

**ALL OF GOVERNMENT PRESS CONFERENCE: FRIDAY, 20 AUGUST 2021
HANSARD TRANSCRIPT**

PM: Tēnā koutou katoa, and good afternoon. Thank you for joining us for today's update. Shortly, Dr Bloomfield will give an update on cases. Details were released at 1 p.m., but he will speak to some of the information contained in the Ministry of Health's press release. Dr Bloomfield will also talk about testing, given there has been extraordinary—in fact, record—numbers of tests taken, which is fantastic, but in some parts of the country there have been long waits, and we want to address that the best that we can. Then I'll cover off Cabinet's discussion and the decisions we have made on alert levels. I'll finish with a quick vaccine update, then I'll ask Grant Robertson to take the podium to acknowledge the very sad passing of Sir Michael Cullen. Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So, as reported in the Ministry of Health's 1 p.m. media release, there are 11 new cases of COVID-19 in the community to report today. This brings the total number of community cases associated with our Auckland outbreak to 31. The international airline crew member has now been reclassified as a border-related case, and this is not included in the community case figures. Of the 31 community cases, 19 are now confirmed to be epidemiologically linked to that Auckland outbreak, and the other 12 are being investigated but there is every sign that they are linked, at first glance. Of today's cases, three are in family bubbles with previously reported cases, and two are in the same family bubble. Eight are in Auckland, while three are in the Wellington region. So our public health teams in Auckland and here in Wellington are conducting interviews to establish how the cases were infected and to determine further details of their movements, and further information on this and any emerging locations of interest will be made available as it emerges. In addition, there are two border-related cases in managed isolation.

Now, on whole genome sequencing, the latest preliminary results from our recent sequencing, completed last evening, show the community cases, all of those sequenced to date, are linked with the series of cases associated with our initial case, case A. These community cases are linked back to the case in managed isolation who stayed in the Crowne Plaza. Furthermore, whole genome sequencing has now also confirmed the three cases in the family bubble that were in the room next door to that original case in the Crowne Plaza are linked. So, as a result of this, post-departure day five testing has been arranged for those returnees who were in the Crowne Plaza and who were on the same floor and whose stay overlapped with the infectious period of that original case.

Separately, the Air New Zealand crew member that I mentioned earlier on has also been linked to three other cases in a different managed isolation facility. These four cases are not linked to the outbreak in Auckland and they have a separate origin from overseas, and we will provide more information on that and the investigation of that as it emerges.

On the waste-water side, COVID-19 was detected in waste-water samples collected on Wednesday from the Waitakere area in Auckland. This follows detection in that sample on Tuesday. There have been no unexpected detections to report outside of the Auckland region, and testing continues on a number of samples today and we will report those as they emerge later today. I can also confirm that Dunedin is one of the places that has regular waste-water testing. The recent cases were not picked up in earlier waste-water testing and only came through after cases were identified by a PCR test. This is very much in line with the assessment that COVID-19 hadn't been widespread or, indeed, out in the community for very long before it was detected.

On contact tracing, public health staff from right across New Zealand are now engaged in the contact tracing work both in Auckland and Wellington, with a focus on higher-risk locations. As of 2 p.m. today, we had 2,362 individuals who were loaded into our national system, but this excludes people from a number of large settings, such as Avondale College and the

Central Auckland Church of Christ. Details are still being pulled together and then linked to NHI and loaded in our database.

Dr Ashley Bloomfield: While the vast majority of contacts are located in the Auckland and Waikato regions, with a small proportion in other areas throughout the rest of the North Island and the South Island—and as of 2 p.m. today, 648 contacts were located in the Auckland region, 136 in Waikato, and 162 contacts were located throughout the rest of New Zealand—the location of remaining contacts is still being established. But as we expected at the start of this outbreak, people who have been in locations of interest in Auckland have dispersed right through the country. Details of additional locations of interest are being added progressively to the Ministry's website as they are identified.

The hospitals across the Auckland metro region are working closely to safely manage anyone needing regional hospital-level care, and this, of course, follows the identification of a positive case last evening at Waitakere Hospital, but who had been in North Shore Hospital earlier in the week, prior to being diagnosed with COVID-19.

I'd like to stress, anyone who needs urgent or emergency care will get it, and whilst patients from the emergency department at North Shore Hospital are being diverted elsewhere at the moment, the deep cleaning is well under way and the staffing of that department is being put back in place. However, there are approximately 120 staff at the hospital who were rostered on, and who may have been in the affected area at the same time, so they are all being followed up. The staff who we know had contact—that's 30 of them—have been stood down and are following public health advice there.

Now, on to testing. Yesterday testing centres in Auckland had their busiest day ever, by a long way. Around 24,000 community swabs were taken across Auckland, with 16,000 of those taken at community testing centres, and around 8,000 at general practice and urgent care clinics. That was a 50 percent increase on the previous busiest day. So there is very high demand, and I am very well aware that it has meant long queues at some of our testing centres across Auckland. It's wonderful that everyone is coming and being tested, and it's very important, and I want to thank people for their patience while the teams work as fast as they can.

And the number of lanes has been scaled up enormously at our existing CTCs, and also the new ones, with 40 drive-through lanes in total, and 10 walk-through lanes. Police are helping to manage traffic flows. There are new pop-up community testing centres that were set up yesterday at Pakuranga, St Johns, and Māngere East, and today there is a dedicated testing centre again at Avondale College, for the staff, students, and whānau. It is just to ensure that that college community can be tested in a place close to where they live. There will be additional pop-up testing sites in coming days, to help ensure that anyone who needs a test can get one. Also, people can, of course, call their GP or an urgent care clinic to see if they can get a test there. There is still testing capacity in those places.

While I know people may be feeling anxious, it's important the right people do get access to testing, and we need everyone's help with this. If you were not at a location of interest at the stated times, and you do not have symptoms, you do not need to get tested. In fact, the most important thing you can do is stay at home in your bubble. If you were at those locations of interest at the times stated, you do need to get a test, but the most important thing you should do is isolate from others in your bubble until you get that test. You are protected, as are your family. If you have symptoms, wherever you are in the country, do get a test and, again, if you have to wait, our front-liners are asking for your patience, so please be kind.

