

**PRESS CONFERENCE: TUESDAY, 24 AUGUST 2021  
HANSARD TRANSCRIPT**

**Hon Grant Robertson:** Kia ora. Ngā mihi nui ki a koutou katoa. Good afternoon, everybody. I'll shortly hand over to Dr Bloomfield to run through today's case numbers, and then after that I will give a brief update on the economic support measures that we have in place, before taking all of your questions.

Just before I do hand to Dr Bloomfield, I have some positive news on the vaccination front. Yesterday was our best day ever for vaccinations and the first time that we've had more than 60,000 in a day—in fact, more than 63,333. This is a tremendous result and an incredible effort by our vaccinators working under level 4 conditions. I genuinely want to thank all New Zealanders who are part of the vaccination programme. Ramping up our vaccine roll-out is an important part of our plan. We've got to stamp out this outbreak of the virus, vaccinate our population, and move forward in our reconnecting New Zealand plan, as we laid out last week. Getting vaccination results like this is an important step forward.

**Dr Ashley Bloomfield:** Thank you, Deputy Prime Minister. Kia ora koutou katoa. So today I can report there are 41 new positive cases of COVID-19 in the community, so our total number of confirmed cases associated with the Auckland community outbreak is 148. Of those cases, 38 are in Auckland and three are in Wellington. All three in Wellington are known close contacts of existing cases. These cases in Wellington were actually first identified two evenings ago, but only appear in our numbers today. All cases are being transferred or have been transferred to a quarantine facility.

So, of our total cases, 137 are in Auckland and 11 in Wellington—no cases anywhere else around the motu, including in Coromandel. Eighty-nine have been epidemiologically linked so far to the Auckland outbreak. The remaining 59 are still to confirm an epidemiological link, but for the vast majority it's already clear that they either are a household or other close contact, or that were at a location of interest. We'll have more information on that later in the day.

There are eight COVID-19 - positive patients associated with our current community outbreak who are in hospital. None are in ICU. All are in negative-pressure ventilation rooms in the three hospitals across the Auckland region.

Further to the community cases, there is just one case to report in managed isolation today. So, as each new community case is reported, isolated, and investigated, we are learning more about the spread of this outbreak. With our latest cluster, we do know what actions will slow the spread of the virus, and we expect to see that slowing will begin to happen during this week. So each identified case is asked about where they have been during their infectious period, and from later today we are wanting to start to put up information as up to date as possible about how many of these cases may have been out and about during their infectious period as we move beyond the first week in alert level 4.

The whole genome sequencing is continuing to play a key role and ESR is rapidly sequencing and analysing genomes on a daily basis. We have now 80 genomes sequenced, all link to the outbreak, and there are several mutations that are appearing that are helping to identify sub-clusters and, again, help us get around those particular sub-clusters.

The majority of cases in the outbreak are now of Samoan ethnicity and, in large part that's a reflection of the largest sub-cluster, which is one centred around the Assembly of God church in Māngere, which has approximately 58 cases—or, to date, 58 cases linked to it. Investigations are ongoing there, and I would just like to sincerely acknowledge that Samoan community and, indeed, the wider Pacific community for their response to the request for testing, and that is proceeding very well. The second-largest sub-cluster is the network of cases that surrounded our very first cases—we are calling that the Birkdale social group—and that has approximately 23 cases in it.

The number of contacts continues to increase. As at 9 a.m. today, there were 15,741 contacts who have been formally identified. Most of those are classified as close contacts—for comparison, at this point in the outbreak in August last year in Auckland, there were around 1,500 close contacts; so more than 10 times the number of close contacts identified—9,757 have been followed up and are self-isolating, and, obviously, there's ongoing work to contact the remaining contacts.

We have a big increase in our contact tracing capacity that started to come on board from last night from other Government departments and, indeed, from the private sector, as well. So there are now nearly 900 front-line contact tracers in call centres and other places around the country.

I do have just some of the key metrics already from our contact tracing. And these are focused on what were formerly known as close past contacts, but I would call them the very closest contacts. There are 369 of them, and, of them, 90 percent have been contacted—that was at 8 a.m. this morning. So this is some other metrics: 100 percent is the time from notification to case interviews. So all of our cases are interviewed within 24 hours. Likewise, of the contacts recorded in NCTS, 89 percent of the contacts were found and traced within 48 hours of the case notification—that's of our very close contacts. And the time from exposure event to contact identification, the metric is over 80 percent within 24 hours, and that's sitting at 75 percent, at the moment.

On locations of interest, since the last update there's an additional 100 locations of interest, and now over 400 across the motu. So I do again encourage people to continually check the ministry's website. There is, obviously, functionality with the map and the ability to search to identify locations of interest that may be relevant to you.

Now, last evening, I spoke with my counterpart in Australia, the Department of Health secretary, Professor Brendan Murphy. And it struck me that he remarked during that conversation that combatting Delta in the community is like dealing with a whole new virus. That is our experience in New Zealand too. Delta is unlike our previous experience. It is, as we know, highly infectious and transmissible, and, as we have seen, spreads rapidly. This reinforces just how critical it is that people do follow the level 4 rules: staying at home; only leaving the house for essential reasons like getting a test or vaccination, going to the doctor, pharmacy, or supermarket, exercising safely close to home, or going to work if you're an essential worker.

