

**ALL-OF-GOVERNMENT PRESS CONFERENCE: THURSDAY, 19 AUGUST 2021
HANSARD TRANSCRIPT**

PM: Tēnā koutou katoa. Good afternoon. There is quite a bit to cover in today's update. I want to start with the latest on our work to identify the source of our outbreak. After Dr Bloomfield gives us the latest on our current cases, I'll then share some of the work we're doing to accelerate our vaccination programme. That includes ensuring that more New Zealanders are vaccinated generally, but especially those who are currently at most risk from the virus. I'll then finish up with an update on Afghanistan.

Let's start with the investigation into how these cases came into our community. Yesterday, we confirmed we are dealing with the infectious Delta variant, and that it came from Australia via the New South Wales outbreak. I can now report from the whole genome sequence analysis that our current positive cases are a close match to a recent returnee from Sydney who arrived on a managed red zone flight on August 7th, had a day one test on the 8th, returning a positive result on the 9th. They were transferred from the Crowne Plaza to the Jet Park quarantine facility that same day. This person subsequently became unwell and was moved to Middlemore Hospital on the 16th of August.

What this information tells us is that our cases are most likely to have come from the traveller. This is a significant development. It means now we can be fairly certain how and when the virus entered the country, and that based on time lines, there are minimal—possibly only one or two—missing links between this returnee and cases in our current outbreak, and the period in which cases were in the community is relatively short. There is still a chance that additional information could emerge to change this conclusion, so we do need to remain open to other possibilities. That means you will see our public health unit continue to be very cautious around possible places of interest, and you will have seen that in some of those locations of interest to date. However, the balance of evidence now gives us enough confidence to focus our search for that missing link.

Our primary lines of investigation are staff at the Crowne Plaza managed isolation facility, where the returnee was originally based; staff at the Jet Park quarantine facility; and other MIQ and border staff involved in their arrival and transport from the airport and between managed isolation facilities. Middlemore Hospital is not a line of investigation at this stage. The individual was only moved there on the 16th—one day before lockdown, and days after symptom onset in a number of our other cases.

So let's break down the possible points where contact with this traveller may have occurred. On the 9th of August, when the case returned a positive result, our public health unit kicked into gear. It contacted Auckland Airport and Customs, who went through all the footage to determine any contact that positive case may have had with staff. This is our usual practice when we have a positive case in a facility. Three areas of interest were identified. Customs confirmed with me again today that these have all been investigated and staff tested. Nothing has eventuated from this line of inquiry to date.

Let's then turn to our facilities. There were 208 staff who worked at the Crowne Plaza while the individual in question was there. Of those, as of today, only one of those 208 staff is now overdue for testing, and only by less than 48 hours. For the Jet Park, there were 200 staff working across the site from the 9th to the 16th of August. As of today, two are overdue tests, but, again, by less than 48 hours as of today. All staff across both sites who have not been tested in the last 48 hours are now being retested.

In terms of vaccinations, across both sites, 407 people were compliant with the vaccination order that we have in place. That order requires all existing staff to be fully vaccinated. If a new staff member comes on board, they must have their first dose and complete their second dose within a 35-day window. Only four had one dose and were not yet due for their second. One person had gone longer than 35 days, and that person has been told they cannot enter the facility until they comply with the order. All remaining were fully vaccinated.

As you can see, the compliance generally across these sites has been really high, but we will continue our search in a thorough way across both sites, as you would expect, and we'll look to come back to you with detail on those additional tests we're running across both sites in future updates as those results come through.

A final point: we have learnt today that a family adjacent to the case at the Crowne Plaza has now tested positive for COVID on their day 12 test. While we're awaiting genome sequencing, we can assume that means we're dealing with a high level of infectivity in this case. Everyone at the Crowne Plaza will stay on while we undertake our usual protocols, but here is where our practice of what we call cohorting is really helpful. People generally arrive at the same time and stay for the same period in the facility. It really does reduce down the risks and it means that we catch situations exactly like this one.

So while today you will see we continue to find cases downstream, there could be relatively few cases upstream, as in people who picked up the virus from the very beginning of the chain. That's simply because it wasn't here for long, we believe, before it was found.

On that note, can I thank, again, our first positive case that was identified on Tuesday. If it wasn't for you getting tested when you did, this could be a much, much more difficult situation.

Having said that, I know we're all prepared for cases to get worse before they get better. That is always the pattern in these outbreaks. But today, we believe we have uncovered the piece of the puzzle we were looking for, and that means our ability to circle the virus, lock it down, and stamp it out generally has greatly improved.

I'll now pass to Dr Bloomfield to go over today's case numbers.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So today, I can report there are 11 new positive cases of COVID-19 in the community—that is, since yesterday's 1 p.m. update—taking our total number of community cases, all in Auckland, to 21. All of these cases who are in the community are being transferred safely to the Auckland quarantine facility, or are already there under the usual strict infection prevention and control procedures. Twelve of the 21 cases have already been confirmed as being part of the same Auckland cluster and a further eight are currently being investigated, and they're as yet not formally linked. However, for a number of those, there are strong leads to them being linked to existing cases.

One of those previously reported cases, of the 21, is confirmed to be unlikely to be linked to the cluster, and that is the air crew member you have heard me talk about in this morning's media round. So this is, essentially, a border-related case, probably coincidental, and that case was identified during routine surveillance testing. It's an international crew member.

So whilst we don't have the details on the new community cases available at this stage, and interviews are under way, we will release further information as it becomes available through the afternoon. Now, these new community cases are not unexpected, as the Prime Minister said, and we would expect the number of cases to continue to grow—in particular, because of the large number of locations of interest and the mobility of these cases over the few days before the lockdown started. There are also eight new cases in recent returnees in our managed isolation facilities. Two of those are historical cases, and the information about those will be in the ministry's press release.

Now, two of our community cases were taken to North Shore Hospital overnight. One had worsening symptoms from their COVID, and the other is symptomatic and has underlying conditions. One of these people is in their 20s; the other is in their 40s. Both are in a stable condition.

The Prime Minister mentioned the Crowne Plaza and, as a precautionary measure, a hold was put on some departures from the Crowne Plaza last night, and that was in response to this bubble of three people in the facility testing positive for COVID-19 at day 12 of their stay. This is something we do where we get an unexpected day 12 positive result, to just make

sure that there's no potential that others may have been infected after they returned a negative day 12 test.