Finally, on vaccination. As we signalled yesterday, the phased approach to reopening vaccination under alert level 4 protocols is now well under way to ensure that everyone is safe while being vaccinated. In metro Auckland, almost all general practices and pharmacies are providing vaccinations today, and eight of the 13 community vaccination centres are operating today. The ones that are remaining closed for the time being are at Birkenhead, Epsom, Highbrook, Pukekohe, and Takanini. They will be reopened as possible, but at the moment the staff are supporting the surge in testing. And finally, there are a number of people

turning up to GPs with their 12-to-15 year-olds to be vaccinated, given that they are now eligible. Please do call ahead. Most general practices have quite confined spaces where they are doing vaccination, and in some places this is creating infection risk because there are too many people there. So please do call ahead, and, of course, if you already have a booking, you can now go in and book your 12-to-15-year-old to accompany you to your booking. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. As you can see from the update today, we are in a reasonable position for this stage of the outbreak, but I need to stress that it's early days, and there is still a lot we don't know.

On the good news, while some interviews and investigations continue, we believe, as Dr Bloomfield has already said, that the cases we have, to this point in time, are linked. That's important because it means we're starting to build a picture of the edges of this cluster. At this stage, we don't have random cases popping up outside of those places where we already expect them. We do have a large number of contacts. That means those we believe are most likely to have picked up the virus are at home, and not leaving the house or going to work if they're an essential worker.

Our public health team continue to report that when they are reaching those contacts, they are already at home, so thank you, everyone, for regularly checking the locations of interest and following the actions requested, and generally following level 4 rules.

But while we are in a reasonable position at day 3, with Delta we believe it is too soon to draw any firm conclusions. There are a couple of reasons for that. The first is we don't yet know the spread of the virus amongst the contacts we have identified. Our public health teams generally ask people who are contacts to be tested five days after they were in contact with an infected person, to ensure that we don't test people too early and therefore get the wrong results. That means we are still waiting on a large number of contacts to be tested and results returned over the coming days, which will help us to determine the reach of this outbreak.

Also, as you will have seen, we're dealing with a large number of locations that we, sadly, know from experience do lead to more cases: bars, schools, and church services where people are in close contact for long periods of time. We don't yet have all the results from these locations.

Thirdly, we now know that we are dealing with an outbreak that isn't just isolated to Auckland, with cases now in Wellington, albeit linked. While they were picked up quickly, they came into contact with a case on Sunday and, obviously, we were in lockdown by Tuesday, we still need to be very vigilant. Our contact tracing shows, in fact, we have hundreds who were at locations of interest, who we know live and are isolating outside of Auckland. That includes in the South Island, so we do have people who have been at locations of interest across the country.

Finally, because we are only in day 3 of our lockdown, when we are finding positive cases, their infectious period is still reaching back into the period before we went into lockdown. Now, soon, that should stop being the case, and that will definitely help us get the outbreak under control, and help us determine the edges of the outbreak. Till then, though, we just don't quite know the full scale of this Delta outbreak. All in all, that tells us we need to continue to be cautious, and that we need more time before we have the complete picture we need to change our settings. So on that basis, the Director-General of Health has recommended, and Cabinet has agreed, to keep all of New Zealand at level 4 until 11.59 p.m. on Tuesday, August 24, with a Cabinet meeting on Monday for us to determine the next steps thereafter.

Going to Tuesday is a full seven days from our first case returning a positive result, and gives us that extra time I mentioned that we believe we need. It's much better to assure ourselves now that there aren't further cases in the rest of the country than allowing the virus to spread easily at a lower alert level, and we've all seen what happens when you take that path. But we need to use this time wisely too, and so here is our ask of the team of 5 million. Number one: please check the locations of interest, and if you were there at the time and date set out,

then get a test. I would put emphasis on “there at the time and date”, because there is a level of specificity in our locations of interest, and we don’t want people having to get tested because they were there the day prior or even hours prior. We do set out the specific times that do apply.

If you are contacted by our contact tracers, get a test. If you have cold and flu symptoms, get a test. Only by ensuring everyone who is a possible contact is tested can we feel comfortable that we don’t have undetected cases. I do want to acknowledge, as Dr Bloomfield did, that many people have been doing the right thing and have encountered long wait times at our testing stations. We are incredibly grateful for your patience. We are standing up extra testing today, and this weekend, to ensure all those who need to be tested are. But please do remember you can also call your GP to see if they are testing—that may take pressure off the drive-through testing stations as well.

Number two: if you are a contact, then please stay at home and isolate. In some parts of Australia, we did see contacts who went to work and spread COVID. We need our contacts at home and isolating.

Number three: to everyone else, please continue to stay at home and stick to your bubble. This isn’t a time to be complacent. We do have COVID outside of Auckland. It may well pop up in other parts of the country in coming days. The last thing we want is to further spread the virus during lockdown, because that only runs the risk of prolonging it.

Number four: if you’re visiting an essential service like a supermarket, a dairy, service station, or pharmacy, you are required to wear a face mask. This protects you and others. We need to all act as if we have COVID and that those around us have it too. We are also just asking for people to wear a mask when they leave their home generally. It’s an extra layer of protection to keep you safe when you’re out and about. Remember people have got the virus simply by walking past someone; so it is an extra layer of protection.

Number five: wash your hands and scan in when you visit an essential service.

And six: please be kind. Use this time to check in with friends and family this weekend, over the phone or via video call. I know it’s hard being separated, but following the rules to the letter means we can reconnect faster.

Finally, a quick reminder that, even though I know we all want to block out the memory of 2020, we have been here before. We know the elimination strategy works. Cases rise and then they fall until we have none. It’s tried and true. We just need to stick it out. If people break bubbles, visit friends, or attend gatherings, new chains of transmission could start and keep that lockdown longer. So please keep up the amazing work and everyone—I mean everyone—needs to play their part.

Finally, a big thankyou to the amazing healthcare workers at our testing stations and those processing literally thousands of swabs at our labs up and down the country. You’re doing an incredible and important job for all of us; so thank you. And our vaccination workers have been incredible, too. Yesterday, as Dr Bloomfield said, they administered almost 30,000 doses. That was 60 percent on what they delivered the previous week, without the disruption we’ve experienced. We are expecting that to grow over the coming week. In fact, in the last two days, we’ve had just under 400,000 bookings, which is incredible.