If you have been in contact with someone who is infectious with COVID-19, you will be given more detailed advice by Healthline or public health officials on what that means for you. In some cases, if there's been a high risk of infection, it means everyone in the household must stay home and not leave the house until the person receives a negative test at day five. This means staying home by everybody, full stop. There is support available if people need food or other essential services, and that can be achieved by, if you haven't already been referred, calling the Ministry of Social Development phone number, 0800 559 009, or calling Healthline who will refer you. The purpose of the daily check-ins for our close contacts and cases is to make sure that they are both well and that they have all their welfare needs being met.

Testing remains a priority, and yesterday there were 35,376 tests processed across the country. To everyone who has turned out to be tested, thank you very much. The waits are getting less. Certainly in Auckland, with primary care back doing a large number of tests, the waits were much lower around the community testing centres, of which there are now 22 across the Auckland region; 26,500 of the swabs taken yesterday were across Tāmaki-makau-rau. In Wellington, there were around 2,500 tests processed yesterday and there are 11 community testing centres open again today, as well as primary care, general practice doing testing. When you go for a test, please do try and take your NHI number with you—that will be on a hospital letter or you may have it already loaded on the app, but you can also use the ministry's 0800 number to find that out: 0800 855 066.

On waste-water testing, there are no unexpected detections in our most recent test results available. And the only one outside of Auckland is at Moa Point here in Wellington, as we

have seen over the last three days. The second sample from Warkworth has come back negative, and, furthermore, ESR were actually able to isolate the RNA from the waste-water sample from Warkworth and had enough of a match on the whole genome sequence to show the link to the current outbreak. It's likely this was someone who was transiently in Warkworth, but, as I say, the follow-up testing has been negative.

The hospitals across the Auckland region are doing well this morning. All the testing of the staff at both North Shore Hospital and at Auckland Hospital is complete with no positive tests there.

And, finally, the Deputy Prime Minister has talked about, the record number of vaccinations done yesterday and the great progress there. On a separate but related note, yesterday at 8.03 in the morning our COVID vaccination health line took its one millionth inbound call. This was taken by one of the operators, Sarah, who studies and works from home in Christchurch, but the person was actually from the central North Island, requiring assistance with rescheduling their appointment—doing exactly the right thing because they felt unwell.

There are more than 2,000 people working on the COVID vaccination health line—that's in addition to all the people we have on contact tracing—and more than 500 are te reo or Pacific language speakers. So anyone can ring and can get help with booking their vaccine, if they need it. And on its busiest day, which was 19 August, the service spoke to more than 24,000 people, and we can see that flowing through into the number of vaccinations being done. Thank you, Deputy Prime Minister.

**Hon Grant Robertson:** Thank you very much, Dr Bloomfield. I would just note Dr Bloomfield has to attend the select committee this afternoon, so we will be finishing the press conference just on 2 p.m. to enable him to prepare for that.

As Dr Bloomfield has indicated, we do have a wide range of supports available to people to be able to deal with COVID-19, and I just want to speak briefly about those now. The first one I want to mention is the Leave Support Scheme. This is a scheme that is available for employers, including the self-employed, to help pay employees who need to self-isolate and cannot work from home. This support is paid as a lump sum for a two-week period of \$600 per week for full-time workers and \$359 a week for part-time workers. It is important that employers and employees work together to make sure that they're making use of the Leave Support Scheme.

We also have the short-term absence payment. This is available for businesses, including self-employed people, to help pay workers who cannot work from home while they wait for a COVID-19 test result. Again, this is paid at the same rates as the other schemes, of \$600 for a full-time worker, and \$359 for each part-time worker. I would advise anyone who is in a situation where they cannot work from home and they are required to be at home for self-isolation purposes to be talking to their employer about those schemes—they are very important.

In addition to that, at 8 a.m. this morning, the resurgence support payment scheme kicked in across the country. Alongside the wage subsidy which came into effect on Friday, the resurgence payment helps and supports businesses affected by New Zealand's move to alert level 4. Both schemes are designed to offer some certainty in what is a very uncertain time. The resurgence payment is available nationally to any business or organisation that has experienced a 30 percent or greater drop in revenue, or a 30 percent decline in capital raising ability over a 7-day period due to the alert level increase. This payment can help with things like rent or fixed costs, and you can apply whether you are a business or self-employed. It's paid at a flat rate of \$1,500 per business, and then \$400 per full-time equivalent employee up to 50 full-time equivalent employees. This means the maximum amount payable under this scheme, which is a one-off payment, is \$21,000. We urge anyone who thinks they may be eligible to go on to the Inland Revenue website and find out more. And I can say that as of the first four or so hours of operation of the scheme today, 26,000 applications have been made for that payment.

In addition, we also have the wage subsidy scheme. This came into effect on Friday and we have processed 127,935 applications totalling just over \$484 million that has already been paid out to businesses to support them to retain their workforce. MSD generally aims to process an application in three working days, but managed to get some payments out the door on the very day the scheme opened, and I want to acknowledge, again, the hard work of the Ministry of Social Development staff in processing so many applications in such a short period of time.