So, the returnees who were on the same floor who were scheduled to leave overnight are required to stay there while it's investigated further, and that has concluded already—reviewing of CCTV footage and running the whole genome sequencing on these three new cases. That is due later today, and that will help us to confirm the probable link to the case in the room next door.

This is of course disruptive for those who had planned to leave or were planning to leave, and they'll be provided with full support. Unless there are specific issues identified that might be cause for concern, it's likely returnees on other floors who were scheduled to leave today will be able to do so. The overall assessment is that with further transmission, based on what we know so far, there's low risk, but, naturally, we are not taking any chances.

We've now received the results of waste water collected on Monday and Tuesday this week. The sampling collected on Monday returned positive results for waste water from three Auckland sites: Rosedale, on Auckland's North Shore, and the Western and Eastern Interceptors. Sampling from Tuesday at the St George site in Auckland—and that's a sub-catchment of the Western Interceptor, and that collects waste water from the Waitakere area—was also positive. This follows negative results from these locations from samples on 11 August.

I had one of my team just quickly map out the locations of the cases and how those sit with respect to the drainage areas for those different interceptors, and there are cases in all those areas that we know about now. So this shows, given we've only got the 21 cases so far, the sensitivity of the testing is very high, and it does help us with our assessment of the situation.

There will be further results available late today for some other samples taken around the Auckland region and additional results expected tomorrow, including results of samples taken in several locations in Coromandel and Thames. Other sampling undertaken on Monday and Tuesday at Mount Maunganui, Tauranga, Hamilton, Rotorua, Gisborne, Taupō, New Plymouth, Napier, Porirua, Hutt Valley, Wellington, Nelson, Christchurch, Queenstown, and Invercargill have all come back negative.

On testing, in Auckland, all community testing centres are again open today, with extended hours through to 8 p.m. There are four additional pop-up community testing centres open and a further pop-up centre in East Auckland is being stood up this afternoon. I'm also aware that there is some additional pop-up testing going into Avondale College for students to be able to go through there and be tested in a safe way.

There is increased testing capacity in the Waikato, with a range of testing sites already in place, and pop-up testing sites remain open in Coromandel township, Thames, and Hamilton—and there was an excellent response from people in Coromandel yesterday, with a very high number of people tested.

DHBs right around the motu are ensuring there is good access to testing. We need anyone with symptoms, right around the country, to get tested to help inform our advice to the Government about alert levels.

Yesterday, there were close to 16,000 swabs taken across Auckland, the busiest day in that area since August last year. Around 10,000 of those tests were taken in general practice and urgent care clinics, and I want to thank our colleagues working in those settings, who have really been very busy over this last day—their busiest day ever.

Nearly 3,000 swabs were taken across Waikato and about 600 of those were from Thames-Coromandel area—a massive effort, and thank you very much.

And I want to thank those who are waiting for testing for their patience. Please be kind to the staff there, who working as fast as they can. We will have more confidence in the advice we can provide the Government around alert levels if we have good testing rates, so if you have symptoms, please get tested.

There's a lot of contact-tracing work happening across Auckland and the Coromandel, and that involves the Auckland Regional Public Health Service, our National Investigation and Tracing Centre, and all of the country's public health units.

Isolation by close contacts, when in alert level 4, requires them to isolate separate from other household members—so it's not isolating within the household bubble.

As of this morning, more than 360 individual contacts have been identified. This does exclude at this stage contacts from large settings like Avondale College and the Central Auckland Church of Christ, where there's still an assessment under way. So through the day today, that number will increase significantly.

Now, details of additional locations of interest continued to be added to the ministry's website this morning. We are also going to put out regular, through the day, updates on newly emergent sites of interest—locations of interest through our various social media channels to make sure that it's easy for people to see just which are the new ones, and it's very important that people look at the times as well as the place, because it doesn't mean if you have been at those places at any time—please look at the time there.

If people have been at a location of interest, remember the form is to isolate, if you are not already—in other words, if you're not an essential worker. It does mean you can't go out to the supermarket, pharmacy, or anywhere else while you're doing that—while you're isolating. Call Healthline for advice. Busiest day for Healthline yesterday since April last year, and a record number of people accessing the Ministry of Health website—almost 1.3 million—largely looking for locations of interest.

On that, just a reminder: there is a section 70 notice in place which requires everybody who has been at a location of interest to legally follow public health instructions to isolate and be tested. There is a separate section 70 notice that applies to the household contacts of a person who has been at a location of interest. Under that section 70 notice—and this is a new thing—they are required to isolate as well. And this means they can't go out for any purpose—or, if they're an essential worker, they need to isolate—until that person who has been at a location of interest has returned a negative test after day 5.

We are also receiving a large number of complaints about enforcement, particularly about people holding gatherings, and these are all being referred to police to follow up.

Finally, it is a time of uncertainty, and so quite normal for people to be anxious. Please do keep an eye on each other. Last year, we crushed the curve by looking out for each other. Don't forget, the smallest and largest question you can ask someone is "Are you OK?"

Back to you, Prime Minister.

PM: Thank you, Dr Bloomfield. As you can see from that update, level 4 is where New Zealand needs to be at the moment, but, as we talked about yesterday, we do want to ensure we don't waste any time in vaccinating Kiwis. I want to start by thanking New Zealanders for continuing to take up the invitation to book their vaccinations, and I remind everyone over the age of 40 that you don't actually need to wait for an invitation. You can go to the website or ring the 0800 number now to book yourself in.

Yesterday was a record day for BookMyVaccine.nz, with 195,537 bookings made in a single day, which is fantastic. During yesterday's stand-up—the 1 p.m. update—more than 7,500 people per minute were using the site, and it performed exceptionally well.

As signalled yesterday, a phased approach to reopening vaccination sites with the level 4 protocols in place has now begun. This enables everyone to stay safe while we vaccinate. So please, if you have a booking and you have not had any other communication from your provider, please still go because we're expecting you.