A reminder that if you are aged 40 or over you can now book yourself and your children, if they’re aged 12 and over, to be vaccinated. And if you are 40 and over or you have an underlying health condition, you don’t need to be invited. You don’t need a special code. You can just book at bookmyvaccine.nz or ring 0800 28 29 26, but the online service is a great one; so I’d encourage you to use that.

I’m now very happy to take your questions, as is Dr Bloomfield.

Media: Prime Minister, some of the experts suggest that we won’t know the true extent of the COVID spread until the middle of next week. Why have you only extended our lockdown to Tuesday?

PM: The advice of the director-general is to take us through to Tuesday, give ourselves time to assess, in particular, how much of the country has really been affected by positive cases. You can see today we do have cases in Wellington, ones that we knew as contacts and that are linked, but cases none the less. But we believe we'll be in a better position to make an assessment about all of New Zealand with that full seven days, granted Auckland is looking like it will have the challenge of being the primary site for this outbreak.

Media: How worried are you about the fact that we've seen cases in Wellington today, and what's the likelihood we could see some further afield, in the South Island?

PM: Well, look, the most positive things: these are cases that are linked, that were known contacts, and so that's always helpful. The time frames are helpful. They were in contact with a case on Sunday, and we went into lockdown on Tuesday. However, we've got to be vigilant. This demonstrates, as we said, that we believe that we have people—and we know we have people—across New Zealand who have been at locations of interest. So, unfortunately, we're not in a position to let anyone, any part of the country, leave level 4. It's just not safe.

Dr Ashley Bloomfield: And the only thing I would add there is that I checked this afternoon, and we have seen very good testing rates right across the country—so between six to ten times the usual testing across all our DHB regions. We need to keep that up. We need anyone, wherever they are, to keep an eye on locations of interest if they were in Auckland in the last couple of weeks, and any that emerge here in Wellington from our analysis of the cases here, and to follow the advice. That will be critical in terms of Cabinet's deliberation on Monday about the situation across the country.

Media: Dr Bloomfield, when did the Wellington cases—

PM: Yeah—and then I'll come to you, Tova.

Media: Sorry. When did they return to Wellington? Was it before or after the lockdown?

Dr Ashley Bloomfield: Before the lockdown, yes. So they were in Auckland over this last weekend and then returned to Wellington I think by—there's three of them; two are in a household. One of those groups returned by air, so one of the locations of interest will be a flight, and the other's by car—or the other person by car.

Media: A lot of Wellingtonians will be looking closely at the locations of interest website. There are none at the moment. Do you expect there to be?

Dr Ashley Bloomfield: Yes, I do, and my understanding is there are a few petrol stations between Auckland and Wellington. There are three or four restaurants and cafes and a workplace—off the top of my head. As soon as we've got the details we will make those available.

PM: One of the things that we have been discussing around, of course, when we post locations of interest, that will have been done at a time where we've already had contact tracers out contacting those who are likely to have been at that place of interest—so business owners and cafe operators and so on. So it's not a matter of the fact that when it goes on a website that's the first time any one's notified. I just wanted to assure the public that work has often already taken place by the time that that's posted and people often who need to know do know.

Media: Prime Minister, given the number of contacts, especially the spread across the country, and there's a multitude of high exposure events in Auckland, is it inevitable that we'll stay in lockdown longer than next Tuesday?

PM: I never stand up here and say, when we're that many days out, that anything is inevitable. Look, what I would say for Auckland, and I think they've been around COVID long enough to know that when you are really a hot spot, that does lend itself to you often having to be extra cautious, but again, we're bringing all of New Zealand through to that Monday decision. We'll make decisions at that point. We'll look at all of the data and evidence in front

of us and we'll take an approach that means whatever we do, it is going to be an approach that doesn't prolong restrictions.

Media: I suppose, given that we've talked a lot about the anxiety that especially Delta brings, should people at least just be mentally preparing to perhaps have to stay in lockdown longer?

PM: Well, the one thing I'd say on the anxiety around Delta, please know that all of our decision making is based on what we know about Delta and the different way of behaving. So when you hear that there are thousands of contacts, that's because we are treating contacts differently because of Delta. And so that's a big change in the way that we're operating and it's precisely so that these periods of lockdown are more effective, that we can be assured that we are getting all those we need to, and ultimately so that that elimination strategy that has worked for us before will work again.

Media: Dr Bloomfield, how worried are you about resourcing on the front line? We've heard reports about, obviously, those who need to be vaccinating are now having to go test. We've obviously got vaccination centres that have had to close down. You're trying to ramp up vaccination at the same time Delta has hit. How many staff short are you to deal with this issue?

Dr Ashley Bloomfield: Well, obviously, there's a lot of pressure in the Auckland region. So saying, we've seen vaccination being able to restart again yesterday across virtually all the general practices and most of the vaccination centres. We're working closely with the district health boards, and I think we had a couple of curveballs that we might not have expected; first, one of our very first cases was a health worker at Auckland hospital and so that created some challenges there. I should say that over 2,000 tests done amongst the staff at Auckland Hospital all have returned negative, which is great, and I want to thank all the staff there who did get tested. Overnight, North Shore Hospital—so that's created an additional challenge. So we're working closely with the DHBs in the Auckland region to see how other staff could be deployed. For example, we've talked with the university about potentially training the students to assist with the swabbing, so that's getting under way. And likewise we're working with all the district health boards across the country about them providing staff to be able to go in and support the Auckland region.

Media: Can people who are waiting in long lines, having to go back the next day, how long can they anticipate that kind of thing is going to have to continue, though, as this resourcing issue stretches out?

