

**ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 21 JULY  
HANSARD TRANSCRIPT**

**Hon Chris Hipkins:** Kia ora koutou. Before we get under way, I just want to acknowledge the absence of our sign language interpreters today. We have a bit of a staff shortage in that area, so I apologise to our deaf community. A transcript of the media conference will be added to the video link on the Ministry of Health website as soon as possible this afternoon.

It's been pretty busy on the COVID-19 front over the last few weeks, and before we move to the weekly vaccine update, I do want to make a few comments around quarantine-free travel with Australia. Last night, I announced a pause on travel from South Australia as the latest Australian state to experience community cases. In doing so, we reflected actions taken by the South Australian officials, who have acted very swiftly to put in place a lockdown as a result of concern about new cases and the associated locations of interest. New Zealanders and those usually resident here can come home on managed flights, but visitors won't be admitted at this time. My advice to New Zealanders in South Australia is to arrange for your pre-departure test and arrange to come home as soon as you have that.

Today, I'm also confirming that the existing travel pauses that we have with New South Wales and Victoria have been reviewed again this morning and they will continue into next week. All three of our current travel pauses with New South Wales, Victoria, and now South Australia will be reviewed again on 27 July. It's important that the New Zealand public know that the Government does take very seriously the responsibility of keeping COVID-19 out of our communities and our vigilance around the border continues to be our number one priority.

Now, on to some good news for the week's vaccine numbers. As of midnight last night, we have administered more than 1,553,000 doses of the vaccine across New Zealand. That's an increase of 148,000 doses on last week, which is the new weekly high. Yesterday, we also reached a new daily high point, a massive 30,358 doses were delivered by our hard-working vaccination teams across the country. It's very good news that more than 628,000 New Zealanders have now had their second doses, meaning that they are fully vaccinated and getting the maximum protection from the vaccine—that includes 180,000 Kiwis in group 3. Overall, we're currently tracking around 5 percent ahead of plan. We're likely to reach around 2 million doses administered in early August, around about two weeks from now.

We've also reached a number of other significant vaccination milestones. On Monday, I announced the arrival of the largest single delivery of COVID-19 vaccines: 337,000 doses landed in Auckland on Sunday. We're expecting more shipments of this kind of scale to be arriving between now and the end of August—2.5 million doses across July and August.

In terms of our group roll-outs, district health board plans on how they're going to deliver vaccines to all of these groups through to the end of August will be updated on the Ministry of Health website today. Specifically on group 3, our expectations are that DHBs will have given everybody a chance to book their vaccinations by the end of July. I want to be clear here that the opportunity to book vaccinations doesn't guarantee that you'll be able to get one straight away, but it does mean you will know where you are. I'm also pleased to note that some of our DHBs have already achieved that milestone. Auckland's three metro DHBs have already sent out invitations to everybody in group 3, for example, while others still have a bit more work to do over the next couple of days. I expect that the Ministry of Health will be working with all DHBs to ensure that they are getting everybody in group 3 into the booking system in the next few days.

Looking ahead to group 4, people in this group who are aged between 60 and 65, they'll receive an invite from 28 July to book through Book My Vaccine. The 0800 COVID vaccination health line will officially open then, on 28 July, and that will support people in this age band to make bookings. On Friday, we'll have further information on that phone number, including early access for people in group 3 who haven't yet heard from—or

allowing access for people in group 3 who haven't yet heard from the vaccine programme, they'll be able to contact that number. The 0800 number will be publicised during a nationwide campaign, and that will start on Friday.

So, as we've reached the end of July, New Zealanders can expect to see the vaccination campaign really ramping up from this point. We've always said the programme was never going to be a sprint; it's an ongoing marathon—a year-long marathon.

By the end of this month, we'll have infrastructure in place to manage the largest vaccination programme New Zealand has ever undertaken. The Book My Vaccine system will be up and running and available to the New Zealand public. More than 9,500 new vaccinators have been trained to administer the COVID-19 vaccine, and they'll support our existing vaccinator workforce, and there are now more than 600 vaccination centres operating around the country, with more coming online.

In the coming weeks, we've set a couple of clear goals. This week, it's to administer more than 200,000 doses, and in the coming weeks, it's to ramp up to between 250,000 to 300,000 doses a week as we move towards getting to that daily average sitting around 50,000 doses a day, on average. There are now nearly 700,000 bookings in Book My Vaccine, with more than 200,000 of those bookings made over the last week. These numbers will continue to get bigger, and we'll be vaccinating upwards of 70,000 people on some days in the months ahead. This will require careful management of our vaccine supplies and, of course, robust distribution and delivery systems, and we've seen in the early part of our vaccination campaign that those systems have been tried and trialled, and they have worked incredibly well.