Primary care facilities have also resumed carrying out COVID-19 vaccinations today, and with some less urgent appointments being cancelled as a result of level 4, many now have extra capacity. Our plan is to use that extra capacity to continue with those who are already

booked in but to also bring through essential workers. Our plans to vaccinate these workers start with those who are customer-facing, who interact with the public as part of their essential work—for example, supermarket workers who may not have been eligible because of their age bands to date. We're working with employers of these essential workforces to identify the individuals, and, workers, you can expect to hear from your employer with extra details. We're also working with the COVID Vaccination Healthline on a process for smaller businesses and people who are self-employed to enable them to book if they too fit that criteria.

On that note, I also want to assure New Zealanders that our vaccine supply chain continues to operate well, with the deliveries continuing to go out daily. But, again, please do book: it just means that we can ensure good physical distancing when you attend your vaccination appointment.

As you know, it's imperative that we get as many people as possible vaccinated. When we make a decision on who is eligible, though, our number one priority is the medical advice of our experts. You'll remember that in June, our regulator, Medsafe, granted provisional approval for the Pfizer vaccine to be given to 12- to 15-year-olds in New Zealand. Similar decisions have been made by other regulators in Europe, the US, Canada, and Japan. The advice was then considered by an additional group of experts, who also supported an extension of eligibility to young people.

On that basis, Cabinet has agreed to make the Pfizer vaccine available for 12- to 15-year-olds. This is not a decision we have taken lightly. Many of us are parents ourselves and take this duty of making decisions about other people's children extremely seriously, but it is safe and it's the right thing to do. So 12- to 15-year-olds can become eligible and book along with everyone else that we are opening up to from 1 September.

We know, though, that a number of these children's parents will already be eligible to book their vaccines, and we want to be practical about this. So from tomorrow morning, parents and caregivers who are eligible for their vaccines will also be able to book their 12- to 15-year-olds at the same time, but if you've already booked, then just bring them along. Please just make sure that while you do that, you work hard to keep physical distancing up from others.

There are an estimated 265,000 people in the 12- to 15-year-old age bracket, so this is an important next step, and please be assured again: we have more than enough Pfizer vaccines for everyone, including the 12- to 15-year-old age group.

As COVID takes centre stage in New Zealand, international events and obligations remain, none more so than our responsibility to New Zealanders and those who helped New Zealand in Afghanistan. Earlier today, we deployed a C-130 Hercules and supporting personnel to assist with international efforts to evacuate New Zealanders, Afghani nationals, and other foreign nationals from Afghanistan. The New Zealand Defence Force is prepared to deploy for up to a month, and, due to the developing situation in Afghanistan, sought approval from Cabinet to deploy up to 80 personnel to support the international response.

The contingent will include air crew and maintenance staff, a medical team to support our personnel and evacuees, operational support staff, logistics personnel, and force protection, among others. All NZDF deploying personnel are vaccinated and will be carrying out COVID-19 prevention protocols. They will complete 14 days' managed isolation on their return to New Zealand.

We will continue to work alongside partners—especially Australia—as we respond to this rapidly evolving humanitarian situation. This means that we may see some individuals bound for New Zealand returned on partners' assets and vice versa, as our international partners look to cooperate wherever they can to safely expedite the evacuation of those most in need.

When we met this morning with officials, we were advised, though, that the situation on the ground is incredibly difficult. People are struggling to get to Kabul Airport. We need to be prepared for how hard this mission will be and how difficult it will be to evacuate those who

we are seeking to help. Our thoughts are with our defence force team as they enter in this deployment—I know that you will do what you can.

Before I conclude, some final public service announcements, back-related to our level 4 settings. First, we're being asked to remind businesses who are wanting advice or to know what support might be available to them that they can call the EMA's business helpline, on 0800 500 362. Of course, MBIE also provides support through Business Connect.

Second, Ministers have made a decision to extend the period for air travel from Queenstown and the Cook Strait ferry for 24 hours, through to 23.59 on Friday, 20 August. This applies only to people needing to return home, and is in response to the large amount of demand that we have on those facilities.

Lastly, I note everyone outside Auckland and the Coromandel in particular is anxiously awaiting news on how long their level 4 conditions will remain in place. Ministers will meet tomorrow morning and we'll share a decision taken at tomorrow's update.

What I'd like to leave you with today, though, is some optimism but also a strong serving of caution, as you'd expect. News that we believe we've identified how this Delta variant entered New Zealand should not be underestimated. It means that alongside the what, we now believe we have a good handle on the how and where. That said, it is well-known globally that Delta is tougher than previous variants of COVID. So while we have further information to inform our response, we also know it is going to be a tough fight that we all need to play our part in. So please stay at home, wear a mask if you do need to go out, practise good hygiene, stick to your bubble, and be kind to those around you.

While the high numbers of people getting tested has seen some people waiting in queues, I want you to know that you are doing the right thing for yourself, for your family, for your community, and for New Zealand. High compliance alongside reports of low vehicle traffic tells me that New Zealanders are following the rules that will work, and our public health units are also reporting that when they're making calls to contacts and close contacts, there is high compliance with level 4 requirements.

So thank you—sticking together beats the virus and, together, that's exactly what we are going to do.

Happy to take questions. Tova.

Media: How close are we to determining those one or two missing links, and do you have a working theory as to whether it was at the Jet Park or the Crowne Plaza, and how it might have happened?

PM: Everyone at the moment, I think, is really focusing in on the Crowne Plaza just as a result of timing. There's no other reason, really, more than that, than the timing of the onset, and then some of the other cases that we're seeing. At this point in time, though, no, I don't have a working theory. But as you can see we're chasing down every possible point at which this individual had contact with others and just seeing if we can analyse every single element of that to see if we can find where this occurred.

Media: And how much of a bearing does identifying the source precisely—how much of a bearing does that have on whether we stay in lockdown longer?

PM: Oh look, what we're always worried about is—yes—how far is the reach going and the spread downstream, as I talked about, but also what we're really focused on is how long was it out there before we knew about it. So this information today gives us a good, strong sense that it may not have been long, and that's really helpful information for us in making these decisions. But what about you, Dr Bloomfield?

Dr Ashley Bloomfield: Yes, one of the key influences behind our advice to the Government about the alert level change was how many undetected chains of transmission could be out here. So what seems to be a short time period between when this virus arrived on our shores, or this particular person arrived, and then the time frame between when the

first person presented, and then, if we go back, when they became symptomatic is reassuring, but of course the focus still now remains very much on controlling the further spread of the outbreak. So it's a very important piece of information for us.