Dr Ashley Bloomfield: Well, as I pointed out, you know, 24,000 swabs in one day was 50 percent higher than the previous highest day, so there is huge demand and the DHBs are really ramping up the testing to meet that and the general practices are also running at full bore. So, look, I think we're continuing to increase the capacity and we're working regularly with the DHBs to see what else we can do to support them on the workforce, so—

PM: I know our public health team would love us to use this opportunity to give a couple of reminders. We need to do our bit to ease the pressure on testing by ensuring that we're bringing on extra capacity where we can, but I'd also love the help of others. Do check with your GP, see if they're operating and taking swabs, because that can ease pressure, and a number are. The second thing is: only go if you've been at a location of interest at the date and time. We have had a large number of people coming forward. Some may be taking an extra cautious approach, but unless you were there at the date and time, you don't need to be tested, unless you, of course, also have cold and flu symptoms.

Media: On testing, is there any way that you can triage the system so that healthcare workers, for example, are being brought to the front of the queue and rushed through that service?

PM: We have separate—so in some of those sites of locations, so at some of the hospitals, we had specific swabbing available in order to expedite those health workers.

We've put pop-ups on sites, locations of interest, where they are large—so Avondale. Those are some of the things we can do to expedite.

Dr Ashley Bloomfield: Yes, just to confirm that. So the swabbing of those staff at Auckland hospital was done at the hospital site, and likewise the swabbing of staff at North Shore Hospital today.

Media: We've been told that symptomatic staff, which is the ones that you need to be tested, are being sent to the public stations rather than being swabbed onsite. Why is that happening?

PM: That seems curious.

Dr Ashley Bloomfield: Yes, well, I can follow that up if that's the case.

Media: And just the timing of the Wellington case. We heard one of the Wellington cases was told of his positive case at 4.30 yesterday afternoon. Why has it taken so long to notify the public, specifically in Wellington?

Dr Ashley Bloomfield: Well, what I would say is, of course, the first person that needs to know is the case themselves. I found out about this this morning on our initial call of the day, which is between 8.00 and 8.30; it came in incidentally. So we found out this morning. I should say that mostly the cases are notified in the morning, even if the—but as soon as the public health team finds out about it, they start the process of letting the case know, interviewing, letting locations of interest know immediately.

PM: Keeping in mind, we're actually following the same practice that we always have, except now we are more frequently updating locations of interest because, of course, we just want that speed to ensure that anyone who is an essential worker who's been in a location of interest is at home. Everyone else should already be there. With case numbers, we've always continued to try and notify them at the same point in time, and that's been our general practice all the way through COVID. But as Dr Bloomfield has highlighted, the time that it's going out publicly—that doesn't mean that that's when the work has started. That often starts well before that. Rukuwai.

Media: Given the vaccination numbers and the vulnerabilities in the Māori and Pasifika communities, will the Government be moving to prioritise vaccination of first doses to Māori and Pacific Islanders?

PM: Dr Bloomfield.

Dr Ashley Bloomfield: Well, what I would say is right from the start of the programme we've had very clear streams of work to ensure that Māori and Pacific communities can access vaccination through our Māori and Pacific providers, but also through our mainstream services. And, of course, we've right from the start had whānau-based approaches. Furthermore, we know that Māori and Pasifika are more likely to have pre-existing conditions across all age groups, and so they have been able to access that, and there've been specific initiatives to try and increase the rates amongst those groups. Now, of course, it's very important that anyone who is eligible does book a vaccine, and if anyone is in that eligible group and they want to go to a Māori and Pasifika provider and use that whānau-based approach, that's still open to them.

PM: Can I—if I may just add, I've visited now a couple of vaccination sites being run by Pasifika providers, and the fantastic thing that they are doing as part of their roll-out is not waiting for people to come through the doors of a centre. They've organised outreach, they've organised programmes that are within people's churches, they are literally going out and helping transport people, they're being really proactive, and that's exactly the approach that we wanted when we contracted our Māori and Pacific providers to be a core part of the vaccination campaign.

Media: And just on the pātai from yesterday, was there any update on how the vaccination's going for our homeless community?

PM: So, unfortunately, the information that I got before I came down was more about the housing of our homeless community, rather than vaccination. So Rukuwai, I'll make sure that I provide that directly to you this afternoon.

Media: Dr Bloomfield, are you able to tell us the ages and occupations of the new cases? For example, is the North Shore patient an 18-year-old man. and have any of the North Shore Hospital staff or patients tested positive?

Dr Ashley Bloomfield: I can say that the person who was seen at Waitakere Hospital overnight and had been at North Shore earlier in the week was in his late teens, yes. And no, no positive tests from any of those staff or other patients who've been tested as yet at North Shore Hospital.

Media: Dr Bloomfield, have you heard of any potential COVID exposures at Middlemore Hospital?

Dr Ashley Bloomfield: No, I haven't.

Media: What about in the South Island at Nelson?

Dr Ashley Bloomfield: Sorry, just to go back to Middlemore: yes. One of the cases who was identified in this latest tranche was in the Middlemore Hospital emergency department last Friday and self-discharged, so wasn't actually seen by anybody. This was elicited during the case interview. So, of course, that is being followed up as a possible exposure, just as we are doing in any healthcare or other setting.

Media: Do you know if they were symptomatic at the time?

Dr Ashley Bloomfield: No, I don't have that information.

Media: OK. Sorry, just the other question around Nelson in the South Island. Have you got any information to suggest that?

PM: I've got nothing on that, sorry, Jason, no.

Media: The North Shore Waitakere patient case thing; do you know if he was symptomatic at North Shore Hospital, and was he tested if he was at that point?

Dr Ashley Bloomfield: Yes, so when that person presented in hospital—which was in the very early hours of Tuesday morning last week—the symptoms that he presented with were not COVID-like symptoms. They were symptoms that saw him assessed surgically and then he was looked after in the acute surgical unit, and so that's why the emergency department and the acute surgical assessment unit are the two places that have been shut down for the meantime. And because of those symptoms, and the pattern of symptoms that he had at that time: no, he wasn't tested for COVID.

PM: We were advised that they were there for an un-COVID-related reason.

Media: Do you know how long those units will be closed down for?

Dr Ashley Bloomfield: I know they'll be looking to get them reopened as quickly as possible and that would be today.

Media: On the Crowne Plaza, there's a public walkway that passes within a metre of the exercise area, and there's a plastic barrier separating them, but they have shared air—

PM: There is.

Media: Is that something that you'll be looking at, and are you able to say whether the family that had been adjacent to the Sydney MIQ case used that exercise area?