I wanted today to provide just a little bit of a profile of the types of businesses that are applying for the subsidy, because I think it paints an important picture. The vast majority of applicants so far are sole traders, or small businesses, rather than big companies. Just over 72 percent of employees covered by the wage subsidy are employed by businesses with between one and 19 staff members.

Nearly 10 percent of total applicants following the March 2020 lockdown were companies with 1,000-plus employees. And, while it's early days, I can say that, at this point, we only have one employer with over 500 workers who has applied for the scheme. To all businesses, I want to say, today, thank you for how you are adapting to the lockdown and adjusting your systems. There is a lot of resilience that is being built up in the New Zealand economy. Rest assured, we are here for you if you need us to support you.

I recognise that a semblance of normality is not the case for many businesses or workers right now. Anyone operating in the hospitality or tourism sectors has been hit hard by this lockdown, as they have previous ones. We are paying out the wage subsidy and the Resurgence Support Payment to support just these types of businesses, and we do encourage those businesses to tap into the scheme.

As I've said many times before, for every business in New Zealand—no matter what type, size, or location—a strong public health response is still the best economic response. And it is worth remembering the strong position we're in, going into this outbreak, because of that approach.

By the September quarter last year, New Zealand's economic activity had already risen above pre-COVID levels, and we were one of only four economies to rebound so quickly. By the middle of this year, our unemployment rate was down to 4 percent; lower than when we actually went in to lockdown in 2020. And the economy, overall, has been performing more strongly than before COVID reached our shores.

So I want to end by saying a huge thank you to everybody who has made that happen. Everybody is playing their part in New Zealand in this challenging time. But I want to acknowledge today one group in particular: the staff in our managed isolation and quarantine facilities. There are more than 4,500 people working 24 hours a day, seven days a week at these facilities, which is not the easiest nor the most usual of work places. They are the people who work to protect us from COVID-19, and they've not only supported more than 164,000 people to re-enter New Zealand, but they are now also supporting those who've tested positive in this current outbreak and been moved into quarantine.

To everyone working in MIQ—whether it's the hotel workers, bus drivers, security staff, health practitioners, police or defence force—you are doing a great job, and it is much appreciated by all New Zealanders. Questions.

**Media:** Minister, you \$62 billion pot of money available to help the economy through COVID. How much of that is sitting there available to help businesses?

**Hon Grant Robertson:** So, at the moment, we've got enough money to be able to deal with the wage subsidy scheme and resurgence support payments, and still have a considerable amount leftover. What we did was set aside money in the Budget—it was about \$5 billion—but in addition to that, we have money that has not been spent on other business support programmes that we've had. So, for example, we have \$2.1 billion that wasn't used, or hasn't been used, in the small business cashflow scheme; around about another \$1 billion

in other support schemes. So, in total, we have a significant amount of money still available within that fund.

**Media:** How long will that \$5 billion last us for?

**Hon Grant Robertson:** Well, it's more than \$5 billion; that's the point that I'm making. The estimate that we have from the Treasury is using the uptake of the previous wage subsidy scheme. We're talking about \$2 billion level for those fortnightly lump sum payments. But it's likely to be less than that, because—as I said before—those larger businesses are not, at this stage, applying for that. But I want to stress: the \$5 billion is merely the amount that we'd set aside for resurgence. There are underspends in other parts of the fund that mean we have significant resources available.

**Media:** So how much is left in that overspending? If we've got \$5 billion, how much can you add to that?

**Hon Grant Robertson:** Well, as I say, there's at least \$2.1 billion there in terms of the small business cashflow scheme and around about another \$1.5 billion that we're aware of. That takes us far into the future. But I also want to say and reassure people, that's not the only funding available to the Government. The economy has recovered sufficiently well that our fiscal headroom—that's the amount of money we have that won't see our debt get back to where it had been projected to be—is much greater. So there is no shortage of funding yet. The New Zealand economy has been incredibly resilient. That's a result of the strong public health approach that we've taken, and we can reinforce that approach by continuing to obey those alert level 4 rules and also continue to support people to be able to stay attached to their jobs. Jenna?

**Media:** Dr Bloomfield, there's concern that vaccination rates for Māori and Pasifika are really low. What's the Government doing to help lift them, specifically because this outbreak seems to be affecting the Pasifika community?

**Dr Ashley Bloomfield:** Well, before the outbreak started, we already had an idea of what the vaccination rates were by each age group, and, actually, for Pacific they were similar to or slightly higher in each age group in the Pacific population compared with non-Māori, non-Pacific. For 55 and over, for Māori, they were comparable as well, either approximately the same or higher. It was the younger age group amongst Māori where the real focus needs to go, and there has been from the start and there are increasing efforts to reach into both the Māori community but also really engage with the Pacific community, and especially in Auckland. I dare say the rates were lower in South Auckland for Pacific than in other parts of the country, so, as you would anticipate, there is a big effort going on now to target that community.

**Media:** Māori and Pasifika are pushing for a “first dose first” approach where Māori and Pasifika will be prioritised with first doses. Is that something that you'd look at?

**Dr Ashley Bloomfield:** It's certainly something we have already had a bit of a look at, and, in fact, one of the reasons why we advised, and why Government decided, to extend the interval from three to six weeks was to allow a greater number of people to have that first dose sooner, and that has already paid dividends.

