

**POST-CABINET PRESS CONFERENCE: MONDAY, 23 AUGUST 2021  
HANSARD TRANSCRIPT**

**PM:** Tēnā koutou katoa. Good afternoon, everyone. Cabinet met this afternoon to confirm our plan to stamp out the Delta outbreak we're currently experiencing. As you might have already heard, there are 35 new cases reported today—33 in Auckland and two in Wellington—bringing the outbreak to 107 cases in total.

Six days into the outbreak, we are building a picture of Delta's spread. We have identified the source of the outbreak, a returnee from New South Wales, who was briefly at the Crowne Plaza on the 7<sup>th</sup> and 8<sup>th</sup> of August before testing positive and being transferred to quarantine at the Jet Park. In recent days, we have re-tested all staff at both the Crowne Plaza and Jet Park. To date, this has given us no further clues. We'll continue, though, with that source investigation, and update you as we go.

We have processed 154,439 tests across New Zealand in the past six days—a record amount of testing for a six-day period by quite some way, equating to about 3 percent of the population. While we're seeing high case numbers at the moment and will continue to for the coming days, the number of tests does provide some reassurance that we are finding cases because we are looking broadly. In Auckland, that is even greater: 108,000 tests taken—a good representative sample of the population of Auckland.

To everyone who has turned out to be tested, thank you. I know for many you waited many hours in queues, so your perseverance is greatly appreciated by the entire team. The additional stations that we have set up are making a difference now too, and wait times are starting to come down. We have also undertaken extensive waste-water testing, which to date has returned positive results for sites in Auckland and Wellington only.

So while we're starting to build a picture of Delta's spread, there remain a number of unanswered questions, and with Delta, more certainty is needed. In his recent report to the Government, Professor Sir David Skegg said the Delta variant will be more difficult to control by testing and contact tracing alone, and we're already seeing that. That's why our move into an immediate lockdown was so important. Delta had a head start on us, and we needed to catch up as quickly as we could. You can see that head start in our transmission rate, or the number of people that, on average, each case is passing COVID-19 on to. Early estimates suggest that number may be six or higher. You may recall from previous outbreaks this number needs to be less than one in order for the virus to be stamped out, so we have some way to go yet.

As a result of the head start Delta had, and the fact that it does move rapidly and effectively, we have more than 320 locations of interest. Our more cautious approach to these locations means we also have over 13,000 contacts recorded—far more than we've had in other outbreaks, but deliberately so. That does mean that our data collection for each of those sites is different, too. In the past, if we had a large event like an awards evening, we would assess all the people a case likely had contact with and treat those as our most at-risk individuals.

Now, Delta and our more cautious approach means we are treating all those in attendance with caution, and asking them to isolate and be tested. This approach does present some challenges, though, because we won't always have the same certainty that we've reached all those that we need to. Level 4 does help us overcome this issue. There are some additional reasons why this alert level remains important. Firstly, with the head start Delta had, it did manage to create contacts all over the country. This heat map [*Holds up map*] shows the location of our known contacts, and, as you can see, they are certainly not isolated to one part of New Zealand. As I said, these are also our known contacts. For some of the very, very large locations of interest, reaching everyone will not always be a perfect process. Caution is required.

Secondly, after going into level 4, we allowed people a window to get home, as we've always done. During that grace period, almost 8,000 people flew out of Auckland to get home. That

was the right thing to do to allow people to isolate safely, but that means we have, in essence, had only 72 hours, with the exception of some of the movement out of Queenstown and the Interislander, where everyone across the country has stayed put.

And the third reason level 4 is important for all of us is because we don't yet believe we've reached the peak of this outbreak, or, necessarily, the edges of it. You'll recall that we pointed to early modelling suggesting we needed eight to 10 days before we would hit a peak. We're on, roughly, day six, so cases may continue to get worse before they get better, and I know we're all prepared for that. That does mean, though, that the safest option for all of us right now is to hold the course for longer. On that basis, Cabinet has decided that all of New Zealand will remain at level 4 for an additional four days, until 11.59 p.m. Friday, 27 August. This will allow us to have additional data and assurance as to whether the virus has spread from our existing sites and how contained it's likely to be. These settings will be reviewed this Friday, and we'll give you an update in the afternoon.

To give you a sense of what we'll be looking for in order to decide whether parts of New Zealand are ready to move down alert levels, we'll be looking to see if any new cases emerge outside of Auckland, whether waste-water results stay negative, and, if cases do emerge in other parts of the country, whether or not they are cases that were already in isolation.

For those in Auckland, I have different news. You'll see this continues to be the primary location of cases. Here we believe we know enough to say that your time in level 4 needs to be at least that full 14-day cycle that we've used in the past. So Cabinet has decided to give the city that certainty, and to tell you what we already know, Auckland will remain in alert level 4 until 11.59 p.m. on Tuesday, 31 August, and we'll review those settings on Monday.

In both our cases and the decisions that we've made today, you can see we are still very much in the thick of this outbreak, but I can also tell you that Cabinet and the health team remain confident. Delta has changed the rules of the game, but we've changed our approach too. We've hardened our alert levels, widened our contact tracing, required more mask wearing, and we are testing more people. It is absolutely possible to get on top of this; we just need to keep it up and ensure that we're not in restrictions any longer than we need to be.

So here's a reminder of the things we all need to keep doing while we remain at alert level 4. Number one: stay at home. If you're not an essential worker, you should only be leaving your house for the essentials and some fresh air. If you leave home, please wear a mask, and do remember there are some people in our disabled community who are not able to wear face coverings and have exemptions from doing so—please remember to be kind.