From the beginning of August, we'll be releasing a daily snapshot on weekdays of the vaccine programme's process and we'll continue to release a weekly deep dive of the vaccination statistics. The important thing to remember is that while we will have enough vaccine for everybody in New Zealand to get the vaccine by the end of the year, once you're eligible to book an appointment, there is no cut-off point. People can book in, even if they don't book in straight away, they can come back to it and to book in, and you can get vaccinated at any time once an appointment is available to you.

So final words of advice from me are: remember, getting vaccinated is the best way to protect yourselves, your whānau, and your local community. So I'll now hand over to the director-general for a bit more detail, and then we'll open up for questions.

**Dr Ashley Bloomfield:** Thank you, Minister. Kia ora koutou katoa. So today, a brief update on the numbers, the mariners' situation, and just a quick overview of the global situation, and also I'll just outline a Medsafe alert that will be coming out this afternoon around the vaccine.

First, just to report that there are no positive COVID-19 cases in the community and no cases to report in recent returnees who are in managed isolation. As was signalled yesterday, today we are adding to our tally from the *Mattina* cargo ship at South Port in Bluff an additional six positive cases. This takes the number of positive cases on board that ship with a crew of 21—so the total is now nine positive cases. Yesterday, 621,081 poster scans using the NZ COVID Tracer app—it'd be great to see that be used even more around the country, particularly as people are moving around during the school holidays. Other numbers will be in the ministry's statement today.

So a bit more detail on the update on the mariners: two of the crew who have tested positive were this morning—this is on the *Mattina* down in Bluff—being transferred to Southland Hospital for assessment in the ED because of their symptoms, and, of course, that is being undertaken using strict infection prevention and control protocols. The all-of-Government team continues to work today to assess whether the rest of the crew will remain on board the ship throughout their quarantine period, and that work is ongoing and we will update you if there is any development in that. There is regular, ongoing testing of the crew, because we know from the fishing boats that we have in port in Lyttelton and

Wellington at the moment that we do see additional infections just because of the nature of the vessels. So it may well be there are further positive cases, and we will report additional testing results over coming days. The whole genome sequencing is under way, so that will give us an idea of where the infection may have originated from.

Just to note that the 16 positive COVID-19 cases among the 18 *Player Zahara* crew have not yet been formally added to New Zealand's tally as further testing is being carried out to determine whether some or all of those are historical infections.

Just an international perspective: we are seeing a rapid rise, again, in cases globally since the beginning of July. In the past fortnight—that is, to 17 July—global cases increased by over 30 percent, with now more than half a million cases being reported every day. The World Health Organization has, in particular, expressed a concern that many people are mistakenly seeing the pandemic as coming to an end, and they are warning that it isn't—and that would be certainly my view on this as well.

Cases are on the rise in many countries—including, for example, in the UK, where we have seen a surge in cases that has increased as restrictions have been lifted, with two days last week having over 50,000 cases reported each day. While we are seeing the impact of vaccination in the UK with deaths and hospitalisations far lower than the peaks seen in earlier waves there, practically all the sequenced cases in the UK have been the Delta variant, and it's very clear that this is now the main variant that is causing problems in a number of countries, and it, of course, is the variant behind the current Australian situation.

In Fiji, cases also continue to rise at great pace, with an average of a thousand cases reported daily in the week to 18 July, and they currently have more than 14,000 active cases there. There's considerable work being done to vaccinate the population there, with 70 percent of the eligible population having had at least one dose, and 13 percent fully vaccinated. New Zealand and Australia continue to provide vaccine and technical advice, equipment, and financial support to Fiji.

And, finally, just to let you know that this afternoon Medsafe is putting up an alert relating to Comirnaty, reflecting similar alerts that have already been made in the US and the UK, and this is around a rare event for younger people, particularly younger men under 30, of myocarditis or pericarditis that can occur as sort of what's called an "autoimmune response". And some wording will be added to the product datasheet here in New Zealand, as well, very similar to that made in the UK, and it outlines that there have been very rare reports of myocarditis and pericarditis, which are inflammation of the heart muscle and of the membrane that surrounds the heart, after vaccination with Comirnaty, often in younger men, and shortly after the second dose of the vaccine. These are typically mild cases and individuals tend to recover within a short time, following standard treatment and rest. And the alert is really just to make sure healthcare professionals are alert to the signs and symptoms of myocarditis and pericarditis, which is usually chest pain and perhaps a bit of breathlessness—and, of course, that vaccinated individuals should seek immediate attention if they do experience new onset of chest pain, shortness of breath.

And the reason why this happens in younger people, particularly younger men, is, really, just a product of the very strong immune response that you see in younger people. And I've asked for some advice from the technical group about what we should be doing in terms of our programme here, particularly as we provide advice and consider the roll-out to that age 12 to 15 group. So that advice will be coming through to me and then on to Ministers over the next couple of weeks. Thanks, Minister.

