time we do have a case. We take a very rapid, early, aggressive response. The additional thing I would say is that we have, and especially we started to put this in place in February, and we did it again with this recent Wellington case, is to go much wider than we would have last August, or early in the COVID pandemic, out to contacts of contacts, and I've just talked with my team yesterday about thinking, in light of the Delta variant, do we need to broaden that even further so that, if we had a case, part of that early, aggressive approach—and it's not something even that the Roche report anticipated even a couple of months ago, because it's evolving so quickly—is that we might go even further out immediately, to contacts of contacts, and then work our way in—

**PM**: I'm just going to bring in Minister Hipkins, because keep in mind the time frame of when that report was finished, and what we've done since.

Hon Chris Hipkins: I think if you look at it—

**Media**: Is there a maximum number of cases though, sorry, that you can say—can you give me a number right now—the maximum number of cases you can trace today?

**PM**: Lisa, one of the things is we've never operated on the assumption of just having a strict framework that says, "If X happens..." Every single time we have an event, we build our response around the current variants, what the genome sequencing tells us about that case or its most likely origin, and then we cater our response accordingly. Wellington is an example: we went much harder than we would have with the Alpha variant, knowing it would be Delta, and that was the right thing to do. So we've always—

**Media**: So you don't accept the recommendation part in here that you actually have a figure?

**PM**: No, no, no, that's not what I'm saying. I'm saying that we have always customised our response. So I'm responding to your idea that if we have something that's written down, that therefore becomes a solid guide. We have a framework. We've always used it. We've also used a customised approach depending on what we're dealing with.

Hon Chris Hipkins: Can I just say it's really important that we have to be able to evolve based on what we know with each individual situation. If I go back to Dr Verrall's report, which is what the report that you are referring to is based upon, that was based on the notion that, for any particular positive case, you might have 20 or 30 close contacts that you would want to contact. With regard to the most recent potential situation we dealt with in Wellington, I think we had 800-and-something close contacts for one case. So we do need to be able to adapt and evolve depending on the situation. In Wellington, I think we showed that we can scale up the system fast, that some of the initial, early-stage issues we've had in previous responses we managed to avoid. So we had our testing capacity ramped up within less than 24 hours. People were waiting 10 or 15 minutes to get a test. We didn't have the long queues of people to get a test. Our contact tracing system worked incredibly efficiently and smoothly

to contact trace more people than they ever have before, for actually what was in the end not even a positive case, because the person had already left the country.

**Media**: Have you done desktop stress testing since this report?

**Hon Chris Hipkins**: If you look at all of the hundreds of different scenarios that we could potentially deal with, yes, we try and identify those scenarios and have, sort of, draft plans for those. But regardless of how many draft plans you have, you're going to have to adapt and customise that plan to whatever the circumstances are in front of you.

Media: I understand, but this said—

**PM**: Lisa, just for fairness, I'm going to come over here. But one final thing I will say, though, is as we've moved through, it has been abundantly clear to us that, in some scenarios, if you're dealing with a variant that is potentially more transmissible, we've been very clear that if we need to use restrictions because contact tracing may not be sufficient, we will use those in tandem. That does put us in a different place to sometimes other countries or other ways of operating. Restrictions together with contact tracing gives you the best chance to get ahead.

**Media**: Scott Morrison apologised yesterday for a sluggish roll-out of the vaccine in Australia. Would you do the same for New Zealand?

**PM**: Look, I base all of my comments on our situation, not relative to any other country. We've always said this is the year of the vaccine. In three days, we have delivered almost 100,000 doses. We're ramping up as we expected, with the biggest delivery in July that we've had, and we are eternally grateful for the job vaccinators are doing with what will be the biggest and most historic vaccination campaign in New Zealand's history.

**Media**: But do you think the health ministry might have dropped the ball on getting ready for once vaccines aren't an issue? I understand that some of the places that are doing mass training—they're only getting under way now. Could they not have got some of this work under way earlier?

**PM**: We have trained 8,000 vaccinators, ready to go, and they will continue to be brought on stream as we roll out our vaccine plan, which has always been designed to continually ramp up. As you will have heard the Minister say, almost 100,000 vaccines doses delivered across three days—you can see that ramp up is now occurring. Look, I am going to—

Media: [Inaudible]

**PM**: Sorry, sorry, sorry. We've had 45 minutes, and I think that it's only fair that I start to wrap. Katie, I'll give you the last question.

**Media**: Has any work been done on the economic impact of this [*Inaudible*]

**PM**: Yes. If you don't mind, I will give that to you after, because I don't want to hazard my memory recalling the exact figures. But we also factored that alongside the potential impact of an outbreak here, which far outweighs the cost of any revenue loss from tourism.

**Media**: Will there be extra business support for the tourism operators?

**PM**: Unfortunately not, which we've never done. All the way through, there's never been support specific to incoming tourism. But, of course, we do hope to be in a position where we can get tourism back on track and the bubble back on track. Thank you, everyone.

## conclusion of press conference