PM: Well, we can tell you that the individual in question—our index case, our first case as it were—did not use the exercise area. They weren't cleared to, because—of course, as you know—our practice is that unless you return a negative COVID test, you are essentially not allowed out of your room other than the purpose of testing and departing the facility to go

to another facility to be quarantined. So that was the case for this person, so they never entered the exercise yard.

When it comes to the general set-up of facilities, our health team do infection protection controls and measures across every single facility. That's everything from ventilation to the way that the facility is set up. I think that we're, you know, constantly—constantly—assessing every single element of our MIQ arrangements based on what we learn and what we know about Delta. But, for these particular cases, there is no reason to assume that there was a problem there because this person did not enter that space. Mark, I'll let you finish.

Media: Are you able to say how many of the contacts that you've identified are in the South Island, just in general?

PM: I couldn't tell you specifically for the South Island. But, outside of Auckland, it's in the hundreds—keeping in mind, large number of locations of interest, many people come up through the Coromandel into the Waikato area, for instance—but I can't give you specifically the South. From heat maps that I've seen, though, they are dotted through the South.

Media: Was it a mistake to put all our eggs in the Pfizer-only basket?

PM: Sorry?

Media: Was it a mistake to put all our eggs in the Pfizer basket? If we had a higher proportion, for example, of the population vaccinated now, the virus may not have spread.

PM: We've had multiple baskets all the way through. Pfizer has demonstrated itself to be a very effective vaccine for Delta, so that's a good reason to have opted for Pfizer. Australia, however, for instance, chose a different pool of vaccines, and you can see that, actually, on our vaccine time lines, we look to be, supply-wise, in a really good position relative to Australia, for example. So I don't think it's fair to say that Pfizer has caused us to be behind, relative to others, because we chose it as our primary vaccine. There were many very good reasons to choose it.

Media: It gave you supply issues, though, which have slowed down the campaign. I mean, people warned—National warned—that we would be sitting ducks for a Delta outbreak, and now it's happened—

PM: So, again, I push back on two things. First of all, we always said in the first half of the year that was the period at which we were preparing to ramp up but that supply—yes, was going to be the constraint. We are in a very different position now. We are, now, in possession of the supply we need to ramp up. Forty percent of our eligible population now has a first dose or is fully vaccinated, and we want to see that continue to grow. Supply is no longer our issue; it's a matter of bringing people through.

The second thing I would say is it's simply wrong to assume that even if we had 70 percent of our population vaccinated right now, that you wouldn't still need to manage outbreaks. Yes, it gets easier because you don't run the risk of people being hospitalised at the same rate, but you still do need public health measures to help. Even the countries with the highest vaccination rates in the world are still having to deal with Delta.

Media: Can you please share more details about the Wellington cases?

PM: OK. Benedict.

Media: Yeah, can we get some more details on the Wellington cases—like can you tell us exactly when they left Auckland and came back to Wellington, where they are now, can you give us the flight details—

Media: And maybe their ages and where they're based—is it Johnsonville?

PM: I'm not sure that age is necessarily always needed, but we try not to identify individuals. But, Dr Bloomfield, go for it.

Dr Ashley Bloomfield: I don't have the detailed information. Further to what I said earlier on, I talked about three cases across two households, a flight from Auckland to

Wellington—that detail had been worked through and will go up as a location of interest—four cafes or restaurants, one medical centre, one pharmacy, and one worksite, and then four petrol stations between Auckland and Wellington. That's all I have at the moment, but we will provide further information.

PM: One important thing to keep in mind: of course—of course—all of these locations of interest go out. We take the same approach with them as we always would. They were in contact with a case on Sunday; by Tuesday midnight, we were in lockdown. So a very short space of time, and generally you're looking at, roughly, three days. At that point, someone's likely to be an issue of being infectious, but of course we track back to be really, really cautious. I just think it's an important point to add on the time line.

Media: Should people in Johnsonville and Miramar be on high alert?

PM: We want the whole country on high alert right now.

Dr Ashley Bloomfield: Yeah. People in Miramar and Johnsonville should be in their bubble at home.

PM: OK, can I come back to Claire.

Media: Dr Bloomfield, can you say whether or not you have recommended that the lockdown be extended to August 31?

Dr Ashley Bloomfield: I can give—I feel that my advice was that the lockdown extend right across the country through to Tuesday next week, and my view was that Auckland and plus or minus Coromandel would need to be extended beyond that, based on the data we have at the moment.

PM: And as you've already heard me indicate, we agreed with Dr Bloomfield to move everyone through till Tuesday, and you've already heard me indicate that given Auckland's the hot spot, we're likely to need a little bit more time there. It's difficult for us to say how long at this stage, so that's why we'll come back in, report in on Monday for the whole country, including Auckland.

Media: But that would have given us a little more certainty, if you'd just come out and explicitly said that we were going to have Auckland in lockdown for—

PM: There is zero difference, Jason, between what Dr Bloomfield has suggested to us, which is that Auckland's likely to need longer, and what I've said in this press conference.

Down the back.

Media: When it comes to the decision on Monday, are you able to talk us through, I guess, some things you'll been considering in terms of, I guess, the rest of the country—would you be looking at regional approaches and, I guess, for example, if there's no more cases in Wellington or if there's no cases identified in the South Island, will that lead to, you know—

PM: As you can see from the introduction we gave in the beginning, it is really just too soon to say, and I know everyone's looking for certainty. We are too, but we really need the evidence from the testing that needs to continue of contacts over the coming days in order to just give us a sense of whether we've got the perimeter of this outbreak. And everyone will remember that in the past, one of the things that we're constantly looking for is to see whether or not any of those symptomatic people we're testing around the country are still people we've already identified from our locations of interest, or whether or not they are just springing up randomly. If that happens, it means we haven't got the perimeter yet. Only time helps us with that—that's why we need a few more days. But it would be premature for me at this point to point out (a) what that's going to mean in the long term for Auckland, or (b) what it's going to mean for the rest of the country.

Ah, yeah—mindful I haven't taken a question here.