**Hon Chris Hipkins:** Thank you.

**Media:** Minister, as the numbers start to go up with vaccinations, when will you start looking at whether we can reduce the number of days people spend in MIQ—when will we be looking at reducing that from 14 days?

**Hon Chris Hipkins:** I don't know that there'll be a magic point in which that will happen; we're still quite a way away from that at this point. I'm still working on the basis that,

certainly, for this year, people will be in MIQ for 14 days—probably into early next year as well, but we haven't made any firm decisions about that yet.

**Media:** So, then, will you be looking at the option of doing seven days or fewer?

**Hon Chris Hipkins:** Not necessarily, but there might be a variety of different things that we could consider longer term. And, again, I don't want to put a time frame on this, but it might include things like alternative isolation options, like people isolating at home when they come back into the country. But that's a way away; it's not going to happen this year, I don't think. And, certainly, in the early part of next year, I'd imagine that things are going to continue much the same way as they are now.

**Media:** Have you been getting advice on that?

**Hon Chris Hipkins:** All of the time. And it is one of the things that Professor Skegg and his group are also—we get advice from health, but it's also something that Professor Skegg and his group have been looking at, as well.

**Media:** So does that mean that we won't be seeing any vaccine passports this year?

**Hon Chris Hipkins:** No, not necessarily. I think a vaccine passport can do more than just vaccines; it can also provide testing information for people as well. And so we are very active in the discussions that are happening around that. The sooner we can get to a health passport that can be digitally verified, which can include someone's vaccine history and also their testing history—the sooner we can get to that point, the better. So it is certainly possible that we'll see that happen before the end of the year. But what that means in terms of changes to our MIQ arrangements that will take longer to work through

**Media:** So does that mean that sort of people who are fully vaccinated from other countries could be coming in for the summer season, sort of, on cruise ships or, you know, is there opportunity for those holidays to go ahead?

**Hon Chris Hipkins:** I think—I wouldn't make any commitments around that at this point.

**Media:** Is the trans-Tasman bubble in jeopardy, seeing as we've got multiple states now that are paused, the Delta variant is getting into other states—is there really much use for it at the moment?

**Hon Chris Hipkins:** We keep the trans-Tasman arrangements under constant review, and you've seen in the last week we've made two quite rapid decisions around Victoria and now South Australia. And we will continue to make adjustments and make decisions as we need to, to make sure that we are reducing, as much as is possible, the risk to New Zealand.

**Media:** What's the point in it now? I mean, we've got—a lot of people will be looking at the risk that it creates, getting stuck over there or here, and they'll be asking themselves "What's the point?" So from your perspective, is there any need to keep it open?

**Hon Chris Hipkins:** Look, it's something that we keep under constant review, and you'll see that we move quickly where there is an increased risk. I haven't got anything really further to add on the overall picture around the bubble, other than that every day we get updates from Australia, and we share our updates with them, and we keep everything under review.

**Media:** Going forward, after the outbreak in Australia dies down, are you looking at transforming the way that the bubble operates so it's different to it is now, with extra precautions?

**Hon Chris Hipkins:** We keep everything about the border—everything about the border—under constant review.

**Media:** On that, on the constant review, where are you at currently with the pre-departure test checking? We understand more than 100 people have now been pinged without pre-departure testing arriving in New Zealand. Sounds like Australia still aren't really checking them. Have you sent enough people over?

**Hon Chris Hipkins:** We're every day looking to see how we can get more checking happening. If you are currently coming into New Zealand, you've got a better than even chance of having your pre-departure test checked to make sure that you've actually done it, and we continue to increase the amount of resource that we're putting into that process. As I just indicated before, one of the key things that we will be looking to bring on board as quickly as we can is digital verification of that, because that will certainly speed up the process and mean it will capture everybody at that point. But we're not there yet with that.

**Media:** Dr Bloomfield, are you worried about the potential for—given it's clear that COVID is, at some level, at loose in Australia—the potential for people to cheat and not do a pre-departure test? Or do you think there's a pretty small chance of it happening?

**Dr Ashley Bloomfield:** So I think the important thing here is the pre-departure test is one of the measures in place. People are also required to provide contact detail information through the system. I think the important thing here is the pre-departure test is there for a reason, and it is there as part of our defences to prevent COVID-19 getting into New Zealand, and people have an obligation to have that test as part of the process for travelling to New Zealand. It's a requirement in all states except for New South Wales at the moment, because from there people need to go into managed isolation. I know there is a lot of checking happening, both at check-in in Australia, and then when people cross the border here. And I should also just remind anybody who's travelled in Australia in the last two weeks to continually review whether they have been at any of the locations of interest, and, in fact, if they have been, there is a requirement on them under Section 72: call Healthline and follow any instructions there. So this is part of having the bubble in place, is that people are expected to, and, in fact, required to, oblige by the obligations.