Two: if you are a contact, isolate. Contacts are the people most likely to have the virus and pass it on. Please stay at home. Get others to do your groceries. Only leave to get a test. If you need support, please do ask for it.

Three: wash your hands often with soap then dry them, and, of course, cough into your elbow.

And, four: get vaccinated. Now is the time to drive up our vaccination numbers. Over 74 percent of people aged 40-plus are already booked or vaccinated, but in reality we need that number to be as close to 100 percent as possible. Please do it now. If you're not booked in yet, please go to [www.bookmyvaccine.nz](http://www.bookmyvaccine.nz) and do your part for the team to help prevent the need for lockdowns in the future.

These rules will be so important. To leave level 4, we need to follow them closely.

In line with our own recommendations, as we did last time New Zealand was at level 4, we have temporarily suspended the sitting of Parliament for one week on the advice of the Director-General of Health. While, of course, we want to ensure that representatives from across the House have the ability to scrutinise the Government at this time, physically bringing MPs from across the country to Parliament does pose risk. That's why for this week we've asked all Ministers to make themselves available to appear before Parliament's select committees, which, of course, have a range of Opposition MPs and spokespeople on them,

as these committees will continue to meet virtually. That will allow us to balance safety and scrutiny. We'll use the next week to see if there are other enhancements we can make. I would add that these types of alternative arrangements are commonplace around the world as other parliaments manage outbreaks in their countries, also.

So to recap, we're currently in level 4. We will all be here until Friday, when we review the settings for the country, other than Auckland, who will stay at level 4 until next Tuesday, with a review the day prior. This gives us the chance to consider as often as we can whether we are safe to move, depending on where in the country you are. Our plan has worked before, and together we can make it work again, so please stay strong, stay home, and be kind, and let's finish what we started.

Before I open up for questions, I have a quick update on Afghanistan. The first group of New Zealand citizens and their families, alongside some other visa holders, have been successfully evacuated from Afghanistan and will arrive in Auckland this afternoon. Due to a range of security and privacy considerations, we'll be not providing any further comment on the number of evacuees, as the deployment is ongoing. Of course, at the conclusion of deployment, we will be looking to provide numbers. But I can say that the group were evacuated from Afghanistan to the United Arab Emirates, where arrangements were made for their travel to New Zealand, with the help of Australia's defence force. They're being transferred to an Air New Zealand commercial flight that is part of our freight scheme. The group will undergo 14 days within a managed isolation facility, just like anyone else entering New Zealand at this time. I know when the time presents itself that New Zealanders will go out of their way to make those who have returned home today feel at home.

I do want to thank our partners, Australia; the United Arab Emirates; and the US, who worked on securing the airport, for their continued support in what remains a very difficult situation on the ground. I also want to pass on my thanks to the multiple agencies and personnel working around the clock to ensure the return of our citizens. The window to evacuate people out of Afghanistan is, unfortunately, very limited, and despite our ongoing efforts we cannot guarantee we can assist all those who are seeking to evacuate. We are monitoring the situation and continue to work urgently with our international partners for the safe return of New Zealanders and those who have supported New Zealand. Now, happy to take your questions.

**Media:** Prime Minister, what buffer is it giving you for the extra four days till Friday for the places outside of Auckland?

**PM:** Well, it gives us that longer period of time where we know that everyone has been at their homes, once we had everyone relocate for that period; it gives us additional data; it gives us additional testing across the known contacts who have been at those locations of interest and who are spread throughout the country, and that gives us a level of reassurance. We'll also be looking at waste-water results, which are dotted throughout all parts of the country, and, of course, looking to see, if we have any new cases, have they been in isolation for the entirety of their infectious period? So that's what we'll be looking for.

**Media:** On current modelling, is there any way that Auckland could come out before the 31<sup>st</sup>, and also, I know that we're still two weeks out, but what should Auckland anticipate? Is there every possibility that they will be able to go down after the 31<sup>st</sup>?

**PM:** Yeah, I'll give Dr Bloomfield a chance on this one, as well, but I think what we're trying to balance at the moment for Auckland is just giving a sense of, really, what we can see from the outbreak at the moment, and, realistically, when we might expect to see cases peak, but also allowing ourselves to keep checking in to see whether or not there are any alterations we can make. Aucklanders, I think, will see this data and will know that that two weeks at this point is a given. And so we've said, yes, we absolutely believe we are going to need to go through till next Tuesday, but, actually, let's check in again then, see how we're looking, see what the outbreak is doing, and see whether we've reached that peak of the outbreak yet or not. Dr Bloomfield?

**Dr Ashley Bloomfield:** Just one thing to add. So Tuesday will be two weeks, then, in alert level 4 in Auckland, where most of the potential exposure happened before the alert level change came in. If we think about, compare that with, the rest of the country, and particularly the South Island, the big exposure events we're concerned about were two Saturdays ago, so this Friday will be 14 days since those exposure events that we're particularly concerned about.

**Media:** This isn't really a short, sharp lockdown any more. Are you worried about lockdown fatigue?

**PM:** Ah, well, actually, I would say, relative to what we've seen from other countries, this absolutely is a go hard, go early approach. You know, many other places around the world you've seen more of a light and long. That's never been New Zealand's take on the way to challenge COVID and get on top of it. So we are still absolutely keeping with that strategy. You'll remember that our go hard, go early strategy when COVID first entered our shores looked like this as well. Of course, over that period of time—relative to the rest of the world—it was very much short and sharp.

**Media:** Did Dr Bloomfield recommend for the lockdown to be extended—level 4 to be extended—through to midnight Sunday, and why didn't you go with that advice?