**Hon Grant Robertson:** And bear in mind, Jenna, from 1 September everybody is now able to book their vaccinations, and that's when a lot of that targeted work to get alongside Māori and Pacific community groups really kicks in, because that's that younger population where we know there's a higher percentage of Māori and Pacific people within those younger populations. So you can expect to see those groups really ramping their work up.

**Media:** Dr Bloomfield, last week on Friday the Prime Minister said the peak of this current outbreak is going to be this week. Today, we've seen the highest amount of cases. Are you anticipating today being the peak of what we're seeing, or are you expecting to see it escalate up over the next couple of days?

**Hon Grant Robertson:** Just before Dr Bloomfield answers, I assiduously listen and watch all of the press conferences, and I have heard the Prime Minister say a number of times it's an eight- to 10-day period. So we're not there yet in terms of where we would expect the cases to peak up. So just be clear that that's the time frame she's been working on.

**Dr Ashley Bloomfield:** Thanks, Deputy Prime Minister. So the first comment I would make is yes, we've seen an increase today, but, reassuringly, we're not seeing an exponential growth in case numbers, so that's good. And we're also seeing that the vast majority are in Auckland with all the Wellington-based ones linked to extant cases. We will likely see further increases over the next two or three days, and the modelling suggests that and if you look at the epidemic curve, it suggests that. However, we will be moving into a position where we will have identified all the cases that might have, sort of, arisen before we went into lockdown, and so then we would expect to see all the new cases be known contacts of existing cases and/or associated with—we may not be able to make a direct person-to-person link, but we will be able to link them to an exposure of interest. So that's what we will be looking for specifically in the coming two or three days.

**Media:** Just of the 148 so far, have you got a number of how many have been partially and fully vaccinated?

**Dr Ashley Bloomfield:** No, I don't have an update on that, but we will see if we can collect that information.

**Media:** Just a couple of questions in terms of the source investigation, have the other two people been found, where are we at with testing those people, and, also, Dr Bloomfield, in terms of that vaccination centre in that building, health experts like Michael Baker and Siouxsie Wiles have suggested that that perspex does not cut the mustard. So what is your personal take on whether that is an acceptable standard to have within an MIQ facility or thereabouts?

**Dr Ashley Bloomfield:** Well, what I would say is that I'm confident in the infection prevention control procedures that will be in place at the vaccination clinic, and I know that we have very strict protocols around vaccination in alert level 4, one of which is, actually, when a person's vaccinated, they turn away, as you would've seen me in the photographs—it wasn't that I was squeamish about the needle. Look, I'm confident that the people running the centre will be taking appropriate precautions. It's in a location that is very convenient for people living in the inner-city Auckland, so unless there's an obvious problem, then I don't have particular worry about that.

Around the source investigation, yes, there were two people who were still being looked for who were thought to be in that atrium area. There was a tweet from someone who thought they might be one of those people overnight, and that was brought to my attention, so the team has reached out to that person this morning, but I don't have the follow-up on whether that person was one of those two.

**Hon Grant Robertson:** And I don't believe, Jo, we've got the results for the others yet.

**Media:** OK. So just a follow-up, then, in terms of that vaccination centre—the issues around the ventilation and the fact that that perspex will actually have windows that open for parcels and things. So I guess my question remains: if you have health experts who are vigorously covering how this virus is transmitting, how are you comfortable when they're not—that there is no concern about people standing in that queue to get vaccinated aren't potentially at risk?

**Dr Ashley Bloomfield:** Well, I suspect that the health experts like me, haven't actually been at the venue and seen it on the ground, so I'm happy to put my confidence in the health experts who are running the centre and have very a good understanding of what the appropriate infection prevention control measures would be needed under alert level 4, and indeed, to prevent any potential that people would be infected while waiting for their vaccination.

**Media:** Dr Bloomfield, on the clusters, the church cluster that you refer to with about 58 people in it, is that the number of people who were at the church who now have COVID, or also their household contacts and stuff like that? Do you have more of a detailed breakdown of that? And also, is there any indication yet of where the AUT cases came from, or any other smaller clusters which are building up to be clusters?

**Dr Ashley Bloomfield:** On the church cluster, that is a combination of people who were both at the service on 15 August and household and close contacts. For example, of our seven cases in Wellington, six of those are either people who were at the service or household and other close contacts. I don't have a breakdown of that, but that's information we'll be able to provide. And I'm sorry I don't have any further detail about the AUT-associated cases. What we do have is about six locations of interest or, I guess, what we'd call sub-clusters. The two biggest ones are the ones I talked about: the Birkdale social grouping and the AOG grouping. The others are much smaller.

**Media:** Dr Bloomfield, with the pressure on testing labs, how long is the delay between a test being taken—you know, someone being swabbed—and a positive result being publicly notified? You know, are any of the cases that we have learnt about today—were they tested as far back as Thursday and Friday last week?

**Dr Ashley Bloomfield:** What I can say is that anyone who is a close contact or who has been in a high-risk setting, that testing is prioritised. And that's one of the reasons why there are five—I was going to say exclusive, but there are five—testing stations around Auckland that are sort of invitation only, where people from those high-risk settings or who are close or very close contacts can go to be tested with a specific code. And those tests are expedited. Certainly, with that high level of demand, at the moment the turnaround can around 48 hours, and there are some that are just over 48 hours, but obviously, the labs—both in Auckland and across New Zealand—are working together to make sure we're getting through any backlog. Just to reiterate that any tests in high-risk people are turned around very quickly.