**Media:** Minister, are you aware of any infringement fines actually being levied on those people, though? Obviously they have MIQ or they fly back—which is an expensive proposition—but they are breaking the law, as you said. Have any infringement fines been placed down? Would that be useful to deter people from doing this?

**Hon Chris Hipkins:** Yes, there have been. I don't have the exact numbers, but I can certainly get those to you. I think I went through some of the numbers last week on that, but certainly I can get you more information on that.

**Media:** Do you have any plans for New Zealand to produce its own vaccines?

**Hon Chris Hipkins:** Not at this point, but I know that going back several months now, a lot of work was done around exploring the potential for that, and some of that work has still been ongoing. And the director-general may have more of an update.

**Dr Ashley Bloomfield:** Yes, just to complement that. So there is still work under way that was initiated very early in the pandemic to look at, if the need arose, whether New Zealand could produce a vaccine. Of course, at the moment there is a huge global—and increasing global—capacity to manufacture, and we've had no problems with our supply chain in getting Pfizer vaccine in here. Australia is looking at wanting to produce messenger-RNA type vaccine, and of course these are the vaccines that have been shown to be amongst the most effective and have a very good safety profile; however, it's not a small undertaking.

**Media:** So it's pretty unlikely to happen here?

**Dr Ashley Bloomfield:** Well, one of the options, of course, is that we can work with Australia on this, as we have on many other things.

**Media:** What is the rationale for not getting Customs—when you hand over your blue declaration form—to sight all health tests, given there is actually very few people travelling through international terminals. I don't know if you've been and visited one to see, but there is very low traffic. If you use an eGate, there is no requirement for you to show a test because you don't actually physically talk to someone, so why, when you hand over your

blue declaration form, which is the one point of contact every single passenger has to have, do you not ask everyone to show their test?

**Hon Chris Hipkins:** If you were going to have manual checking of every person, it would, effectively, involve shutting off the eGates and having them come through the more conventional line, where you speak to someone at the border each time.

**Media:** No, no, no, I'm not talking about that, I'm talking about when you get to the point where if you either get put through the green lane and you don't have to have your bags scanned, or you get sent through the scanner. That is the final point of contact where—

**Hon Chris Hipkins:** It becomes a question of how efficient—you still want the system to operate as efficiently as possible, otherwise you will end up with people being delayed for quite some time. So therefore, the advice that we've had is that if we were going to have a manual check—and I certainly wouldn't rule out having a manual check—the best point to do that would be at the passport checking stage, rather than at the Customs gate.

**Media:** Have you sent anyone in—a monitor of any sort—to actually look at the logistics of this? Because the traffic in an international terminal, having been through a couple recently, there's hardly anyone in there. Why is it such a resource issue?

**Hon Chris Hipkins:** No, I don't think that's quite correct. Actually, if you look at Auckland Airport, for example, they can have multiple trans-Tasman flights—that have been relatively full—all arriving at the same time.

**Media:** I've spoken to two people who said that they were asked if they'd had a test, and they had it with them—the paper—and they didn't actually have to show it to anyone. And that was the case in Australia and New Zealand. How concerning is that for you, because they could have just checked?

**Hon Chris Hipkins:** Yeah, as I've said, we are looking to continue to ramp up the proportion on checks that are being done. There is a very good chance that if someone hasn't had a test done and they try to come into New Zealand, they will be caught, and they will end up spending their time—the next two weeks—in a managed isolation facility. But we will be continuing to increase the number of checks that get done.

**Media:** Just to follow on from that, I mean, isn't it just worth the delay to check everyone?

**Hon Chris Hipkins:** It's also a staffing issue, so we are recruiting more people to be able to do that work.

**Media:** When are we going to see a roadmap for our “plan out of COVID-19”?

**Hon Chris Hipkins:** You'll see more from the Prime Minister on that in the next few weeks. I'm not going to make announcements on her behalf today around when that's going to happen, but the Cabinet has certainly been doing a lot of work on thinking about what the future looks like and mapping out all of the different scenarios. But, as you will see, COVID-19 is accelerating around the world, the pandemic is not over. The pandemic continues to grow, in fact. I think that we always need to remind ourselves of that. Here in New Zealand we're in a very fortunate position where, for the most part, the majority of the population for most of the last year have not really felt like they have been in the midst of a global pandemic. That puts us in a very different position to many other countries around the world, but the pandemic is still raging. It is not over yet.

**Media:** There's thousands of expat Kiwis calling on the Government to have a road map, to come up with a plan for them. Can you understand why they're feeling so frustrated that we haven't been able to say what we're doing?

**Hon Chris Hipkins:** Look, you'll find that we are not in a unique position here, but there are a few countries around the world who are being a little bolder in their decision-making, and I think New Zealanders will be seeing some of the consequences of that. New Zealand is not taking that approach. We are being more cautious, as we have been right the way through the pandemic.