**PM:** We followed his advice. Keep in mind, Dr Bloomfield often iteratively shares with us advice and then comes on to a Cabinet call, and, based on the data we get at 9 a.m. that morning, then gives us his latest reflections. But I'll let him speak to his own advice.

**Dr Ashley Bloomfield:** Yes, certainly, my advice was—and based on consultation advice from my team was—for the whole country through to Friday and, indeed, extending Auckland out that longer period.

**Media:** Are you, effectively, saying that it's quite likely that all regions outside of Auckland will move to level 3 if there are no unconnected cases from now until then? Or is it more of a case of we need more visibility on where those contacts are?

**PM:** Yes. Look at it—the way that I would describe it, we do need more information; we need more certainty. We don't want to take any risks with Delta. If the world has taught us anything, it is to be cautious with this variant of COVID-19. Having said that, we do believe that that is an appropriate check-in point, because we do want to look at whether or not we've seen any of those locations of interest present then as challenges in other parts of the country, like the South Island—whether or not we've seen cases there, whether we've seen waste water results there. So that felt like an appropriate check-in. It also gives us a decent amount of time once everyone's stayed put after we've had that relocation period.

**Media:** Can you clarify whether there's been any of today's cases that came from the locations of interest you identified yesterday, in terms of the Māngere church service on Sunday? Can you also clarify—you also mentioned a few cases among Auckland university students. Auckland university has been in touch with us to say that they are unaware of that, so maybe—and then AUT. Can you clarify that as well?

**Dr Ashley Bloomfield:** So on the first point: yes. Most of our emergent cases now are—it is quite clear, at first glance, that there is a link to existing cases and a number of the new ones are associated, today, with the AOG Church service two Sundays ago.

**Media:** Can you say how many?

**Dr Ashley Bloomfield:** Likewise—I don't have the number off the top of my head. Likewise, in Wellington, all the newly emergent cases in Wellington are connected with, and are close contacts of, known cases, and all—bar one—had been in isolation for the full period of their infectivity. So the picture in Wellington is reassuring at the moment, but obviously we continue to watch closely.

On the University of Auckland, there was a little bit of confusion in our initial assessment, and this relates to the student who travelled from Auckland to Wellington, as one of the cases is

a University of Auckland student. My understanding is that there is one other University of Auckland student who has tested positive. Now, I'm not sure if it's related to that original one and the same exposure event, but that's the information.

**Media:** [Inaudible] the ball [Inaudible]?

**Dr Ashley Bloomfield:** Could be. The student who travelled here to Wellington was in a hall of residence in Auckland and that hall of residence, about 500 students, who have now dispersed around the country and so that's a very important group that we're following up.

**Media:** Can you tell about the—

**PM:** One final—if I may just make an observation before I come to you, Jane. One of the things that we're seeing in the reports from when we're briefed by the public health unit is that they are being very clear that whilst they may not have established a person-to-person link with the cases that have come through on any one tranche, when they're reported in the morning, they're very quickly identifying location links. Now, that's actually a bit of a difference in, perhaps, what we've seen in previous outbreaks. We always were driving for those person-to-person links, but in a Delta environment, simply being in the same place is building that connection to these clusters, and that demonstrates, I guess, really, the way that Delta is behaving.

**Media:** What more can you tell us about the investigation into the walkway at the Crowne Plaza? Are there more than one walkway, and, also, do you think you're zeroing in on the potential exposure point?

**PM:** Dr Bloomfield will—he knows that I'm particularly obsessed with source investigations, which is not a new thing for me. So you will have heard some discussion yesterday around, for the Crowne Plaza—there's been some debate from some people around the exercise area of the Crowne Plaza. The individual in question, as we've already traversed, did not access the exercise area because they did not clear a positive test and so weren't able to.

So that then leaves in play the question of the atrium, which is separated from the public, and the public area, as public health keep reminding us, is well-ventilated. They have, however, sought to identify—from the footage that they have—some members of the public, a small number, that were in the vicinity of the atrium at the time. They have located the majority of those and they have been tested; they're just looking for, I recall, two more. So nothing further required from the general public on that source of investigation at present.

**Media:** But is that the most likely—or pretty much narrowing down to the only potential—contact?

**PM:** We're keeping open the lines of investigation at this point of time. So we continued all the work that you would expect us to do in MIF—continuing to look at all movements, all footage, all staff—whilst investigating that other possibility. But at this stage, there's nothing really concrete to report.

**Dr Ashley Bloomfield:** No, open mind on all options, as the Prime Minister's said. Staff movements—we know all the staff have tested negative at least once, I think, bar one who was being followed up. So keeping open-minded is really important at this point in time.

**PM:** Yep. Just on the people outside of the lobby, I can confirm, obviously, three have already tested negative, one in the process of getting a test, and two still yet to be identified, and that's what the Police is assisting us with.

**Media:** On contact tracing, how are you gearing up, how many extra people do you have, is the system able to deal with this massive number of contacts and locations of interest?

**Dr Ashley Bloomfield:** It's certainly a stretch on the system, and the reason being that we've taken this very broad approach to considering virtually everybody as a close contact. And so we have brought all the extra surge capacity on board from our public health units, and, in addition to that, today we have brought on additional call centre—we are bringing on

additional call centre capacity. The key reason here being that close contacts all require daily follow-up, and we're also moving, as I said yesterday, to do electronic daily follow-up to free up our people across the country to be able to do those first calls and make sure people know what's expected of them.