Media: Dr Bloomfield, with the vaccine now available for 12- to 15-year-olds, are you expecting a higher uptake for Pacific and Māori communities, given their younger age

structure and the ability for parents and caregivers to bring their children along with them up until the 1st of September?

Dr Ashley Bloomfield: Yes, indeed, and I would really like to encourage and support Māori and Pasifika whānau to get in there and get vaccinated, and take their 12- to 15-year-old family members with them. One of the key parts of my advice to the Government to bring 12- to 15-year-olds on was because of the younger age structure of our Māori and Pasifika populations, and so it will have a proportionately greater impact on that population. And so I'm very keen to encourage them to get out and get vaccinated.

PM: I'll let you finish, and then I'll come to Luke.

Media: I was just going to say, Dr Bloomfield, there is also Pacific health leaders who were calling for a further breakdown of Pacific vaccination stats, just to help identify—

PM: We can do that.

Media: Is that possible?

PM: Yeah, it is possible.

Dr Ashley Bloomfield: Yes, we've got some really good data now by DHB, by age group, by ethnicity, and I've asked my team—been asking for a couple of weeks, but I've asked my team—to put those up every week on our website so that it's very visible just how we're doing for those two communities and, indeed, the whole country by age group and by DHB.

Media: So that would be Samoan, Tongan, Niuean?

PM: No.

Dr Ashley Bloomfield: It would just be by Pacific. That's as far as we can discern it through the health service utilisation data.

Media: Would it make sense to further break that down, though, just to help further identify why the Pacific vaccination rates are so low at the moment?

PM: Well, actually, in some of the age demographics, they're holding up—as a percentage, they're holding up really well.

Dr Ashley Bloomfield: Yeah, across most of the age groups, across just about every DHB, the Pacific rate of vaccination is the same as the non-Pacific rate of vaccination.

Media: Prime Minister, are you satisfied with how quickly locations of interest are being released publicly? Because it seems that there's a bit of a lag and then a big dump, rather than perhaps just releasing them as they come out.

PM: Yeah, and on the flipside of that, of course, people are also frustrated if incorrect information goes up or if there are time frames that are too wide go up and someone unnecessarily gets a test. So there's a balance to be struck. Yes, we actually want them to get out as soon as we can so that people who might be an essential worker and therefore aren't already in lockdown do exclude themselves and stay home, but at the same time, we don't want to do that in an unnecessary way because we've unfortunately put out a time frame that's too long or a location of interest that's unnecessary and not possible.

Media: So does that revolve around the interviewing of the people and, like, their recollections of—

PM: Yes, because in the beginning, of course, before we had a relatively strong theory about the starting point of when this case came into New Zealand, from then we were relying on people's recall of when they were symptomatic. Now, if it were you and you had to recall, you know, when you had a cold, when you first had that sore throat, it's quite a hard thing to recall. So, often, we run on that day and then we add a couple of days for the period of infectiousness. Now, in some cases, that's taking you back further than even when the case necessarily arrived in New Zealand. And so you can see there's—our contact tracers do a

great job, but they're often working with imprecise information, and they're constantly balancing what information they need the public to act on versus holding back, working to verify it a bit more, and then putting it out. But I think they're doing the best they can in very difficult circumstances.

Media: When can we expect to get those locations of interest for the Wellington region?

Dr Ashley Bloomfield: Today. So I'll follow that up when I get back up, but we're expecting to get them up at any moment.

PM: Recognising, of course, everyone in this room is very interested, given everyone is located here. Tova.

Media: Thank you. Just a couple on behalf of colleagues. What large locations of interest are excluded in the—I know you mentioned a couple before, but are there other large locations of interest excluded in the total close contact count, and why? And also, parents of Northcote and Lynfield students want dedicated testing stations set up at their schools. Is that being considered?

Dr Ashley Bloomfield: I'll have to follow up on the latter, but what I can say is, in addition to Avondale College and the church I mentioned earlier, yes, those big school communities are not yet in our contact tracing database. What our team does, our National Investigation and Tracing Centre works with the school to get the full roll, as it were, with all the names and addresses, but they also need date of birth information to then be able to link with NHI, the National Health Index number, and then they can link test results back. That's very important for us to be able to keep an eye on just how the testing is going.

Media: An Auckland parent and child have just turned up at a vaccination centre in Coromandel town to get their 13-year-old vaccinated. They said they were there because the system let them book, and so they drove down from Auckland to Coromandel town. They were, obviously, turned away. Is this—

PM: Sorry, they drove from where?

Media: Auckland.

PM: They drove from Auckland to Coromandel? OK. I wouldn't advise doing that currently, given their level 4 settings. But sorry, continue.

Media: Yeah. They did that because they could book at the Coromandel vaccination centre. Is that a failure of the booking system?

PM: Well, look—sorry, Dr Bloomfield might have something to say.

Dr Ashley Bloomfield: Well, actually, the booking system does let you book anywhere you like. So, say I might be due for my second vaccination in just over six weeks but I happen to be in Auckland for that weekend, I could book in Auckland. However, we are in alert level 4, in a lockdown, and so I wouldn't expect people to be booking a long way away and driving there.

Media: And what about the fact that they could book for just—because the parents weren't getting vaccinated at the same time. What about the fact that they could book just for the 13-year-old right now?

PM: Well, of course, there will be some parents who've already been vaccinated, so we need to allow our booking system to allow them to come in. There is a consent process, though, so it's not the case that a 13-year-old would be able to walk in by themselves to get vaccinated. There is still a consent process.

Media: No, I mean they weren't going along with their parent to be vaccinated, so the 13-year-old shouldn't really be able to be vaccinated yet in the queue.

Dr Ashley Bloomfield: If their parent had already been vaccinated, yes, that's one of the options available.

PM: Yeah. At the moment, we are encouraging really only parents who are booked in just to save the time of doubling up to take that approach of bringing their children. If you've already been vaccinated then, yeah, we are asking people to then separately bring them in September.

OK. Who have I not taken, forgive me, in the front?

Media: Question for Dr Bloomfield: would officials look into extending the time between doses to allow more people to get their first dose?