**Hon Grant Robertson:** And it would be fair to say that we've got a considerable focus on making sure we're using all of the testing resources that are available across the country. As Dr Bloomfield's alluded to, obviously with Auckland being the centre of the outbreak, the testing capacity there, or the processing of the testing capacity there, is somewhat stretched, so we're using them right around the country, and including talking to people like universities about whether or not there is resources there that can be brought on board, as well.

**Media:** Last night there have been job postings for 600 new contact tracers. You know, how over-burdened is the contact tracing system, and why was that surge capacity not prepared ahead of time? Why weren't people tapped in advance, instead of during an outbreak?

**Dr Ashley Bloomfield:** Yes, so just on the latter point, there was quite a lot of surge capacity already identified, and some of that surge capacity is needed for the out-bound calls; not so much to make those initial calls, but the follow-up calls. And for the close contacts, our approach has typically been daily follow-up calls, so it's really to get the extra capacity to do those follow-up calls. With our public health unit folk and our existing staff, we had about 300. We're surging that up to around 900, and, in fact, people were being trained already last night from a number of Government department call centres, and they're already on board today. I guess, the other comment I would make, just again reflecting on the comparison with August last year, we had anticipated in our preparations for a possible Delta outbreak that there would be a higher surge, but here we've got ten times the number of close contacts that we had in August last year, and, actually, at this point in the outbreak, a larger number of cases. You never know quite how many cases you're going to get. We do have a number of cases, but I'm confident our contact tracing will be able to deliver what is needed to get around the outbreak.

**Media:** Just on the contact tracers, how many are you short? So you brought it to nearly 900. How many more do you need?

**Dr Ashley Bloomfield:** Well, not so much short, but we are getting more people on all the time. The other thing I would say is that Healthline provides quite a bit of our surge capacity, and they have had in the last few days the highest number of inbound calls that they have ever had, as well as, of course, they have the 2,000 people doing the vaccination line as well. So they have people who are cross-trained, and so one of the things is because they've had such a volume of inbound calls to Healthline around testing, they haven't been able to free as many people up as they normally would to assist with contact tracing, and that's why we've gone elsewhere to get that additional support.

**Hon Grant Robertson:** Also worth noting the comment that Dr Bloomfield made yesterday about electronic welfare assessments. So this essentially means that once someone's contacted the first time and they say "Look, I'm feeling good.", they can then move to a system of emailing in each day to say and confirm that they are still feeling well. That reduces the number of people who need to undertake that, and we can move some of those people on to the contact tracing.

**Media:** Just on the church service, how many people were at that service and how many of those people have been tested? I guess, how many more cases do you expect—or how big, I guess, you'd expect that cluster to grow to?

**Dr Ashley Bloomfield:** Yes, so we're still working with the church to get a firm number of denominator there. And the reason for that is it was, essentially, an assembly of the assemblies. So there were, I think, 27 different church groups who met for that service, including some people who travelled up from Wellington. So it's quite a bit of work to get the denominator. What I can say is there are well over 500 people who have been tested as part of that cluster, and then, of course, in addition to those who were actually at the service, there's getting a handle on all their close contacts, particularly the household contacts. But that work is proceeding at pace just to get that denominator for that cluster.

**Media:** Mr Robertson, we've heard reports that MIQ workers have tested positive to COVID. Is there any more information that you have of that?

**Hon Grant Robertson:** The only reference I think you could be making is to the case that's been mentioned—the Novotel one at Ellerslie. Is that the one that you're referring to?

**Media:** In the report today?

**Hon Grant Robertson:** Yeah, so, look, an MIQ staff member at the Novotel in Ellerslie did test positive yesterday, but they didn't test positive at work; they were a close contact of one of the clusters that we'd been discussing today. I believe they worked for one shift, and all of the people who worked that day on that shift are all now doing exactly as all other close contacts are doing—they're isolating and getting a test. It is not related the other way. So the infection didn't come from MIQ; it was a person who had it and went and worked there.

**Media:** Just on the 148 total cases, do you have a breakdown on age ranges, especially with the Pasifika community? Is there any thought of pulling that 1 September date forward to try and prioritise young people as it seems they're the ones who have had to [*Inaudible*] this outbreak?

**Dr Ashley Bloomfield:** Yes, so on the latter, no thought at this stage to bring the 1 September date forward. Although, of course, there is that opportunity for anyone who's currently eligible to book in children who are still dependent and living at home to be vaccinated with them. From late this afternoon, we will have demographic information up around this specific outbreak. At the moment, the data around our cases are still cumulative data for all the cases since the start of the pandemic, and I've asked for a separate description with key demographic data of this outbreak as it unfolds. So the first will be up later this afternoon and then we will update it with all the new information on a daily basis.

**Media:** Dr Bloomfield, will the ministry release CCTV images of the two people who remain unidentified as the Crowne Plaza, and, if not, why not? When does public interest outweigh privacy concerns?