Media: Based on that, people should be preparing—

PM: Yeah, Tova, I'll let you finish, and then I'll come to Jane.

Media: —thank you—people should be preparing to lock down longer, though, shouldn't they?

PM: Well, we've already given the indication to Auckland and the Coromandel around what we believe our intention will be there for level 4 over the seven-day period. So we already gave that indication from the beginning, and you can see with the fact that, inevitably, we always see cases go up before they come back down. But what we always try and do—and what our public health unit were talking to us about on our briefing this morning—is just again putting that ring around the outbreak. The sooner we're able to do that, the higher confidence we can have. But I'll really look to give people a steer tomorrow, once we've had a bit more advice and evidence.

Jane.

Media: Isn't it too late to start prioritising essential services? Shouldn't that have really been done right back at the start, because in two weeks they're going to be part of the general vaccine roll-out—and is this including taxi drivers, police, supermarkets?

PM: Yes—yes it is. However—and thank you for the question, because it actually would be wrong to imply that they weren't already in that cohorting. So we already have, roughly, 4,000 members of our New Zealand Police force who have been vaccinated. When we had limited supply, though, we started with those who were working around our managed isolation facilities, as you can understand. Supermarkets: we had, several weeks ago, started working with providers, employers, around identifying and vaccinating that workforce. That, if I recall correctly, is over 50,000 people, so it's not a small workforce, because it's not just checkout staff; it's all those in the supply chain. But we had already started that work before this outbreak. Likewise, those who work for our fire and emergency services were also part of our priority groups, and those who work in our ambulance services—those most likely to be interacting in some of those services that still continue, we had been working through. Now we're just trying to up the pace of it now that—I'll let you finish, Jane.

Media: Is it disappointing to have so many complaints, Dr Bloomfield, of non-compliance, given the severity or potential risk of this outbreak?

PM: Yeah, have we provided you with some of those numbers?

Dr Ashley Bloomfield: I gave an indication we were getting a number—I haven't got the numbers, but I do recall this time last year, when we were in alert level 4 last time, there was a high level of vigilance by people on potential breaches of the protocols. So it's not unsurprising, and, of course, it's helpful as well, because the police can't be everywhere, and so it does rely on everybody to keep an eye on each other. But counter to that is also being helpful to each other too.

Media: But is it your assessment that there is high levels of non-compliance this time?

PM: Well, the breach notifications—

Dr Ashley Bloomfield: There's no sense of that. As the Prime Minister said, our public health teams are very clear that they are getting a high degree of compliance from their sense, and certainly Commissioner Coster was saying this morning that police are finding that people are being very compliant so far.

PM: Yeah. So, roughly, 684 online breach notifications, and in fact, I think actually, generally, when we've been verbally briefed by our officials, people are generally quite positive. But, yes, we do expect—because sometimes people will be reporting—that includes

when they believe an employer is operating when they shouldn't be, an individual is doing something they shouldn't—so a wide range. We can provide you the breakdown—we have it by region, by organisation, individual, or employer, for instance.

Media: Just on the question of police, do you find it acceptable that just 40 percent of all cops have been given the vaccine before this lockdown, because they are the front line?

PM: Yeah, again, as I explained, of course as we were moving through, remember in the beginning of our roll-out, we were having to match what supply we had with the demand we had, and we had two competing things we needed to do: vaccinate those at risk who worked on the front line—so, more likely to be in contact with COVID—and for our police, that represented those working across facilities. So 40 percent still, with that definition, have been vaccinated. At the same time, we needed to vaccinate those at the highest risk, which are our older people and our vulnerable people, and then we've broadened out. So we are looking to now expedite, then, the large number of people who are at some point possibly coming into contact with others during level 4. So 40 percent of the police, we'll work on the rest; 55,000—potentially—people who work across supply chains for our supermarket network.

Media: And can you give us a brief overview of what it is that can—and maybe Dr Bloomfield can expand on what it is that Cabinet will be assessing when it meets tomorrow when it's looking at either keeping the lockdown in place or expanding it or—

PM: Yes, it's all the same criteria that you would usually expect—you know, the degree to which we believe we have the ring around the outbreak. Now, remember, what we're always looking for is whether or not the positive cases that you've got coming through are from those that you're deliberately identifying as contacts and then testing, as opposed to people we have not yet identified. So that's one of the things that we look for. Whether or not you've had a time period—because at the moment, the cases that we're tracing had an infectious period across the weekend, pre-lockdown. Now, the period of time we spend in lockdown reduces that, and of course that puts you in a much better position. And then the spread: we want to see a high number of testing across other parts of the country, so if you're symptomatic and you live outside of Auckland and Coromandel, we particularly want you to go and get tested. That lifts our confidence that we haven't got spread. Waste-water testing helps as well—those are all factors. Dr Bloomfield?

Dr Ashley Bloomfield: They're the main factors, Prime Minister.

Media: Dr Bloomfield, could you just clarify how many people right now do you know about who you're considering close or casual contacts from other cases of interest?

Dr Ashley Bloomfield: So I gave the number earlier on; I'll just have to have another look here. There was a number of—I'll just have a look—362 individuals that had been already categorised and were being followed up. But by the end of today, there will be well over 1,000 who will be contacted.

Media: Sorry, can you just clarify on the locations of interest for 14 and 16 days ago that had people quite worried this morning, are they, essentially, people who have reported having mainly cold-like symptoms around that period, but probably—looking at the evidence in MIQ, it probably wasn't COVID. Is that, roughly, what you're saying?

Dr Ashley Bloomfield: Correct. So the Ct values of all the cases that have been diagnosed are very indicative that these are very acute infections and they're sort of more acute symptom onset is very clear. But what the public health team did go back is—is they are asking right back to when people might have had symptoms probably unrelated, but they're taking a very cautious approach. So there are a couple of earlier places—one, I think, the earliest, about 3 August, that is included just to be precautionary. But we're confident that all the cases so far—all 20 in the community cluster—are very acute infections.

Media: Air New Zealand has requested that the travelling deadline be pushed back, particularly to help get people back from Queenstown. Will [*Inaudible*] do that?