**Media:** Can you update us on the status of this sort of high-risk countries list? You know, India, Pakistan, Brazil, Papua New Guinea were put on that list several months ago—do they still meet all those requirements, and what would it take for a country like the UK or the US to be out on that list? I guess, as an addendum to that: is there a degree to which the relatively high vaccination rates in the UK and the US mean that it is harder for them to land on the list than it might be for another country?

**Hon Chris Hipkins:** Look, there are a variety of different criteria and different factors that we look at, both in terms of how a country makes it on to that list, and how a country comes off of that list—recognising that those two things require different criteria. Because, for putting a country on the list, one of the criteria was the number of presentations of COVID-19 at the New Zealand border relative to the number of arrivals from that country. That works to put the country on the list, but then, once you've dramatically reduced the number of people coming in from that country, it doesn't necessarily work as a good measure of whether to keep them on the list or not.

And so we keep all of those countries under review. I don't have any announcements to make on removal or addition of additional countries today, but we do keep that under regular review, and there will be a time when countries can come off it, and other countries may be added. Just also keep in mind that the risk to New Zealand is the primary driver here. So there are countries who have seen an escalation in the number of cases which has not flowed through into an increased risk at the New Zealand border and an increased risk of presentation of the virus at the New Zealand border. So that is one of the things that we do look at.

**Media:** Minister, how is the Government thinking about getting the vaccination rates up from that 50 to 60 percent plateau that other countries are finding it quite difficult to get through, up to a much higher—something closer to 80 percent? What sort of policies, tools, nudges can you think of using?

**Hon Chris Hipkins:** Based on the rate of enthusiasm we're seeing for the vaccine at the moment, I think we're still going to be some time away before we see demand starting to tail off. The demand's still high, and we expect it to stay high for at least the next few months. And I think we will nudge well above that 60 percent plateau that other countries have found themselves hitting. Based on what we know from New Zealanders, a well-structured vaccination campaign, hitting the right places at the right time, the right people at the right time can deliver good results.

If you look at some of our Pacific countries we've been working with: Cook Islands, Tokelau, and Niue—very, very high vaccination uptake there. And I expect that we'll see some good high numbers here in New Zealand. Having said that, we always look at what more we can do in that regard. So to your broader question around nudge-type approaches, you'll see that we're using that a bit more with the QR code scanning—for example, the sort of positive reinforcement around the use of that. Some of the summer campaign—the “Make summer unstoppable” campaign—was focused a bit more on that kind of peer pressure, social pressure for people to be doing the right thing. And so we'll continue to build that into the overall COVID-19 response campaign.

**Media:** So what about incentives or penalties for people who don't vaccinate?

**Hon Chris Hipkins:** I think we wouldn't be talking about any kind of monetary incentives, but I think that the ability to build events around vaccination, for example, is certainly something that we'll keep in the tool kit. In fact, we've got our first big event happening next weekend to pilot some of the methodology around how we would do that, recognising that that will just be a vaccination event, but once we've got the methods around doing the vaccination part of that really nailed down, then the potential to add other things to that in order to build that kind of environment where people will be encouraged to come forward—those sorts of possibilities open up. So I'm aware of other countries that have built social events around a vaccination event. And there's the potential for us to think about that in New Zealand, too.

**Media:** Could you give us an explanation around the first purchase date of our Pfizer vaccines on 29 January and the amount of it in relation to the Medsafe approval?

**Hon Chris Hipkins:** So Pfizer, obviously, won't allow us to take delivery of or put in a purchase order. So a purchase order is, effectively, just the docket saying, "We will bring in this quantity at this date." The quantity on a purchase order—it's perhaps a slightly misleading way of describing it—is all around a negotiated quantity with the vaccination provider, with the manufacturer, says that we will take delivery of this quantity at this given date. We weren't able to put in an order for that first delivery until we knew that we were getting Medsafe approval. Once we were confident of that a few days before that, we got the order in so that we could take delivery fairly soon after the approval was officially given. And then you'll see that since that point, our quantities of deliveries have continued to increase regularly since that time.

**Media:** I just want a bit of clarification. For the New South Wales bubble, do we refer to that as suspended now, under the traffic light system?

**Hon Chris Hipkins:** I don't think we've made the distinction, but it's certainly still in pause. It is in pause until next week. As I indicated, we'll review that again next week. But I think it would be fair to say what we're seeing in New South Wales would suggest it's likely to be a wee while before we see that change.

**Media:** Is there much differentiation between a long-term pause, and is suspension indefinite? Just because under this system, should it not be a suspension?

**Hon Chris Hipkins:** Look, we are keeping all of Australia under review at the moment. As I've announced today, it's a pause, and that pause continues for all three of those states until next week, and we will have more to say on that at that point.

**Media:** The managed flights that have been implemented with pre-departure tests out of South Australia is obviously quite different to how other states have been treated previously. Is this the new norm that you're going to take as you approach moving forward, that people can still come home through that pause?