**Dr Ashley Bloomfield:** Right, well, I can say it's a bit like an OIA response: I can't release, because the ministry doesn't actually have it. The investigation is led by Auckland Regional Public Health Service and they've got a team on that working with police on that CCTV footage. I'd have to go back to them and see whether or not releasing that footage may help with identifying people, but it may or may not be helpful. What they have released, of course, is the place and time, and that may well be what spurred a person to self-identify overnight, and that person's being followed up.

**Hon Grant Robertson:** I think you can be assured, Luke, that the New Zealand police are involved and they will be using all of the abilities they have to help follow this up, and I'm quite sure between them and Auckland regional public health if they feel they're not going to identify the people, they'll make use of whatever they can to get there.

**Media:** Some sort of public kind of—

**Hon Grant Robertson:** We'll see, but I think if you know the police are involved, it's something that's being done thoroughly.

**Media:** Just a quick follow-on, the Crowne Plaza—I mean, based on the images of this walkway through Crowne Plaza that you've seen, Director-General of Health, does that look to you like it cuts the mustard? Did that look acceptable to you?

**Dr Ashley Bloomfield:** Well, we should remind ourselves we've had nearly six months where we've had no COVID in the community and that managed isolation facility along with our other more than 30 have been serving the community well in terms of keeping COVID out of the community. What I would say is—and I think we can go back to the case we had last December with the Defence Force MIQ worker, and we found a student who got infected that we could not place to within any closer than six minutes and 400 metres to that Defence Force worker, but the person got infected. That pre-dated Delta. So I think all our arrangements are incredible solid. The fact that the virus escaped on this occasion does not mean that there's a problem there. So saying, of course, every MIQ we will be going back and looking and making sure what can we learn from this particular incident and is there anything we can do to strengthen the security even further.

**Hon Grant Robertson:** And we've done that all the way through. I mean, bear in mind whenever there's been an issue, we've taken another look at the way MIQ's operated. So, for example, the ventilation systems in pretty much all of the MIQs have been upgraded as a result of what we've learnt. So we're constantly looking at what we might need to tweak or change to make sure things work, and, as you know, with the Crowne Plaza it's emptied out from its current cohort. That gives us an opportunity to take a look again at how that's going before any new people might come in there.

**Media:** Can I draw you to the RNZ interview this morning with Rodney Jones where he basically forecast three paths: the Queensland of squashing; the ACT of maintaining; or the Victoria and New South Wales path of getting out of hand. One thing that he said was crucial in that was how many cases there are of essential workers; that is, is there evidence of spread during lockdown beyond households. So is there?

**Dr Ashley Bloomfield:** So this is one of the questions we're asked specifically, and in fact when we asked the Auckland regional public health team this morning, not any essential workers as yet. So saying, we had the case in fact of the worker in the MIQ who is an essential worker and who is associated with an outbreak, and that person had isolated immediately being identified. What I would say is that our contact tracers are able to, and do, prioritise any essential worker to get them isolated. One of the pieces of information we're collating and we'll start to report is how many of our new cases are essential workers, how many of our new cases were in the community while infectious and under alert level 4—they are likely to be our essential workers—and then, of course, how many locations of interest might be arising out of those essential workers. But this is exactly the issue that we are aiming to head off.

**Media:** We are seeing a few, sort of, lily-livered types that sort of might—you know, a bit unsure as whether elimination will work this time. Do you see any evidence that the lockdown isn't working as planned?

**Hon Grant Robertson:** No, no, there's not. I mean, the point about alert level 4 is that we are asking everybody to stay home unless you absolutely have to be somewhere else either to work, or to get a test, or to be vaccinated, or to go and do your shopping, and for a brief period of exercise. We don't have any evidence that there's a problem there. Every day we ask about compliance issues and we've received this morning assurance from the police and MBIE and others that people are by and large being compliant—the odd little case that pops up here and there. So no, there is not an issue there, but it does—Dr Bloomfield's answer does emphasise just how important it is that everybody follows the rules. When we're dealing with Delta it is more important than ever that people limit non-essential movement, and that's why we are strict about our rules. I'm just going to go Amelia and then Jess.

**Media:** Thank you. In real terms, what impact has this Delta outbreak had on spaces in MIQ?

**Hon Grant Robertson:** In real terms?

**Media:** Yeah, so how many spaces have been affected by this Delta outbreak through the Crowne Plaza coming offline, through one of the facilities being made available for domestic cases?

**Hon Grant Robertson:** I'll have to come back to you, Amelia, with the specific numbers, but obviously the Crowne Plaza—the cohort that was in the Crowne Plaza has exited. There actually wasn't a new cohort going in there, I think, until—9 September?

**Dr Ashley Bloomfield:** Yeah, it's 9 September.

**Hon Grant Robertson:** So there's a space there for us to sort things out there. In terms of the other facilities, we've got the one facility here in Wellington. That's the—I'm going to give it the wrong name—the one on The Terrace, the Grand Mercure on The Terrace, and then one in Christchurch where we've reconfigured those to be able to deal with potential quarantine cases. They're relatively small numbers involved there, but I can come back to you about, you know, what the specific number is there, but it's not a massive reduction, but it is a bit of a recalibration that's going on. I said—

**Media:** Just to follow—

**Hon Grant Robertson:** Just very quickly, yep.

**Media:** So do you think that the pause was good, because it means that people can take a break from refreshing the site?