PM: Yes—sorry, I accept it was a lengthy report, but right in the last two paras of the report, I referred to the fact we'd be extending for the Interislander and for Air New Zealand out of Queenstown for an additional 24 hours. We will check in with them again, because we have heard that there is high demand there. The issue, as you'll know for Queenstown, is because of the particular runway and airport situation there. There are certain pilots that have the ability to come in and out of that airport, and that does limit the number of flights they're able to bring in. But I know Air New Zealand are working very hard to lift their capacity.

Media: What is your confidence at the moment about the outbreak being contained to Auckland?

PM: Well, again, the higher the number of tests, the greater confidence we can have. So we'll look at those testing results and what they represent as a proportion of the population. We'll also look at whether or not we have close contacts through other parts of the country. All of that will give us a sense of whether or not we have a risk of there being spread outside those main hotspots.

I'll try and keep it orderly—Claire.

Media: This is a bunch of follow-up anyway—so good. Is there any data yet on whether or not any of the close contacts are from other parts of New Zealand?

Dr Ashley Bloomfield: Not that I know of, but we will follow that up. The other point I just want to make is that all of the people tested at Auckland Hospital, and the tests prioritised where the close contacts of the person who worked there—all of those tests to date have come back negative, which is an encouraging sign as well.

PM: My recollection is we might have had some casual contacts on some of those larger hospitality sites, but, Claire, we'll go and check for you.

Media: And do you know how many people were at the locations of interest all up, basically, even based on QR things that went out?

PM: In their entirety for a location of interest, I mean—for instance, a very precautionary approach: you'll see that one of our locations of interest, if I recall correctly, is from the time someone reported having symptoms, but isn't necessarily within the time frame that we believe our cases were out in the community. That's a mall, and so for that location of interest, you can have a large number of people that actually may not have come within cooeee of that person. And so there you can see that actually quantifying the numbers there is often very difficult. We posted it out of an abundance of caution none the less, but we ask people: look at the times. We don't want every single person across the day—look at the times of interest, and then just monitor the health advice.

Media: [*Inaudible*] be taken off the list?

PM: We haven't—you know, obviously it's not a decision for me; that's a public health decision. But you can see from our description that, again, it's a cautious approach.

Dr Ashley Bloomfield: Yes—I mean, as we gather more information, often we will refine the times and some of the locations of interest, and they may be removed. You know, we'd anticipate, if you look at the number and the types of places, it would be many, many thousands of people, but the priority, of course, is the people who have been at those locations who are essential workers, who will still be out and about in the community. And that's why it's very important for our essential workers and their employers to keep a really close eye on those locations of interest. If they have been at any of them—[*Coughs*—excuse me—they need to isolate.

PM: Hopefully, we have—can we have a water bottle for you? Do you need one, Dr Bloomfield?

OK, I'll come to you, Jo.

Media: Just following on from Claire's South Island question, is there—I guess tomorrow when you start to look at the levels and how we might move, is there a particular threshold for how much testing you would like to see in areas outside of Auckland, particularly the South Island, to give you some confidence as to whether you could move particular areas out of certain levels?

PM: Yeah, so alongside testing numbers, the contacts that we're looking at, wastewater results. The proportion, in order to give high confidence—you know, actually, I do often hear our experts talking about the proportions they'd like. That's not a calculation I make, though. We leave that to our public health experts to make those calculations.

Dr Ashley Bloomfield: So, often, we like to try to get at least 1 percent of the population tested; that gives quite good coverage. But the important thing is we like to have as many people as possible who are symptomatic. So it's really getting—if you look at through winter, we were probably getting somewhere between 5 and 10 percent of symptomatic people routinely being tested. We want to get that much closer to 100 percent. So that's the really critical thing.

PM: Don't anyone calculate 1 percent and decide it's enough. If you're symptomatic, definitely go.

Jo?

Media: Just following on from that, in terms of the South Island, who obviously they get quite critical when there aren't cases down there—is your message to them to go and get tested and get those numbers up so that you can potentially drop them down levels, if possible?

Dr Ashley Bloomfield: It's very important we've got—in addition to the wastewater testing, we've got good community testing. I did see reports from Christchurch yesterday that there was a high level of testing happening. That's great, but we need it right across the country.

PM: It might be helpful to add, I did hear some queries from some smaller communities saying "Please, can we have waste-water testing as well.", and I heard Dr Verrall acknowledge, actually, that what is even more important is that symptomatic people get tested, no matter where you are in the country. The lag-times on waste water, for instance—yes, it's helpful, but our primary source of information is often those testing results. So we'll just prioritise that.

Media: On waste water, given all of those three sites you've tested in Auckland now, is there an argument to start daily testing, or carry on daily testing in Auckland and further across the country, because you may just pick it up?

PM: Those are all for health and ESR. So, look, Dr Bloomfield can comment on that.

Dr Ashley Bloomfield: Yes. So, in fact, as soon as the outbreak was identified, ESR moved to daily testing across the Auckland region, so that's already in place. In other parts of the country, it was already on twice weekly, so we're just making sure they continue the twice-weekly sampling around the rest of the country.

Media: Could you move it up to daily, across the country?

Dr Ashley Bloomfield: Well, that's really for—I take advice from my ESR colleagues on that. At the moment, again, we haven't seen any cases elsewhere. The role of the wastewater testing is particularly helpful, just as a supplement, really, to the community nasopharyngeal swabbing—that's the most important thing.

Media: Can you explain to me why Auckland Hospital isn't—sorry, just a couple for colleagues, if I can? Can you explain to the public why Auckland Hospital isn't being listed on the list of locations of interest for the staff member positive there? And also, Director-General, do you know whether Case B was infected before or after the weekend?

Dr Ashley Bloomfield: So let me take those separately—

PM: You go for the Auckland Hospital; I'll dig through the case information on Case B.

Dr Ashley Bloomfield: So Auckland Hospital, we published right at the start—so it's not so much that it's alongside other locations of interest. It's a very specific setting in which there's a set of actions and protocols being put in place to reduce the risk of further infection, if there is any there, and, of course, to identify if any of the patients or staff are infected. So it's not equivalent to our usual locations of interest.

PM: Case B, if I recall, was the workmate of our original case. And your question was do we believe they were infectious across the—

Media: Before or after the weekend.