**Hon Chris Hipkins:** No, there is no such thing as a norm here. Everything is done based on a risk assessment of that state at that time. And so you'll see that in Victoria it was a different approach to the approach in South Australia, and that is based on the health advice of what the risk at that time is. But I'll invite the director-general to comment on that as well.

**Dr Ashley Bloomfield:** Well, just to say, every day, our public health team is, first of all, joining the Australian principal health committee meetings, and we get very good information from not just every state but also the Federal Government health officials, and every day we are updating our risk assessment of all Australian states and territories, and sometimes more than once a day, depending on what emergent information there is. And so the response is very much tailored to what is happening in each state or territory at that point in time.

**Media:** Just lastly, on the staffing issue comment that you made earlier, what do you mean by that, because it's Customs staff, presumably, that you're referring to, or are you suggesting that the Government or the Ministry of Health is going to be putting resources into airports to check all of the pre-departure tests?

**Hon Chris Hipkins:** Well, that is what the Customs, border, Immigration staff—in order to do more manual checking, we'd need more people to be able to do that.

**Media:** Right, and so they've been downsized, presumably because international travel—

**Hon Chris Hipkins:** There were fewer people coming into the country, yeah.

**Media:** Yeah, so is the onus then on airports to just start employing more Customs staff, or do they wait for a signal from you saying, "We want more pre-departure test checks, so therefore we want you to hire this many—

**Hon Chris Hipkins:** So those are Government employees, so they're not employed by the airports; they're employed by Government agencies. A variety of different agencies working at the border there—so, Immigration, Customs, ministry of primary industries, and Avsec, all working at the border. And we will be, almost certainly, increasing the number of people working in those roles relative to the number of people arriving in the near future.

**Media:** Just on the back of Anna's question, it says here for the quarantine-free travel traffic light system, to suspend: the state enters a longer-term lockdown and then flights are suspended for an extended period of time. Isn't that exactly what's happening in New South Wales?

**Hon Chris Hipkins:** Look, everything evolves on a day-by-day basis. It would appear that if not having reached that point, then New South Wales is getting close to that point. I'm not making an announcement on that today, but, like I said, we keep it under constant review.

**Media:** But what's the point of having a traffic light system if you don't use the terminology?

**Hon Chris Hipkins:** Like I said, we keep everything under review. As we indicated when we put it out there that was a guide. We're keeping all of Australia under constant review.

**Media:** We seem to have supply now for 50,000 doses a day. There's not a plan to do that for a few weeks, as you kind of indicated. Is there not capacity to do that now?

**Hon Chris Hipkins:** Sorry, what was that?

**Media:** We have supply now to be able to administer 50,000 doses a day across the country, or we have that supply, but there doesn't appear to be the capacity to do it at the moment. Is that—

**Hon Chris Hipkins:** So we are increasing the administration of the vaccines sustainability. So you'll see that we were up to 30,000 a day yesterday, and we'll see that number continuing to grow. We were always very clear that that won't suddenly leap one day from doing, you know, 20,000 to 25,000 to suddenly doing 50,000; it will grow as more sites come on board, particularly as primary practice come into the picture.

**Media:** But you also indicated that we want all the pieces in place to be able to deliver that when they arrive; now they're arriving but we're not there.

**Hon Chris Hipkins:** Well, one of the things that we're also doing in this next few weeks is building up our stocks again, which we have to be able to do. We can't continue to live hand to mouth where a delay in any vaccine arrivals means that the program has to stop. So you will see, as we ramp up, we'll also be making sure that we're keeping a couple of days' worth of stock back so that we don't have to disrupt the roll-out in the event that there was, say, a plane late or a plane broke down or whatever.

**Media:** When do you expect to be able to deliver 50,000? When do you think that capacity will be there?

**Hon Chris Hipkins:** I think that by the end of August we'll certainly be ramping right up. It won't just be DHBs doing that, though, at that point; it will also be worksite vaccinations. We'll be looking in through the latter part of the year, or the last quarter of the year, to be doing more of those big events, which we're working our through trialling, starting next weekend.

**Media:** Thank you. Can you please clarify what the rules are for foreign nationals arriving by seaport?

**Hon Chris Hipkins:** In terms of which rules in particular?

**Media:** So, like, if they're vaccinated, do they have to be tested before they get off the ships, and, sort of, if they're foreign nationals with border exemptions, are they able to, sort of, be in the community, you know, while here—

**Hon Chris Hipkins:** Anyone coming into the country, whether they're coming in through the air border or the maritime border, is required to do 14 days of isolation. For the maritime border, the pre-departure testing requirements are a bit different for obvious reasons. Many of those people will have been at sea for longer than—well, most of the people, in fact, will have been at sea for longer than 72 hours before they actually arrive in New Zealand, but if they're coming into New Zealand, as opposed to just sailing past, they would need to do two weeks' of managed isolation in New Zealand on arrival.