**Media:** Do you have numbers, though, of the specific expansions?

**Dr Ashley Bloomfield:** We will come back to you on that.

**PM:** Yeah, so we're bringing on extra capacity across Government departments at the moment. So we've got additional capacity coming out of MBIE today. We're also looking, if I recall correctly, out of the Ministry of Justice to bring in extra capacity. At the same time, our public health units are doing a sterling job in, amongst those 13,000 contacts, triaging those that are the most critical for us, because there'll be some that, actually, you know, they're on the peripheries, but we're just being really cautious, and some that they really need to prioritise, and they're undertaking that work as well. We'll see if we can get some numbers for you, though.

**Media:** Just a few questions following on from the Crowne Plaza investigation. Are you aware of any other public thoroughfares, walkways, in any other MIQ facilities? There is a vaccination centre that's about 20 metres away from this area that seems to be the problem, so is that sensible still, given the circumstances? Why didn't you get the media to try and find these two people that are still outstanding? And, also, Newsroom contacted MBIE a month ago raising the public walkways as an issue, so why wasn't anything done?

**PM:** Well, the public walkway at this stage has not been established to be an issue. Of course, we are exploring everything, and as you've said, the public walkway, of course, does still have barriers between and ventilation and has been assessed by those who undertake our infection controls, and the ventilation on that building has been assessed too. Having said that, we've got to explore everything. We can't be close-minded when we're looking at the source investigation. So, as yet, we've ruled nothing in or out right now. On the individuals that—finding the two other individuals—look, that's a decision between the public health unit and Police as to whether or not they need to do anything more broadly there. They have successfully found some of those members of the public, so we leave those decisions up to them.

Did you want to comment on some of those other questions, Dr Bloomfield?

**Dr Ashley Bloomfield:** I don't know—you raised a question of a vaccination centre that's nearby. I'll look into that, I—

**PM:** Yeah, so we're aware of it, that there's been—

**Media:** It's 20 metres away from the atrium [*Inaudible*]

**PM:** Yes. I believe that has already been raised for us just to ensure that all of the measures that you would expect—but, again, nothing has been led to suggest that that is the source of our problem here.

**Media:** And the other question was whether you're aware of any other public thoroughfares in any other MIQ facilities, and yesterday, Dr Bloomfield, when you told me that it was the public walkway at fault, were you unaware of the atrium thoroughfare?

**Dr Ashley Bloomfield:** On the latter, yes. I didn't realise it was the atrium issue, per se. And on the other, rest assured that every time we get an issue arise in a single managed isolation facility, that is then looked at right across all the facilities. That's why we did, when we first identified ventilation systems as potentially a problem in the Pullman hotel, we started there but did assessments of all the ventilation systems. So we'll come back to you formally, but we can come back or our MIQ colleagues can come back on any other walkways that are being looked at.

**PM:** Yeah, to be fair to Dr Bloomfield, the walkway and atrium gets a little conflated from time to time, but the public health units obviously—they work very, very closely with the

managed isolation facility team for all of their case investigations, and I'm always incredibly impressed at the level of detail they go through, down to the minute of the movement of an individual, to try and isolate what may have happened.

**Media:** Why is the Crowne Plaza still open, then, when you have shut down other MIQ hotels while you're completing those investigations?

**PM:** Well, actually, I'll let Dr Bloomfield speak to future use and some of the decisions being made there, but, as yet, we have not yet established what precisely the issue is. But, of course, all of the protocols that you would expect—mask use, social distancing within the buildings, limited movement around buildings—all reinforce, but we are looking at some extra precautions at the Crowne Plaza while we undertake this investigation.

**Dr Ashley Bloomfield:** So it's still open because there are still people there. However, they have stopped any new intakes while they assess and really get confident around this issue.

**Media:** You held up that heat map before, Prime Minister, but do we know the number of close contacts that are isolating in the South Island?

**PM:** So contacts are over 100, and so those will be from a range of locations of interest, but, as I said, that is of those known individuals. For some of those really large, large sites, like, for instance, university campuses, we have—you know, certainly the halls of residence is one way that we can establish where people may have had contact, but when you're working with Delta, we have been taking a cautious approach, and so we have been putting a ring around what are large locations. So those are known contacts, and it's over a hundred.

**Media:** And knowing what we know now about Delta, should we have ever opened the bubble with Australia, and will we ever get it back?

**PM:** Keep in mind the bubble was closed at the time that this occurred, and so this just demonstrates how difficult Delta is. With vaccination protocols and testing protocols and all of the constant reviewing of infection protection controls and cohorting, it just shows that ultimately this is still a very hard virus. So, look, I stand by all of the decisions at the time we made them. They were made with the best information possible. But as this virus has changed, we have too, and that's been the right thing to do.

**Media:** Can you just clarify on Wellington. At this point, are you saying that all the infections have been either within a household or from people who are from Auckland, who possibly got infected in Auckland, and does that mean that, at this point, there is no known, I guess, infections at the places of interest in Wellington?

**Dr Ashley Bloomfield:** There is one person who is not from a household but that was from an interaction in a healthcare facility. That was identified very quickly. Otherwise, yes, they are within households; no cases from any of the locations of interest that those cases here might have visited. The other thing to point out, too, is we've not had any positive cases in Coromandel, where we know initially there were a number of locations of interest, so that's promising. I guess these next three to four days will really give us an indication of, in Wellington and Coromandel in particular, whether there is any ongoing transmission or whether our ongoing transmission is really confined to Auckland.

**Media:** Can you clarify, for Auckland, are you looking at not just the ball but also some of the large lectures that may have been attended by that student?