PM: My recollection is that they reported symptom onset that was prior to the weekend, so I believe our infectiousness period was covering the weekend—from my memory; please let me go and clarify that—and I believe Ct value would also support that. But let me check for you before I make wild assumptions.

I haven't taken questions in the front—Marc.

Media: Dr Bloomfield, have you seen any modelling that takes into account this possible link to MIQ [*Inaudible*] about how big the outbreak might be now?

Dr Ashley Bloomfield: Actually, I talked about some of the earlier modelling from Shaun Hendy yesterday. I got some updated numbers overnight from another set of modelling that was actually based on that earliest date—that 3 August date—and the median number it came up with was somewhere actually around 50—so more at the lower end of the number I gave yesterday. So that's encouraging, especially because our sense is that, actually, the 3 August date was probably well before the virus was here in the community and our first person was infected in the community.

PM: We often get a lot of disclaimers on modelling in the early stages of outbreaks—it's just how hard it is. So, probably, our modellers would want us to put that disclaimer in at this point as well.

Media: With those test results that came out of Thames-Coromandel yesterday—the tests that were taken—when do you expect those results to start coming through?

Dr Ashley Bloomfield: They will be due tomorrow.

PM: Sorry, Jason, then Jane, and then Maiki.

Media: Obviously, you were talking at the beginning that there has been a lot of testing throughout the country. Is there any plans at this stage for more surge-testing public stations? We've been hearing reports of a lot of people that have been turned away, specifically in Hamilton—at testing centres, some people have been told that they can't come or it's not open.

PM: Well, I hadn't heard that about Hamilton. I do know that there was—at the point of closing last night, there were some individuals who may have been told a centre was closing, but I haven't heard that. But, Dr Bloomfield—

Dr Ashley Bloomfield: There is additional—all the testing that's usually open is available and they've put in extra workforce, and there are additional pop-up centres in Hamilton and, of course, out in the Coromandel as well.

PM: We've had—

Media: Is that all able to handle the influx of people that are wanting to be tested—because these stories are coming in thick and fast.

PM: We've had a particular conversation about some of those areas where we have large locations of interest—so, for instance, West Auckland. So that's—a particular focus for

the team today is what we can do to ease some of the waits that people are experiencing in West Auckland because of those big sites of interest, particularly the high school.

Maiki—oh, sorry, I did say Jane and then Maiki, didn't I?

Media: Are you able to give us any information at all about the positive cases since you talked about the ones yesterday, including are they part of—do they have any connection to the casino, the school—you know, some of those big groups?

Dr Ashley Bloomfield: I do know that five of them are a family group and that at first glance there is a connection to Avondale College. That's the only one I know about, but that's all I do know, and as soon as we've got more information, because the interviews are ongoing, we will share that.

Media: So you have the teacher and then, potentially, another five—

PM: A family.

Media: —a family—and they are in the group of the new cases?

PM: Yes.

Dr Ashley Bloomfield: That's right, and there was already—one of our additional cases reported yesterday was already an Avondale College - linked person as well.

PM: Yes.

Media: So are they linked to the family? Is that the—

Dr Ashley Bloomfield: They're separate from the family. So we had two—

Media: So there's the teacher, the person, and then another five?

Dr Ashley Bloomfield: Correct.

PM: Correct—as I understand.

Media: It's a bit concerning in terms of the potential spread in that school—given the nature of a school; it's a big institution. What's happening there?

PM: Yeah, obviously, there's some experience there, and, you know, it's always devastating for our school communities to go through this. But right back to the beginning of our outbreak, we have had several schools that've had this experience, and so it is not unusual for us to see cases within a school community, and only recently, in Papatoetoe, of course, we had cases where we didn't identify a direct contact, but just cases pop up through the community. Level 4 is a good place to be, given the size of the school. Now what we want to really do is make it as easy as possible for the school community to go and get tested and their family—I just want to say to them, we are working through making that easier for you. I know some of them have been in lines as of yesterday.

Maiki.

Media: Why don't we have drive-through vaccination centres set up by now? Australia's had them in operation since April, and you have received advice earlier this month. When do you expect that to be happening?

PM: OK, so I was just reading some reporting from our vaccination team talking about plans that in some cases were already in existence around drive-through vaccination centres. In some cases, our DHBs actually identified that in terms of efficiency, there are in some cases sites that are large enough to actually get really good throughput safely in alternate methods, keeping in mind—yes—it's a great way to keep people socially distanced, but you need to do things like keep up your observation periods for a large number of people over a period of time. So we let our DHBs do that assessment what's going to deliver, safely, as many vaccines as possible. Some are looking at using drive-through vaccinations, but, actually, some have decided alternate methods will work better in this circumstance.

Yeah, I did say I'd come into the front.

Media: If you extend the lockdown for the remainder of the country, will you give another amnesty period for people to travel in case they've decided to hunker down in a certain area of the country and need to get home?

PM: Well, of course, keep in mind that after that period, we do still have an exemptions process for exceptional circumstances, so that would kick back into gear to enable people who need to move.

Media: It wouldn't be a widespread offer, basically, like it has been?

PM: Yeah, look, you know, my view is that last time, of course, we had a prolonged period in level 4. We managed to get people, by and large, moved within that 48 hours. We've got a bit of flexibility around the edges where we know there's travel constraints, but, really, we have asked people to move as quickly as we can, and we really did mean it. But we do always have that exemption regime.

Media: And has the Book My Vaccine website being overloaded? I mean, obviously, there's been some extremely high demand for it. We're hearing reports that people were turning up to pharmacies having booked in on the platform and they don't—the pharmacies or whoever doesn't have a record of them.

PM: Oh, look, happy to follow up on those reports. As I said, yesterday, we had 7,500 people accessing the site at the same time and it able to function. I do hear the odd report of people having to go back and maybe try one or two times. Look, of course we want this to be as easy as possible—we don't want anyone to be put off. But, please, if that does happen to you, just pop back on again later. You can see we had record numbers able to successfully book in, so we don't think there's systemic issues, but I'm happy to take away your examples.

Media: Prime Minister, you're extending the vaccination roll-out for 12- to 15-year-olds.

PM: Yes.

Media: What would be your message to these young New Zealanders about the vaccine, but also, if they have questions or wanted to find out more, who do they talk to and where do they go?