There is one exception to that rule, and that is where there is a crew change and they fly in. They're kept, effectively, in a secure bubble for the entire time that they are passing through New Zealand, and they are transferred directly to their ship. In doing that, we manage that very, very carefully so they basically stay in a red zone - like environment, from getting off the plane to getting on the ship, and they don't come into contact with other New Zealanders, other than those who are well protected through vaccination, through PPE, through being a very tight, secure transport arrangement.

**Media:** So the people who have arrived here that have a border exemption, they've done their 14 days sort of on the ship before arrival, they are free to sort of, you know, go about—

**Hon Chris Hipkins:** No—

**Media:** No, they would have to stay on the ship.

**Hon Chris Hipkins:** No, the time on the ship doesn't count. They would have to do managed isolation in New Zealand for 14 days if they were coming into New Zealand. Bear in mind that the vast majority of them don't. Very, very few do in fact. Again, probably I should say that the other exception would be those going out through the crew change requirement, because they would leave the ship and go straight to the airport and fly directly out again.

**Media:** When we will start letting people who have been vaccinated skip MIQ?

**Hon Chris Hipkins:** We haven't made any decisions on that at this point. I think we're a way away from making that decision at this point.

**Media:** The crew of the *Mattina* in Bluff, are they likely at all to be transferred to a MIQ facility or will they stay on the ship?

**Hon Chris Hipkins:** It'll be done based on public health advice. If people need additional medical care, then it's often safest for everybody to take them off the ship. If they can safely isolate and recover on the ship, then that is used as a potential. Bear in mind we're dealing with three different ships at the moment, they're all of a different size and a different nature. Some of the smaller ships it can be quite difficult, because people will be living in a dormitory-like environment on the ship and therefore it's often safer to take them off and put them into an MIQ environment where they can be separated. So it really depends on everything. It depends on the ship, it depends on the nature of the illness, how sick they are, and all of those things. So we make those decisions based on public health advice.

**Media:** The Merchant Service Guild say that all marine crew should, basically, be tested when they arrive in New Zealand waters. Is that feasible? Is there a reason we're not doing that?

**Hon Chris Hipkins:** Sorry, what was—

**Media:** That all marine crews should be tested when they arrive, close to New Zealand waters. Is that feasible?

**Hon Chris Hipkins:** Well, not all ships are going to have the capacity to do testing on board without us sending somebody on to the ship, and that, potentially, increases risk. If those people are simply sailing past—i.e., they come into port and then they leave again—the fewer people in New Zealand that have contact with them the better can often be the case.

**Media:** Dr Bloomfield, we're hearing that Tauranga and Whakatāne hospitals are pretty swamped and have gone up into what's called a major incident state. Can you explain what that means for patients?

**Dr Ashley Bloomfield:** It won't have any implications for patients per se, except perhaps they will need to, as part of that, defer some of the elective surgery that they may have planned. And it's just an approach that hospital may take to respond to a high level of acute demand. It's not uncommon at this time of year, particularly with respiratory illness, and we know that RSV has been driving that in a number of places around the country—not everywhere—and so what patients will see is that they will still be able to access care. They will also be getting strong reminders that if they can, they should visit their general practitioner or a primary care practice, rather than going to an emergency department. So that's the main thing that they will see, but for some people it may mean that their elective surgery is deferred while the hospitals deal with the acute demand.

**Media:** In terms of—you said it's not uncommon for this time of year, so is it just these two hospitals or is it widespread, and do extra resources get pumped in when this is declared?

**Dr Ashley Bloomfield:** Well, every hospital ahead of winter goes through a winter planning exercise, and the key things there are, first of all, you expect an increase in demand because of respiratory illness, but, secondly, alongside that, of course, you have staff who are affected with sickness, higher numbers of staff, and so planning goes in to make sure that key acute services can be staffed through winter. We have seen, over the last two or three weeks—and here's been quite a lot of publicity, particularly around the impact of RSV—an impact we didn't see last year, which was unusual, in hospitals around the country. And as we do see with flu when we get flu seasons, it tends to affect different parts of the country at different times. This week it's a very big issue for Tauranga and Whakatāne hospitals.

**Media:** Minister, what is the Government planning to do to improve vaccination rates among Māori and Pasifika, which apparently have been lower than the rest of the population and lower than expected?

**Hon Chris Hipkins:** As I've indicated here previously, one of my concerns, I guess, is that Māori and Pasifika people have been under-represented as a proportion of the population in the groups that we've been targeting so far—so our health workforce, for example; our over-65s. They actually make up a smaller share of those population groups than they do as the population as a whole. So Māori and Pasifika populations are younger, for example—younger than the average of the whole population—and so those numbers have been lower. They're still lower than I'm comfortable with, so we need to get those vaccination rates up. A lot of work is happening with Māori and Pasifika health providers. We've worked really hard on building up the workforce of Māori and Pacific vaccinators as well, to make sure that we're getting into those communities. If you look at our first big event that's happening next weekend, it's targeted at an area where we know we'll capture a high degree of Māori and Pacific people, because if we can make that work, then that may well be part of the answer to getting those rates up higher.