**Dr Ashley Bloomfield:** Yes. So the places of interest include lecture theatres at the time the student was there, yes.

**Media:** When will you be confident, I guess, whether some of those high-risk places were or weren't super-spreader events? It's clear that some of them had some spread, like this church, but we haven't really seen an explosion of cases yet. Are you starting to get confident that there was no super-spreading, or is it too early for that?

**PM:** I think we're all wanting to wait it out.

**Dr Ashley Bloomfield:** We're looking hard. The single event with the most number of cases is the AOG—Assembly of God—Church event, but that was actually for quite a few hours on a Sunday, so people were together a long time. If you think about the sorts of activities that happen at church events, with singing and probably a lot of interaction between people, it's not surprising.

**Media:** If you do end up having part of the country in level 4 and part of the country out of level 4, will you re-look at how essential workers can travel between both locations based on Delta, maybe making vaccination requirements for truckers, for example?

**PM:** So Cabinet had a really good discussion around some of these hypothetical questions and issues that will need to be worked through if we are to have a situation where we have borders and different alert levels for different parts of the country. So too early to say right now, but what we'll be considering over the next coming days is how do we ensure that we do this as efficiently and as effectively as possible. In the past, we've tended to have 3 and 2 boundaries. We need to consider the range: what if you had a 4 and a 3, for instance—what will that mean for movement? How do we ensure that we don't have parts of the country cut off from other parts of the country if we need that essential movement, and how do we ensure that those who are part of our logistical supply chains don't pose risks to themselves and others? So those are all things that over the course of this week we're continuing to do planning for. Our Department of Prime Minister and Cabinet—our team there have been working on this already, so already we've got a range of boundary options to help us with those future decisions.

**Media:** What [*Inaudible*] with the heat map and the 13,000-odd contacts across the country, do we know how many are still to be contacted, or still to be [*Inaudible*]?

**Dr Ashley Bloomfield:** Yeah, so, actually, the number's now over 14,000, as at sort of 1.30—

**PM:** It grows.

**Dr Ashley Bloomfield:** —this afternoon. Of those, just over half have been contacted and are in the system, and the vast majority of the ones that haven't yet are ones that have come through just yesterday and today.

**Media:** And, Prime Minister, could you just clarify just how many is it now—how many family contacts?

**PM:** Fourteen—

**Dr Ashley Bloomfield:** Just over 14,000, and the vast majority are considered close contacts. Actually, there's about—just over 300 that are very close contacts, but the vast majority are close contacts.

**PM:** Yeah, so those are ones who were at those very large events, where we've just said, "We consider you all to be a risk."

**Media:** How concerned are you of those two members of the public who haven't been found yet in relation to the Crowne Plaza, and [*Inaudible*] who tested positive for COVID—is that going to be a location of interest?

**PM:** I'll leave the second question to Dr Bloomfield. Keeping in mind, when we're briefed in the morning, often they are still undertaking, still, some investigation and interviewing, which can take many hours. So we won't always have that level of detail for every new case. The information we get and we're most interested in is do we believe they're linked, because when we get mystery cases, that's where we have extra concerns. On the issue of whether or not we're concerned that there are two members of the public who are outside of the atrium-walled area near the Crowne Plaza, look, it's a line of inquiry. It's not that we've identified that they are the source of any potential spread; they're a line of inquiry, and it would be really good to be able to finally answer that question. So we're in level 4, we've

locked everyone down, we've got everyone at home bar essential workers—so we want to find them to answer those questions, but we also are looking inside the MIF as well, to see.

**Dr Ashley Bloomfield:** Just on the other question, I'm not specifically aware of someone from Green Bay High, but what I would say is cases will be being reported to the public health unit during the day from the labs, and as soon as they get on the phone to those people and find locations of interest—particularly like a school—they will act on that information promptly without waiting, of course, for it to become part of our numbers for the next day.

**Media:** Dr Bloomfield, can I ask for two sets of data that you probably have in your numbers—either yourself or Dr Bloomfield. First of all, how many of the infected people require hospital-level care as of yesterday, and also how many of the people that have tested positive so far have been vaccinated?

**PM:** Ah—I'll grab the vaccinated question, and if Dr Bloomfield grabs the hospitalisations. My recollection—because I was doing a rough count this morning, and forgive me that it will be rough. It'll be off the top of my head, but I believe it was somewhere in the order of 11 or so, keeping in mind I don't have whether or not they were first dose or fully—but keeping in mind there's a large number in this particular outbreak who won't necessarily have become eligible. What I'll be interested in keeping an eye on is whether or not the Delta hits that person and then stops. You'll recall that for our fully vaccinated person who was the wife of our original case: negative tests, and that demonstrates that that vaccine does, in some—have the ability to stop a possible chain of transmission.

**Dr Ashley Bloomfield:** Thanks, Prime Minister. So as at 9 this morning, there were seven people from the outbreak who were in hospital; none in ICU—that's across the three Auckland hospitals. There is one person in ICU who has COVID, and that's the person who came from Fiji a couple of weeks ago.

**Media:** Can I also ask, Prime Minister, on a different subject: COVID zero's getting a bad rap. Australia seems to have walked away from the idea, based on the New South Wales outbreak—now focusing on hospitalisations rather than broad case numbers. What would it mean to you for New Zealand to be able to achieve that again, after doing so spectacularly last year?