Dr Ashley Bloomfield: So just last week the dose interval was extended from three weeks to six weeks. One other thing we're doing, just getting some advice from our technical advisory group, is whether, through this next period, while we're dealing with the outbreak in Auckland, whether we focus the system just on first doses, and so we'll get some advice around that. But that doesn't necessarily mean we will, but certainly that extended interval, even if it's from three to six weeks, has opened up a lot more capacity in the system for more people to get that first dose.

Media: Prime Minister, what information can you give families where both parents are essential workers and they don't have someone within their bubble for childcare—is there going to be anything else that's going to open up?

PM: Yes there is. Cabinet discussed that today. I expect that very shortly Minister Hipkins will be putting out public notification of the system we're standing up to deal with those situations. Very similar to what we had in past level 4 situations, but I'll let him clarify the details. I imagine he'll do that within the next 24 hours.

Media: And Dr Bloomfield, just on behalf of a colleague. In terms of young people being more susceptible to Delta, as it seems, obviously, a lot of schools have been infected. What is the latest research advice that you have received? Obviously, these kids aren't vaccinated. How concerning is it in terms of the spread factor?

Dr Ashley Bloomfield: Well, Delta's very much a concern. And I think this is one of the important things about why people should strongly consider getting vaccinated because, to date, we haven't been able to vaccinate our under-16s. We've now extended that to 12 to 15s, but clearly our children under 12 are not yet able to be vaccinated because the evidence simply isn't there. Yes, it does seem Delta is having a bigger impact on younger people, and that's all the more reason why we need to all just act to get rid of it out of our community at the moment to keep our young people and children safe.

PM: Of course, out of Australia the data suggests it's those age groups that are more social, have more contact with each other and so on, but we have to balance that against—as we have with our roll-out—the most vulnerable, which is why we took that age cohort approach. But yes, more social groups tend to, of course, be more likely to infect.

Media: Dr Bloomfield, are you able to confirm the locations of interest that the Wellington confirmed cases attended while up in Auckland—are you able to tell us which ones those were?

Dr Ashley Bloomfield: No I don't know that—I don't know what the place was where they may have been—

PM: I can tell you they're already notified though.

Media: But why won't you tell the public when the confirmed cases were notified at 4.30 yesterday? You've known since—

PM: So, as I've just said, the location of interest where this person was infected is already a location of interest—it's already public information.

Just in the front.

Media: What is the procedure around transporting someone in the South Island to a quarantine facility? Because, obviously, they're only in Christchurch, and that's quite a big distance to travel.

PM: So we use quarantine facilities in Auckland. We have a quarantine facility that we tend to use for quarantining purposes in Wellington, and we likewise have the same for Christchurch.

Media: What's the procedure though around transporting someone that's quite a wee ways out?

Dr Ashley Bloomfield: Yes, we have a way of safely transporting people. And, in fact, just in the last couple of weeks there were, I think, two of the crew from the *Mattina* in Bluff that were transported up to the Christchurch facility, and that's done through safe protocols, so we are used to doing that.

PM: OK. Last question there, Jason.

Media: I'm just wondering, before you leave, if you might be willing to share a few words or some memories about Sir Michael Cullen and his sad passing today?

PM: Michael was an incredible human. There will be many, many people that will talk about his political legacy, and that in itself, he packed a lifetime of service into his years as a politician, but I'll remember him as just being a thoroughly decent human being who I will miss so, so much. I'll now get Minister Robertson to speak in a bit more detail.

Hon Grant Robertson: [*Speaks te reo Māori. Translation to be inserted.*]

I will say a few things about Sir Michael and then take any questions that you might have to ask about him.

Firstly, our thoughts today are with Michael's whānau, in particular his wife, Anne, his children, his grandchildren, his family, including his first wife, Rowena, and all the friends that Michael had over his lifetime. We offer all of our aroha and support to them today.

I also want to talk about Michael's dedication to the Labour Party. He was a member of the Labour Party for most of his adult life. He devoted much of his time, both while here in Parliament but also afterwards, to support of the Labour movement and the cause of social justice. It was an incredible life of public service and a life of pursuit of those goals that he talked about so often. He was with the Labour Party through thick and thin, and today we've talked a lot about the successes that Michael was associated with, but he was also in the Labour Party during some very hard times, particularly in the latter part of the 1980s, and he stuck with the causes he believed in through that time, and it is something that we are all extremely grateful for.

His legacy, in terms of what he has left New Zealand, is extraordinary. Most politicians, if they could claim one of Michael's legacy achievements, would declare themselves satisfied with their political career. But to be the architect of Working for Families, of the New Zealand Superannuation Fund, of KiwiSaver, and of other initiatives is an extraordinary achievement. I believe he has one of the most significant political legacies in New Zealand's history. On every single one of those initiatives he's touched the lives of New Zealanders. When people take a look at their KiwiSaver balance or when New Zealand superannuation payments come through, or when Working for Families payments come through, in hundreds of thousands of households in New Zealand, it's Michael Cullen that people can thank for those initiatives being in place. He has touched the lives of every single New Zealander.

Beyond his time in politics, I want to acknowledge, too, his extraordinary public service continued. He was the chair of New Zealand Post, he was involved in the Tax Working Group, the Earthquake Commission, but I know, from talking to Michael, one of the things that gave him the greatest joy in his post-politics life was his work with iwi around the country, and in particular Tūhoe and Tūwharetoa. And I acknowledge the people of those iwi today and that

they will be mourning his loss as well. He really felt something deep in his soul that he was doing good work post-politics when he was working with those iwi groups.

And, finally, I want to just reflect a little bit on the kind of person that Michael was. He was kind and he was generous and he was funny and witty, and you saw some of that in the public arena, but he saved a lot of his kindness for private moments, for Labour MPs in particular, and Labour candidates. He would often be not only a source of support and advice but often financial support as well, which he never wanted people to know about—it was always under the limit—and he always made sure that, if someone needed help, often at a personal level rather than a political level, he was there for them.

I grew up in South Dunedin, in the St Kilda electorate, where Michael was the MP. My mother actually reminded me this morning that a Polish refugee family that my family and our church supported to come into New Zealand in the early 1980s—it was Michael who made that happen as a local MP. And I've already mentioned this in other media today that some more than 30 years ago, when I was the head boy of King's High School in South Dunedin and we couldn't get our school rebuilt, I went and visited Michael in his electorate office as the MP. He remembers this interaction better than I do, but I remember the fact that he was the person who made sure that our school got rebuilt, in a community that wasn't a wealthy one. And he was so generous with all of that time.