PM: Yeah. Actually, we've been thinking really hard about how we make sure that we're not just talking to parents about the importance of vaccinations, but we are talking to our young people as well, and so the Ministry of Health and our vaccination teams have been working on answering those questions in a really accessible way and we'll keep working on some of those materials. But my message to parents, who will need to of course provide consent for their children, is that I would not have been a part of a process in approving this unless I believed it was safe, because around that table we have parents, too, all affected by these decisions, and so we take them very seriously.

Anything you wanted to add on that?

Media: Auckland has a huge homeless community. Is there a vaccination roll-out brand-specific for the homeless community, and, if there is, has it been taken up by anyone?

PM: So, obviously, at—you're talking just solely for vaccination as opposed to some of our level 4 readiness as well? Look, that's probably a question I'd best throw to Dr Bloomfield, but at every stage we have talked about making sure that our roll-out is equitable—that we are targeting everyone within an age bracket, regardless of whether or not they have a fixed abode or not. My recollection is that there was good outreach going on with our social services into those groups, but rather than me going on recall, I'll ask Dr Bloomfield.

Dr Ashley Bloomfield: I'd have to come back to you with the detail. I know that a number of the DHBs had specific initiatives to reach to homeless people, and I'd just have to check on the one from Auckland.

PM: Auckland City Mission, for instance, do run outreach clinics. I do know the doctor from Auckland City Mission, for instance, was amongst the cohort being vaccinated, and I believe we were utilising them in some way, but I will come back to you.

Media: Do you have any concerns around the homeless community in Auckland right now and—

PM: Yes.

Media: —you know, the virus is there.

PM: So in level 4—you'll remember that in level 4, our social services do continue to still ensure that they're providing those basic necessities for the likes of our homeless community, and last time, our absolute focus was on housing everyone. Again, that focus comes in straight away in these situations, but one of the things that I've had shared with me is, actually, from our lockdown a year ago, a good proportion of those we housed then remain housed.

Media: [*Inaudible*] clarification on masks?

PM: Oh, sorry Jenna, I was actually coming to Henry, but no. No, go ahead.

Media: Can you clarify the rules around masks and whether people exercising need to wear one?

PM: So we have not mandated mask use for exercise outdoors in level 4. Our general advice is: when you go out, wear a mask. But we also want to be practical about someone who may be, for instance, engaging in a very strenuous run where a mask might become—I couldn't speak to personal experience, but where a mask might become difficult. In those circumstances—please—good, decent social distancing. We know with Delta that walking past someone is a risk. But, again, be courteous. General rule when you leave the house: wear a mask. But we will be practical there.

Media: Just an expansion on that. Dr Bloomfield, could you just explain how fleeting a contact needs to be to catch Delta?

Dr Ashley Bloomfield: Well, actually, not even just Delta—even earlier variants of the virus. So we saw from the transmission event that happened in the Jet Park recently that even doors being opened within a short period of time by people on opposite sides of the corridor and the virus being in the air was enough to cause infection. So it can be a very transient exposure.

Media: Do you have to be around someone for like 15 minutes?

Dr Ashley Bloomfield: Not necessarily. We've tended in the past to use 15 minutes as the benchmark, but no longer. We look at anything that might be even a transient exposure.

PM: Yeah, sorry, I haven't taken—

Media: Prime Minister, given, I guess, the increasing number of cases in Auckland, how likely is it that the lockdown settings will be extended tomorrow, and, I guess, for the rest of the country, what kind of things will you be looking at in terms of extending or reducing alert levels?

PM: So, look, we're always careful about getting too far ahead of decisions that we need to still be provided advice with and that Cabinet still needs to consider. But we were really deliberate right at the beginning, given we had a case at that time we weren't clear on where it had originated, that the likelihood for Auckland needing to stay in seven days, and Coromandel, was high, which is why we gave that seven-day outlook. So look, you'll see from the stage that we're at, obviously that seven-day indication was the right one to give for Auckland and the Coromandel, but we will confirm all decisions for all parts of the country tomorrow.

Media: What are some things that you'll be like, you know, looking to, I guess, for the rest of the country in terms of lowering that level?

PM: Yeah, the same things as I've already indicated, and the same things we consider on all occasions—just, again, whether or not we've seen spread from those locations of interest into other parts of the country and really good levels of testing to give comfort as well, amongst other things. But also it does matter whether or not we feel like we know enough about the outbreak and the place it started too, because that gives you an indication of spread.

For the South Island, I know it's really frustrating when you're in the situation you're in and the outbreak can feel so far away, but I would much, much rather you be included now than us be in a situation where we miss something or someone and you end up in a lockdown that could have been prevented. I just don't want that.

Yeah, and then to you, Henry.

Media: The new cases in the Crowne Plaza—what's the theory as to how that transmission happened? Was there a person to person contact?

PM: So, really good to just highlight again—so you are not able to leave your room until you deliver a negative result when you first arrive. So the case from which we believe all of these cases originated would not have been cleared to leave their room, because they hadn't returned a negative result; in fact, they returned a positive. So that means that narrows down the possibilities, but we do use camera footage where it's available and room key movements to identify what may potentially have happened. So that's a process that our MBIE staff are going through now.

Media: But could it be a ventilation issue then, if there were—

PM: The ventilation units on the Crowne Plaza had already undergone some work quite recently, but, again, I don't want to speculate or rule anything in or out. But ventilation was an area where some work had already been done, as it had across a number of facilities.

Henry.

Media: Have you considered asking ESR to test the waste water in Queenstown and Wānaka? Obviously, ski season—a lot of Aucklanders will be travelling in between those two locations, and I believe there's no current waste-water testing in those areas.

Dr Ashley Bloomfield: So just—we do have waste-water testing in Queenstown already.

PM: We do have waste water in Queenstown—yep.

Dr Ashley Bloomfield: So that's part of our regular testing.

PM: Yep, and on Monday the 16th, there was nothing detected in Queenstown, and we had a returned result on the 17th—Invercargill's all clear as well.

Media: And on the person you say probably brought COVID into the country—just to confirm, had they had a negative pre-departure test? Is it—

PM: So remember, the pre-departure requirements we set for every other traveller, but because in Sydney they were (a) all required to have stay-at-home orders, (b) it was considered by Health at that time a relative risk to send people into testing facilities to be tested when actually they were coming into quarantine anyway. So that was the health advice we had and that we adhered to. Everyone else needed to deliver those tests. For New South Wales you came, red flights, straight into quarantine, and you did also need to sign a declaration confirming you'd not been at locations of interest or come into contact with cases.