**PM:** Oh, look, so what you're speaking to is an elimination strategy, and I certainly can't speak but only observe what different states in Australia are doing. So, you know, you've got Western Australia and Queensland with their approaches, and then, obviously, the devastating circumstances of New South Wales. We can only look at what's best for us, and we know an elimination strategy has worked for New Zealand before. That's the way that we have managed to have a larger number of days where we have been without restrictions than countries like the UK or like the United States, and not had our people gravely ill and hospitalised and unfortunately losing their lives. So for now the elimination strategy is the right thing for New Zealand. It means getting those cases back down to a point where we can remove our restrictions again, and, importantly, continue with our vaccination programme, because that will be the thing that in the future lessens the need for this, which is so important for everyone.

**Media:** Dr Bloomfield, just on the church, has there been difficulty reaching out to Pacific church leaders and getting them to pass on the information to their congregations? And what's been done by health officials to make sure that that flow of information around isolating and testing is [*Inaudible*]

**Dr Ashley Bloomfield:** You know, as we've found in the past, actually, the right engagement with particularly the church leaders is absolutely the way to go, and both health and non-health community leaders have been engaging very positively with the church. There was a Zoom call last night with many from the church. It was very successful with Pacific health leaders and others. So there's very active engagement between community leaders, the public health unit, and others. And yesterday there was a very high number, hundreds, of

tests done of people who had been at the service two weeks ago. So, once again, as we saw last August and, indeed, even in February this year, very good engagement from the Pacific community, and they've had the highest rates of testing, again, through this Auckland outbreak.

**Media:** Will Cabinet consider making the \$2,000 course-related cost accessible to all students, not just those who started last year during level 4?

**PM:** That's not been something that we've considered. I'd be happy to put your question to the Minister of Education, but at this stage Cabinet has not considered anything beyond, of course, the usual access to Government support through Work and Income, and also resurgence support and wage subsidy.

**Media:** Just following on from [*Inaudible*] question. So at what point do you then review that elimination strategy? Chris Hipkins referred to the need, potentially, to review it sometime in the future. What difference has Delta made to that strategy and at what point do you go, "This may not be feasible for the long term."?

**PM:** Well, you'll see that, actually, only a week ago we had the forum with Professor Skegg presenting his advice based on what Delta was showing us about what our strategy might look like beyond the next six months, so going into 2022. And already we were adapting what that approach would look like next year, and we've done that all the way through. Whenever we have new advice or a new experience ourselves, we'll check our settings and whether or not they're fit for purpose from our experience with Delta—or with COVID-19, I should say. So, for now, absolutely elimination is the strategy, particularly while we vaccinate our people. Going through into next year, we'll continue to get the advice of our public health officials and our external advisers and experts as we've always done, and say, "Look, here was our experience through this outbreak. Does it change our approach going forward?" And I expect we will continue to do that over the coming months.

**Media:** So if that plan goes in the phased border openings, there may potentially be a level of tolerance at that point for COVID in the community?

**PM:** Look, what I would want to do is really bring in our experts on this discussion and debate. For now, everyone is in agreement: elimination is the strategy. There is no discussion or debate amongst any of us about that, because that is the safest option for us while we continue to vaccinate our people. Going into next year, let's continue to get their advice, but I would say that's always been our approach: constantly learning, constantly adapting.

**Media:** The Eclair system, which is the national repository for testing results, went down today. What impact did that have on the turn-around for test results?

**Dr Ashley Bloomfield:** Yes, so I understand it was down for a couple of hours in the middle of the day, and the testing centres reverted to manual processes and a prior electronic ordering system they had. It will cause us a delay in turn-around times, but the team will work hard to make that time back up again.

**Media:** And how are delays for testing results at the moment? We've been told it can be up to days for people to get their results back. So where are they, what's the average, and what's the longest that tests are—

**PM:** Depends on where you were swabbed.

**Dr Ashley Bloomfield:** It depends on where you were swabbed, and our delays are really in Auckland, where the largest volume of testing has been done, and particularly for people who've had a swab done by a general practice or urgent care clinic in the community, because most of those places are not using the Eclair system and e-ordering. So the e-ordering through the Eclair system does very much speed up that process. So there is a bit of a backlog, but just to provide a comparison, in the first three days of this outbreak there were about 69,000 tests processed. If you compare that with August last year in the outbreak, it was 41,000 tests. So there are a lot more tests that have been able to be processed more quickly during this outbreak.

**Media:** Dr Bloomfield, how long did you advise the delay of the return of Parliament, and do you think that it's appropriate for Auckland MPs, say, next Tuesday to return to Wellington if Parliament returns next Tuesday?

**Dr Ashley Bloomfield:** So at this stage my advice was suspension for this week, and, as the Prime Minister said, select committees are going to run and then I'm sure I'll be asked for further advice next weekend or on Monday about whether it should return next week.

**Media:** Do you think if COVID continues to circulate in Auckland, would it be advisable for Auckland MPs to be allowed to return to Parliament?

**Dr Ashley Bloomfield:** Let's see what the results show this week. I mean, it would be tied up with the decision around what happens to Auckland generally.

**Media:** Prime Minister, Scott Morrison wrote in the weekend an op-ed about his change in COVID strategy. He's now saying that they're targeting 70 to 80 percent vaccination rates rather than a lockdown-based strategy. Given what the Skegg report published, is COVID circulating in Australia, with high vaccination rates in Australia, compatible with a more porous border with New Zealand?

**PM:** Well, not for the period in which we are vaccinating our people, no, but we've always said that—that we wouldn't open up and have quarantine-free travel with a place in which there was COVID in wide circulation, because that was incompatible with our desire to maintain an elimination strategy, work on high rates of vaccination, and have as many freedoms as possible without that risk of lockdown.