He provided a great deal of personal support to Ministers of the current Government, in particular the Prime Minister and myself, but others as well, and we greatly benefitted from his advice, his support, his laughter that he provided us and the occasional jibing for things that he didn't completely agree with.

My colleague Kiri Allan, who was also very close to Michael, highlighted a piece of his book that I just want to finish my comments on today. Michael says in his recently released autobiography, "I do wish to go gentle into the good night. Raging against the dying of the light is a pointless exercise. Death is no more than the space we make for others to live." Michael made space not only in his death, but in his life for others and we are hugely grateful for that, and I am going to miss my friend greatly. Any questions?

Media: Minister, how much of an inspiration was Sir Michael to you?

Hon Grant Robertson: He was a massive influence on me. As I say, as a young person I saw him as a local MP and that was very much what he was to me. He was one of the very first Government representatives I probably ever spoke to, and he was generous with his time, but very focused on getting a good outcome for his community. That St Kilda, south Dunedin community is not a community rich financially, but it's a very tight community and Michael was always there for that. And then, latterly, from a political point of view, you know, he's been very supportive of me personally. But more than anything else, I think he's just left such an amazing legacy to New Zealand. The way he worked as a Minister of Finance—and especially for me in the last four years having that job myself now—I've drawn a great deal of inspiration from his work, but also from his support.

Media: Was there a particular piece of advice he had for you when you did get that job?

Hon Grant Robertson: Ha, ha! I did ask him very soon after, when we were putting the first Budget together and it all seemed very new to me—he indicated that when he put his first Budget together, it was very new to him. He used some other words about how when you're new to a job like that, not everything makes sense and you make the odd mistake but you'll come back from it pretty well. And, also, he always made sure that I didn't take myself too seriously. The other thing is—and I've just realised I left it down where I was sitting, but he and Anne gave me a flower to wear when I delivered my first Budget, and I've kept it as a memory of him.

Media: Given that he did lead significant policy which had significant influence and change across the country, what sort of courage does it take to lead those changes, you know, from the perspective of someone who is now in that role as finance Minister, and what sort of appreciation do you have for what he did?

Hon Grant Robertson: Yeah. I think it takes courage to do big things, but it also takes enormous determination. I was here as a staff member through much of that time, and I certainly recognise it now as a Minister, that big things don't happen easily and programmes like Working for Families and KiwiSaver took years to develop. Michael drove them, constantly tested the ideas, negotiated them often with coalition partners. So it's courageous to take on the big issues, but also determination.

The other thing I'd say about those examples—the Super Fund, KiwiSaver in particular—is they're about a long-term legacy. And I think that's one of the things that I take from Michael is that when you're in politics and you're in the job that I'm doing, that he did, you very much have to deal with day to day and short term, but to have the ability to drive home things that are going to give New Zealanders security in their retirement for generations, that kind of ability to look that far ahead, I think is extraordinary.

Media: In his book he describes you as his successor. Do you think that you'll live up to that legacy?

Hon Grant Robertson: Oh, look, I've tried very hard in the four years that I've been there to do my best and to take on the inspiration and lessons that I learnt from Michael. I know that Michael was very proud of this Government. He was especially proud of the Prime Minister, and I think he saw in Jacinda the kind of leadership that he'd seen Helen, I think. But I think he says something about that in the book as well. You know, he taught us a lot, he taught me a lot, about the importance of the role that I've got in supporting a leader. When you've got a leader like Helen or a leader like Jacinda.

Media: He had great relationships with Māori and really gave a lot of time to help develop young upcoming Māori politicians. How significant do you think that work has been in growing the likes of Kiritapu and even Rawiri Waititi when he was in the Labour Party, even?

Hon Grant Robertson: Yeah, that's right, Michael did. I mean, he's influenced a whole generation, probably two generations, of Labour politicians. But he did have a very special relationship with a number of our Māori leaders. I know that Kiritapu was extremely close to him. Anne and Michael were her mentors as she came through as a candidate, and, as she said publicly today, as they've both been battling their recent illnesses they've been sharing their stories about how to get through there. As I say, I think Michael's work he did post-politics he was most proud of was the work he did with iwi in the Treaty settlement space. He, obviously, also had to deal with the foreshore and seabed issue—and I don't think he would shy away from that, so I won't—that he regards, and the book points out, as probably the most challenging time of his political career. And, you know, he fronted up to that issue, but I think he learned a lot from the work he did working with iwi and Māori groups during foreshore and seabed that he then took forward from there as well.

Media: There's been a number of tributes from the other side of the political spectrum for Sir Michael today as well. What do you think that that speaks to?

Hon Grant Robertson: Oh, I think a number of things. I think those big legacy achievements, which, even though some of those parties might've voted against them when they went through Parliament, I think people have recognised the significance and importance of. He was also a huge lover of Parliament. You know, he was a great parliamentarian—Parliament, the debating chamber, mattered to Michael. He was a fantastic debater, obviously, and answerer of questions, but the process of Parliament mattered. He was a whip, he understood the way that Parliament worked as the Leader of the House, and so I suspect other MPs from other parties also see that. But it comes back to Maiki's point before: he was courageous and determined, and he's left big legacies. And that's why we all come here: regardless of which party we might be in, we want to make a difference, and Michael's made a massive difference.

Media: Is there something that you know about Sir Michael that would surprise New Zealanders?

Hon Grant Robertson: Not sure how much they know. I mean, he was a very keen golfer; I'm not sure if all New Zealanders would know that. And he also enjoyed playing golf on his own, which is not a common thing for golfers; it tends to be a group sport. He did do that, but he also enjoyed playing golf on his own. I mean, I'm not sure that New Zealanders wouldn't know it, but I do want to emphasise again what a kind man he was and what a family man he was—and, again, expressing our sympathies and love to his family, but, you know, his grandchildren, his children; they mattered so much to him, and he was a family man first and foremost. Thanks, everyone.

conclusion of press conference