**Media:** Is every delivery of vaccines preceded by a purchase order?

**Hon Chris Hipkins:** I'd have to check as to whether or not there are purchase orders that are put in for multiple deliveries or not.

**Media:** And why couldn't or can't we import vaccines or purchase vaccines when Medsafe hasn't yet approved them? You know, what was stopping us in January from bringing in all 1.5 million Pfizer doses we had ordered at that stage prior to the approval, and what's stopping us from—

**Hon Chris Hipkins:** Manufacturers won't supply them until they've been approved for use.

**Media:** I've got a question about community-managed isolation and quarantine. Can you clarify what that service will do, who would use it, and does it mean that people infected with COVID-19 could be isolating at their homes in the future?

**Hon Chris Hipkins:** So we haven't made decisions about that yet. We have had a number of proposals over the last year from different community organisations, be they businesses, universities, education providers, all with a view that they could manage their own isolation processes, and then, of course, we've had requests from people saying, "Can I just isolate at home and not go anywhere, rather than have to go into MIQ?" At the moment, we haven't approved any of those yet, but in the longer-term future—medium to longer term—those possibilities still remain on the table. They haven't suited us up to this point because of all of the logistics involved and the increased risk involved in them, but as we look to a different kind of approach to COVID-19 risks as the proportion of people vaccinated is higher, as the spread of COVID-19 around the rest of the world starts to turn down—it hasn't yet, but, you know, hopefully it will—then those sorts of possibilities come back on to the table.

**Media:** Why are you hiring people for—why have you got these job ads for two people to provide community managed isolation? So why are there job ads for them if they're not being used here?

**Dr Ashley Bloomfield:** So one of the things we've done as part of the planning was anticipating the possibility that we had cases and an outbreak in an area outside of one of the major cities where they've got managed isolation—or major cities and also Rotorua—where they've got isolation facilities. So we'd asked each DHB to look at what arrangements they could get in place locally to be able to safely isolate cases and/or contacts of cases, and so that's what that advert relates to. Different DHBs are putting in place contingency plans to ensure that, if necessary, they could isolate people safely, from an infection prevention control or from a community perspective, in their local community without them having to go into a managed isolation facility.

**Hon Chris Hipkins:** You may recall that's not unprecedented. We did do some of that in the August outbreak that we dealt with. I think it was in Tokoroa, I think, we had some people isolating in a non-MIQ facility.

**Media:** When you say all of your decisions are led by health advice, why then has the Government spent quarter of a million dollars opinion polling the COVID response?

**Hon Chris Hipkins:** I don't think that that's necessarily informing the decisions we're making, but it does have an impact on how we communicate those decisions.

**Media:** Just on RSV, Pharmac said on Monday the supply for treating children was critically low. Is there an update to that, and how concerning is that? Sorry, the oral medicine.

**Dr Ashley Bloomfield:** Yes, I think it was for prednisolone, which is an oral steroid for children. From what I saw—I don't have an update—we had been working closely with them to ensure that we were able to airfreight in supplies, and that those were being distributed, but we can get a further update just to see how the stocks are.

**Media:** Will you be reviewing the continuation of the trans-Tasman bubble, looking at a state-by-state approach, given there has been multiple cases now of cases going across borders?

**Hon Chris Hipkins:** Like I said, we do keep the whole of our arrangements with Australia under constant review. We won't be starting anything that we're not already doing, we do keep that under a daily review, and—as the director-general said a moment ago—sometimes multiple times a day, checking in to make sure that we are managing the risk there as rigorously as possible.

**Media:** If supply isn't the main constraint, notwithstanding the fact that you want to build up a little bit of a buffer, then what is the main constraint to 50,000 doses a day being administered not until the end of August?

**Hon Chris Hipkins:** Building capacity is also a challenge. You can't build capacity until you have supply. So as we bring more primary care practices on board, for example, they will play a particularly significant role in our group 4, but also helping to finish off group 3, and so more of those primary care practices are coming on board every day.

**Media:** So that's like staff and venues and things like that?

**Hon Chris Hipkins:** Well, like I said, primary care practices have their own staff and their own venues, but bringing more of them on board is a process that is really accelerating now.

**Media:** And what's stopped you doing that and putting that in place—

**Hon Chris Hipkins:** Supply. We haven't had enough vaccines to give them.

**Media:** But didn't we want to hit it when the supply gets here?

**Hon Chris Hipkins:** Well, I think we are well prepared for that. All right, thanks everybody.

**conclusion of press conference**