**Media:** Do we know the ethnicities of the current cases in New Zealand and do we also know whether or not Māori are being disproportionately affected?

**Dr Ashley Bloomfield:** We have got some information on ethnicity, and I just made a note that we'll start to publish the ethnicity and age breakdown. What I can say is that over 50 percent of the cases are of Pasifika ethnicity, and in the last report I saw, none of the cases were Māori.

**PM:** And, unfortunately, because of where the outbreak is currently, that continues to be that new cases are looking to be predominantly Pacific cases.

**Media:** On education, Minister Hipkins said yesterday that the Government is supporting 40,000 households to stay connected to the internet where they wouldn't otherwise be able to. Can you give an update on connecting kids to online learning at this time?

**PM:** Forgive me, I'd need to go back to him for any more recent data. But also what would be useful I think is, actually, if I give him the opportunity to give you an update at the podium, and my recollection is that we are doing that on Wednesday so that he can give you a bit of a take on what we'll be looking to do via education to continue to ensure connectivity, learning packs, which we've used in the past, and so on. So I'll get him to give that update then.

**Media:** Have any of the cases that you've found so far been infected in level 4 by someone who wasn't in their bubble? In other words, is that any sort of transmission?

**PM:** Yeah, so the question that I'm asked on our briefings is have we seen any issues with compliance, as in, people not being home when they've been contact-traced, and I've been assured that, actually, people have been home. I haven't been advised of essential workers, for instance, necessarily being called up as being an issue with then passing on during level 4. So whilst I haven't asked your specific question, we have been looking to see whether or not we've got that issue of people continuing to infect during the lockdown, and to date that hasn't been a concern that's been raised with us by public health units. Have I answered your question?

**Media:** I guess, is there a concern, or have you seen any signs that level 4 isn't working?

**PM:** No, and that I do try and get a sense of, from both police and our public health units, and they've been happy with compliance at this stage.

**Dr Ashley Bloomfield:** Yes. I agree.

**PM:** Yep, which is very heartening, because, you know, when you look at New South Wales and their reporting, which says, "Number of people out infected in the community.", those have been reasonable numbers. We don't want that, because if we want to see our locations of interest start to reduce—as in, we're not posting new ones—that will be because we're finding people in lockdown and therefore not out and about. At the moment, we're not long enough into level 4 for that to be the case, when we're finding people where they still have had pre - level 4 movement, because they're a case that was infected before we went into lockdown.

**Media:** On the broader health sector response—this might be one for you, Dr Bloomfield—do you have any sense of how long the health workforce could operate at sort of surge capacity before it burns out?

**Dr Ashley Bloomfield:** Well, two things there. First of all, the surge is really into our testing workforce in particular, and specifically in Auckland. Elsewhere in the system, of course, they've scaled back a lot of activities, so, at the moment, for example, average occupancy across our hospitals is around 73 percent—ranges from about early 50s up to around 90 percent—which is lower than it usually is through winter, and likewise our intensive care units are only about 50 percent occupancy at the moment. So the surge is very specific around testing, and so there's not pressure on the wider health system at the moment in alert level 4—and, in fact, some district health boards are looking at how, this week, they can start to safely recommence some elective surgical activity, because they have got capacity to do that.

**Media:** And in terms of ICU, from what I understand from what's here—what's the point of getting more ventilators if we don't have enough ICU beds and nurses to staff them, given every ventilator needs a bed and a nurse 24/7?

**Dr Ashley Bloomfield:** Yes, so the purpose of the additional ventilators—and this was an approach we initiated last March—was to, yes, whilst ICU beds per se and ICU-trained nursing and medical staff is a certain number, you can train other nursing and medical staff to take care of a ventilated person in an area—for example, the post-op area in a theatre block, where they are perhaps used to looking after patients who are ventilated, or post-surgical, and so all the DHBs have been training parts of their workforce to be able, should it be required, to look after someone who's been ventilated under supervision.

**Media:** Parliament's been suspended for the rest of the week. The Opposition are not happy about it. They're saying it takes away the ability for scrutiny and including the ability for them to question you, as opposed to Ministers before the select committee.

**PM:** Oh, look, you know, for us we have to balance safety and scrutiny. We did not, in level 4 last time, have Parliament convene. We found alternative measures to allow that scrutiny to occur in a virtual environment, and we're doing that again. In fact, I think one of the enhancements is rather than just having one select committee, using our multiple select committees so that more MPs can access that process, and so that we can have more spokespeople access that process. In the coming week, we'll look to see whether there are other enhancements we can make, should we need them, but, relative to other countries, the disruption to our Parliament has been minimal, we want to keep it as minimal as possible, but I just couldn't justify, when alternatives exist, having MPs travel from across the country to come and convene in a closed environment where other staff members would be required to come in in order to facilitate the opening of Parliament.

**Media:** And if the situation for Wellington goes south and lockdown's extended, would you consider setting up the Epidemic Response Committee again to give the Opposition that chance, as opposed to Government-run select committees?

**PM:** Well, I mean, actually, one of the things we considered was that by having a range of select committees—as I say, a greater range of MPs; you can have, therefore, more Ministers appear than you would necessarily if you've only got one committee, and you also get those that have subject knowledge who are on those committees who are able to be part of that scrutiny. We've also advised our MPs, who want the bulk of questions going to Opposition members so that they're able to undertake that scrutiny, that they're otherwise unable to in a question time. In my mind, question time is one hour a day; this is, therefore, multiple select committees that are able to meet, with different Ministers, with different MPs asking questions—some would argue that that might provide even more scrutiny. The last point—it will all be broadcast as well.