**Hon Grant Robertson:** Look, MBIE has apologised for that message that they put up. I think we all understand that people who are looking for places in MIQ offshore that it can be a very stressful experience, so they have apologised for using that phrasing. The pause is simply to allow us to recalibrate ourselves at this point in the outbreak. Jess.

**Media:** Minister, when it comes to those big retail outlets who are still operating online, is it fair that they're still profitable, and yet they're paying their workers a reduced wage?

**Hon Grant Robertson:** Oh, look, the whole point of the wage subsidy scheme is to support people to be able to stay attached to their job. Nothing changes about employment law, though, when it comes to if you're in receipt of the wage subsidy scheme. We obviously try to encourage people to keep paying their workers at the level that they always have done, but the subsidy scheme provides a base for us to work from. If somebody's actually working, then they're working their hours and they should be paid for the hours that they're working.

**Media:** Are you still comfortable with the strategy of vaccinating older people first, and going down in the age brackets? I mean, we've seen young people are a lot more social. Do you regret that stance?

**Hon Grant Robertson:** No, not at all. We took the best possible health advice when it came to the way we did our vaccination programme. We started off with our border workers, because that was our greatest area of vulnerability to COVID coming in, and then our health workforce, and then those with health conditions, those who would be the most vulnerable in an outbreak. That, I think, was a very sensible way to deal with it. What you're now seeing is that we're really ramping up that vaccination programme with those 63,000 vaccinations yesterday, and, of course, from the 1<sup>st</sup> of September it is everybody, and we will then see an even greater increase. So we're not going to change that plan now. It was the right plan. It's worked well for New Zealand, but now our job collectively as a country is to ramp that up so that we do get that highest possible vaccination level.

**Media:** No one is debating the border workers and the elderly, but when you come to healthy New Zealanders, should you be prioritising young people first, and will you look at that? Because it's not too late to change that strategy.

**Hon Grant Robertson:** I'm happy to let Dr Bloomfield make some comments on this, but as he's said before, we're nearly there. We've got good levels of bookings, good levels of vaccination here. This is also alert level 4, so bear in mind, everyone should be at home at this point. Everybody should be making sure they obey those rules. And so, you know, the 1<sup>st</sup> of September's not far away, and for now if people are staying home and only going out if they absolutely need to, then we're still in a good position. But Dr Bloomfield—

**Dr Ashley Bloomfield:** Just one comment: the approach we've taken is exactly the approach that most other countries have taken, including those with high rates of infection in their community, like the USA and UK.

**Media:** Dr Bloomfield, Māori and Pacific health experts have come out again criticising the vaccination roll-out. They're saying that there's been no real, genuine engagement from the start. One is even going as far as to say this latest outbreak in South Auckland could have been prevented should that have happened. What's your response to that?

**Dr Ashley Bloomfield:** Well, I'd say I've got a different view on the first comment there. I think there's been enormous engagement with Māori providers and Pacific providers, with Māori and Pacific communities right from the start of the programme, and that's been a big focus for us. I recognise the concern about Māori and acknowledge and agree with the concern about our Māori and Pasifika communities, because they have higher rates of pre-existing conditions, and we've seen already, for example, in the outbreak last August that they are more severely impacted if there is an outbreak. We're seeing, in this outbreak, over 50 percent of our cases are Pasifika, so it is very important these communities get vaccinated, and that's why we've had initiatives right from the start, designed to ensure that they can access the vaccine.

**Media:** What's your advice to close contacts of the cases of the AOG church, given the stats for overcrowding among homes in South Auckland?

**Dr Ashley Bloomfield:** Yes, and we discussed this with the public health unit today, that every one of those families that is involved in that cluster—so that has got cases—there is very specific support going in to ensure that first of all—in the first instance, the cases, all cases, are taken to the quarantine facility so other members of the household can isolate safely; second that their welfare and support needs are met; and third, if they can't isolate at home safely, we have a dedicated managed isolation facility that can be used as well.

**Media:** What reassurances, Dr Bloomfield, can you give to the Pacific community? Because I think when you revealed yesterday that more than half were Pacific, a lot of the Pacific community were kind of outraged, because here we go again, Pacific people are the focus of an outbreak. What reassurances can you provide to say that that's not the case?

**Dr Ashley Bloomfield:** Well, what I can say is that the reason we have a large number of Pacific cases, particularly Samoan, is because of this particular cluster around the AOG event. What I can also say is both this time, and also as we've seen in the past, the Pacific community is very good at responding to the call to test and isolate, and we've seen great

engagement with all those churches to actually identify who was there, and isolate and get those people tested. So I can provide an assurance to the Pacific community that not only have we and will we continue to work with you, but secondly that, based on the track record of the Pacific community, we will get to the bottom of it and we will make sure that we get rid of COVID in that community.

**Media:** Dr Bloomfield, can you confirm if any of the cases infected so far have been infected after the lockdown began?

**Dr Ashley Bloomfield:** Yes, some of them have been, but as contacts of cases that were infected prior to the lockdown. As we go through these next few days, we will be looking to see that all those new cases are essentially arising since the start of lockdown. We're still identifying cases that were infected pre the lockdown. We should see that shift now.