Media: Based on those Ct values, do you think they were already infectious on the flight, or is it likely that they became more infectious during their flight—

PM: To be honest, I don't believe I've seen the Ct for that case, but by the fact that we believe—we believe—we had someone in an adjacent room, and we still need to genome sequence it, that would indicate that this individual had a high level of—I'm told infectivity is the best turn of phrase there. So, yes.

Media: Are you concerned for everyone else on that flight?

PM: So that's where that cohorting is really important. Of course, all of those people on the flight—it was a red flight, so that means everyone's treated as if they have COVID, and they all go into facility. So if they did indeed become infected, we would then see that through our testing. And we do contact trace—even when we have someone on a red flight, we do contact trace around those people as well.

Media: Have you got the flight crews from that plane as well? Have they been retested, or are they—

PM: So of course they're all on regular testing. I'll go back and double-check, but I've had no reports that that is an issue of concern. But, as I say, we're checking passenger transportation, flight crew, pilots—every single element is being looked at as part of this.

Sorry, I missed you yesterday, so let me take a question from you today.

Media: On locations of interest, is there any way to set up like a hierarchy, because, for instance, some of the locations, like you said, are really big. So I know Auckland University of Technology has been identified as one of these locations. That could have been narrowed down to a building or a lecture theatre or something like that, so that way there's like a hierarchy of testing. And is there anything being done about accessibility of testing sites for people like students who don't have cars—so pedestrian access and that sort of thing—or more localised testing centres?

PM: Dr Bloomfield.

Dr Ashley Bloomfield: So on the first question, yes, our contact tracing teams and the public health unit does do triaging of the sites and also the people who they really want to get tested first. Often, they'll put the information up first—they know it's AUT—and then they'll refine it down to a specific place where it was higher risk. I'll have to come back to you for the follow-up around students. I think that's a very important question, so I'll just make sure we get information out about how students who might be in hostels can access testing.

PM: Yes, and unfortunately, sorry, my recall on where our—

Media: What's your level of confidence around their GPs where they are—university—

Dr Ashley Bloomfield: Yes. Yes, I mean, I guess the key thing I will check and come back on is whether student health is still open and doing testing, because as you saw from what I said earlier on, most of the testing—the majority of the testing across Auckland is still being done in general practices and urgent care clinics, and so on. I'll assume student health is one of those.

PM: OK. I'm going to take just a last couple.

Media: I've got three more reporters to come, sorry. What concerns do you have about capacity in facilities at our intensive care wards and emergency departments—are you confident they can cope with this outbreak?

PM: Ah, Dr Bloomfield brings down those numbers daily, just waiting for that very question.

Dr Ashley Bloomfield: I'll just have to find them. But what I would say is we don't have any concerns at the moment, of course, but since the outbreak last year, our ICUs have had readiness plans. We have imported and distributed an additional number of ventilators. Most of those are out in the district health boards, but we also have a national supply. But, most importantly, they have trained and maintained the training of staff who can look after a ventilated person, not necessarily in an ICU bed, but in another bed in the hospital, should that be needed as part of our surge capacity.

Media: Prime Minister, we've heard Repco and Supercheap Auto are operating at level 4 with click and collect. Are they classed as essential services, and—another question from this reporter—we've heard from staff at Noel Leeming and Harvey Norman who say they're

all encouraged to come into work to fill essential online orders and they say they're interacting with delivery drivers and feel unsafe. What's your message to employers?

PM: So we're very clear to employers: they should only be operating (a) if they can operate safely within level 4 protocols, and (b) if they are part of that supply chain for essential goods and services, and that is very narrow. Look, without wanting to get into some of those individual scenarios, I will have MBIE look into those specific examples. I can't see many reasons why those individuals would be claiming to be part of those essential services.

And again, for employers, it is not, for instance, sufficient to say, "Well, I'm operating in order to provide essential services, so I'll bring in staff to restock shelves and do stocktaking." It has to solely be for the purposes of the provision of essential services. And I'd say to any employer, you do not want to be in a situation where we stand on this podium and read out your place of work during a level 4 lockdown because you unnecessarily put people at risk in a workplace that should not have been open.

Media: And despite saying yesterday that vaccinations would resume from 8 a.m.—

PM: I will finish with you, Jane.

Media: —many are still shut today. It's causing problems and frustration. When will they reopen, and do you have enough staff to service both the increased demand for testing as well as for vaccination centres?

PM: So we have said that not all of our sites will be back up and running in the same way as prior, because some sites may not necessarily be able to open in a way that is considered safe in a level 4 environment. Some will be coming back on stream over time, so it won't be quite up to full capacity today, but we do expect to get closer to full capacity over the coming days.

PM: Jane, I'll finish with you.

Media: The level of confidence in the genome sequencing match to the case from Australia—you've said, most likely, it probably is. You know, what is that threshold between being exactly sure, and is it enough to—I know you said options are still open, but is it enough to carry on on that path?

PM: Yeah, so this is something we've asked our scientists and those who interpret our genome sequencing for us to present their views on that. The way it was described to me is that the genome sequencing for our cases and the individual traveller—they've said "indistinguishable", so that means a really close match. There's just one element they say is one snip away—so very, very close—and they've put it to me that they would say, roughly, 90 percent. So that's the number I've been provided with.

Dr Ashley Bloomfield: Yeah, so it's a very close match. There's just one base difference—I've seen the sequencing—but the comment that was also made to me is, because there are a large number of cases in New South Wales, there are lots of genomes that are essentially very similar. And so the genome sequencing from Cases B through G that came through late last night—all of those genome sequences are identical, and it's not possible to tell what the direction of transmission might have been. So sometimes you see it's absolutely identical; sometimes you see this one, or maximum two, base difference. This is what's called a one snip or a one base difference, so it's about as close as you can get.

PM: Yep. So enough confidence, as we say, to only give small caveats, but we will of course just use all the evidence that comes before us. But at the moment you can see there's enough for us to really chase down that person who arrived, keeping in mind there was no other way to get in from New South Wales at that time other than on those flights.

OK, thank you very much everyone.

conclusion of press conference