**Media:** The list of locations of interest spans from about 7 August to the day before yesterday. That Devonport man got tested, roughly, in the middle of that. Based off of what we're seeing now with these 100-odd known cases, were they largely infectious in the hours before lockdown, or was it more spaced out over that range of locations?

**PM:** My memory is that, basically, we have—from the period that we've identified the individual at the Crowne Plaza, it's kind of dotted all the way through. We have not yet identified, have we, Dr Bloomfield, whether or not there's, you know, one, two, or no missing links between that individual on the 7<sup>th</sup> and our outbreak as yet, and that's an indication of the fact they're dotted through. But we are starting, as I understand, to see cases where, as you've described in Wellington, maybe one day out and infectious, so it's kind of the spectrum. Is that—

**Dr Ashley Bloomfield:** That's my understanding. I don't quite have the picture for Auckland—it's much more complex—but I think the picture in Wellington will start to be being reflected in Auckland, as well, and we will see less locations of interest, especially over these next few days.

**PM:** The one thing to add is the genome sequencing does give us an overlay to help us identify those different clusters as well, and at the moment they generally are telling us a similar story to what we're being able to build with the epidemiological links, as well.

**Media:** Was this Devonport man near the beginning of, sort of, the known links, or is he sort of more in the middle, then?

**PM:** So my recollection is, of course, we identified him with a positive result that was reported last Tuesday, and symptom onset was something like a couple of days prior. So he's slightly in the middle. We do have a few more days in between, but we've actually seen cases pop up in those days in between as well that we believe—we rely on symptom onset, though, so it's people's recall.

**Dr Ashley Bloomfield:** Yeah, so he was near the beginning, although we do have a few cases that have got reliable recall of symptom onset before he began his symptoms.

**PM:** Yeah. We don't think that he is the connection to our MIF person, for instance.

**Media:** Just on locations of interest, can you please clarify why not entire campuses are made locations of interest, but entire schools are? It's sort of, you know, a shift on a hospital ward was—they were stood down, but not the whole ward. Does inconvenience weigh into that decision?

**PM:** No. Safety.

**Dr Ashley Bloomfield:** Yeah, so our public health team does an assessment of every location, and, out of the interview, get a sense of what the person was doing in that particular place. You can imagine with a school in the first instance we would know—and this was the case in February with Papatoetoe High School—we actually considered the classroom and the classmates and the teacher of those first cases close contacts and everyone else as casual, but we tested everyone in the school. In this case we've done the same thing around testing the whole school, but we've considered them all close contacts, as part of our Delta response.

**Media:** When you review whether the rest of the country might come out of level 4 lockdown, can you give any certainty around whether that would definitely be a step down to level 3, or whether you are open to going to lower levels?

**PM:** We haven't ruled anything in or out at this stage. We very much will lean on the data and the analysis that we have in front of us. But we'll always be careful. You know, we have seen and we've experienced ourselves: if you haven't got that confidence and you move in a direction where you just need a bit of time—in Australia, they moved down and then recently had to move back up again. We would rather smooth our exit, so that will be part of our thinking. But to be honest, we haven't fully canvassed those options at this stage, so, too soon to say.

**Media:** Just with the number of supermarkets that have been [*Inaudible*] Has there been any talk on allowing butchers, bakers, and grocers to open at level 4, and also, with lockdown being quite stressful for families, especially for families, some people, in unsafe environments, we've heard reports of people being worried about leaving those [*Inaudible*] so what's your advice to them?

**PM:** So all our social services remain available, because safety for New Zealanders is our absolute priority. So I would still encourage anyone who is in an unsafe environment: those services are still there and available for you. We do recognise that it is not always easy to make contact in this particular set of circumstances. There are ways that you can do that safely.

On the point of supermarkets, no, we have not revised our decisions on access to other forms of foodstuffs. Of course, whole foods are able to be delivered, but we have not said that we will allow further openings, because we continue to want to reduce down as many people as possible who might be out in a workplace, because that risks prolonging our lockdown. At the same time, though, we are staying in daily contact with our supermarket chains to ensure that we have good availability of supply for all New Zealanders. We are ensuring that we're consistent in our health protocols so that if we do have a supermarket as a location of interest, we're working with the chains to ensure that they are safely taking those staff they need to offsite, but also have the information they need to safely re-open if they can. And I'll finish down the back.

**Media:** I just want to follow on that—sorry, if someone else wants another question after me.

**PM:** No, you're the last one. No pressure!

**Media:** What is the balance, though, in terms of safety on that? If you're dealing with a supermarket and it's one group of people, if you have to shut that down, it's a much bigger amount of people, a range of people, then having to travel to other locations. If you had, say, a butcher or a grocer and then that became—

**PM:** It's all a matter of scale, because if you say suddenly: "We're going to open up every bakery—every bakery in New Zealand has the ability to open or every butchery in New Zealand", then that introduces a whole extra layer of risk. And so it's all cumulative. The more people that you have available to attend their place of work, that's more supply chain that then opens up who are having to service that, more customers who are then accessing, more risk. So our goal, always, with level 4: reduce it down as much as possible to the essentials that are required to enable people to stay safely in their home, fed in their homes, and able to safely learn in their homes, and beyond that we really keep it restricted. And so—

**Media:** Just on lockdown fatigue—just for Aucklanders who are now having to, sort of, you know—they're looking at longer lockdown. They've done this so many times. What is the message for those people who are just getting a bit fatigued with this lockdown?

**PM:** That we're all in it together and that we've done it before and we will do it again. So stay with it. I absolutely believe we can do this. So—cheers.

### conclusion of press conference