**Media:** How many cases were there, and are any of them connected to—I mean, essential workers instead of close contacts?

**Dr Ashley Bloomfield:** I don't have the specific number, but as I said earlier on, we'll be aiming to provide that detail towards the end of the day each day. Because the new cases come in overnight and are loaded into the system at 8 in the morning, then the interviews commence, by later in the day we'll have a fuller picture on the cases that we've announced this morning, just how many are essential workers, how many are contacts of existing cases, and/or are linked to a location of interest.

**Hon Grant Robertson:** And just to be clear, the case I mentioned before, the MIQ worker at the Eilerslie Novotel, that's one that we do know about. That person was fully vaccinated and being compliant with all of the testing orders and, as Dr Bloomfield said, did exactly the right thing in terms of isolating.

**Media:** Just in terms of comments from the podium when we've been talking about the potential link into the community from the Crowne Plaza and that atrium discussion—it's always been caveated with "It's just one of many working theories". Can you actually explain what other working theories there are and what else you're investigating?

**Dr Ashley Bloomfield:** One comment I would make is from our discussion this morning and I just want to emphasise, the source investigation is very much of secondary concern. We're very confident that that's where the infection came from and came out into the community—99 percent of our focus is on controlling the outbreak. So saying, we are still open-minded about how the virus got from the person who was in the Crowne Plaza hotel for quite a short period of time before being transferred to the Jet Park. Testing of staff suggests that—because they've all returned negative tests, it doesn't seem that it's been via a staff member, but it's still possible. It could have been through one of these people who was passing by at the time, and the six people of particular interest. There is still a very outside chance that the virus could have been introduced into the community through another source, in other words someone who had a very similar genome sequence, because there are a number of people with a similar genome sequence still back in New South Wales, because of the time it was in the outbreak there. So that's not been ruled out completely, but highly unlikely.

**Hon Grant Robertson:** Just to reinforce what Dr Bloomfield said earlier, in previous outbreaks we've had, we don't always get a 100 percent answer here. It is just the nature of these kinds of investigations, and eventually you reach a point—I'm told—from a public health perspective where the utility of going further and further and further there is not actually that great, because you've run down all of the possibilities. So, clearly, we want to identify the people who were in their vicinity because that's an obvious path to run down, but eventually it is possible we don't get 100 percent.

**Media:** We're seeing another flurry of misinformation around the dangers of COVID-19 and likening to it to influenza. What do you say to the people that are spreading that misinformation, and what do you say to the people that are perhaps susceptible to believing that misinformation?

**Dr Ashley Bloomfield:** Well, what I would say is—and, actually, just on the subject of misinformation, I gather there have been some scam test results being texted around to people, telling people they've returned a positive test. And if you've heard about this, what I can say is anyone whose test result is positive will receive a phone call, not a text. Negative results are texted.

On the issue around misinformation around the seriousness of COVID-19, the comparison that was made by Professor Skegg a couple of weeks ago, I think, is apt. It's that Scotland, similar population—if we had followed the route they had, we would have had around 10,000 people die by now, in about 20 months. Annually, we have around 600 influenza-related deaths, so there's a magnitude of difference, and that's not counting all the people who may have been infected, many of whom, we are seeing from studies around the world, may have ongoing symptoms—so-called long COVID. It is a far more serious illness, and even in the UK now, with the rates of infection they have, with a high vaccination rate, it would be the equivalent of around nine or 10 deaths a day in New Zealand. So if you extrapolate that out, that is still way more than we get annually from influenza.

**Hon Grant Robertson:** I'll just do one more with Jess, because I've got a correction I have to make—so that's my penance.

**Media:** I've got two issues I need to get you on. So the first one—I will go quickly—

**Hon Grant Robertson:** Put them in one question.

**Media:** The first one is: there have been issues with people travelling out of Auckland to get their test to try and avoid Auckland's long queues, or feel like they've got no other option and would rather drive to Thames, for example. What are you doing to address that?

**Hon Grant Robertson:** Well, clearly, a significant additional testing capacity has been put on in the Auckland region, and Dr Bloomfield may want to talk about that further. But there is ample opportunity for people to be tested, both through the community testing centres and also through their GP as well. There is no way that it is a good idea to get in your car and drive to Thames. All manner of things could occur: you could break down, there could be other issues that are happening there—so we just ask people to be patient. We recognise that there will be a wait sometimes when you're getting tested. Those wait times have been coming down because we have added significant capacity.

**Dr Ashley Bloomfield:** That's correct.

**Hon Grant Robertson:** Last question, Jessica.

**Media:** And can I please get the latest on Afghanistan, as well?

**Hon Grant Robertson:** I don't have a particular amount to add on Afghanistan. Obviously, we had our first cohort of people return yesterday, and they are now doing their managed isolation, as you would expect. The New Zealand contingent that's involved is continuing to work as part of the team with those from other countries to get the New Zealanders and those associated with us out from Kabul. You will realise—everyone will realise—that the area around Kabul airport is significantly strained, and it is making it a very, very challenging exercise. But we continue to work closely with our partners, and we'll have more to say, I'm sure, when we have further cohorts.

We are going to have to leave it at that. Thank you, everybody.

**conclusion of press conference**