

**ALL-OF-GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 25 AUGUST 2021  
HANSARD TRANSCRIPT**

**Hon Chris Hipkins:** Good afternoon, everybody. It's good to be back. I begin today with some good news—some incredible news, in fact: 80,000 New Zealanders got a vaccine yesterday, by far the biggest day that we've had since we started rolling out the vaccine in New Zealand. So a big thankyou to those being vaccinated, those doing the vaccination, and all those working behind the scenes to make sure the vaccinations can happen safely under alert level 4.

We also saw record testing numbers yesterday: nearly 50,000 across the country. So thank you to everybody who's persevering and being patient, making sure they're getting their test. Every test that is processed helps us to understand and to track the virus so that we can knock it out.

From today, if you're over 30, you can book in to get your vaccine. This is quite a shift towards one of our larger groups, who have a very important role to play in keeping us all safe. I want to stress how important it is that we all get vaccinated. Nobody wants to be in lockdown, and the best way that we can return to enjoying the freedoms that we have had for much of the last year is to get very high levels of vaccination. So we do need to shift from things like our border restrictions and lockdown measures being our main lines of defence, to vaccination being a much bigger collective defence against the virus.

The 30-39 age band includes around 700,000 New Zealanders. I know a good proportion of them had a good laugh at my expense over the last few days, so my message to you is: if you had a good laugh, I only ask that you pay me back by going and getting vaccinated. You can go online to [bookmyvaccine.nz](https://bookmyvaccine.nz) or call the COVID Vaccination Healthline on 0800 28 29 26.

For the daily update, I'll now hand over to the man with the legendary poker face: Dr Bloomfield.

**Dr Ashley Bloomfield:** Thank you, Minister. Kia ora koutou katoa. Right. So, today, we are reporting 63 new confirmed cases since 9 o'clock yesterday morning. Of these, 62 were in the community, and one is a recent returnee in managed isolation. This brings the total number associated with this outbreak to 210 cases—that is in the Auckland community outbreak. Of these, 198 are in Auckland, and 12 are in Wellington. That's an increase of one case, as you will know, on yesterday's number for Wellington. This is, again, another close contact of one of our existing cases. There are currently 12 people in hospital with COVID-19, an increase of three since yesterday; 11 of these are associated with the current outbreak. None of those involved in the outbreak are in ICU.

So with our current outbreak, the numbers, again, have gone up to 63 today—or, actually, 62 with the outbreak—and that's an increase from 48 yesterday. The good thing about this is while this is a steady growth, it is not exponential. We do know that our actions to slow and spread the virus will begin to see a slowing of those numbers increasing. And, indeed, the fact that the rate of increase is not exponential is explicitly because we have alert level 4 in place. Contact tracing, isolation, community testing, and genomic tracing, together with our waste-water testing, are powerful tools to help us identify the extent of the outbreak. But the most important thing to control it is that people abide by the alert level 4 restrictions.

At present, the majority of the links between cases are within households or workplaces. There are some cases that are identified who have been at a location of interest. In the vast majority of cases already, we are able to identify that link, and the exact person-to-person link is still being elaborated.

As I said yesterday, a large proportion of the cases in the outbreak are of Samoan ethnicity. So I would like to reiterate my shout-out of yesterday to the Samoan and Pasifika community in Auckland and to their community leaders for stepping up to support the contact tracing, identification, isolation, testing, and vaccination efforts in the local community. Fa'afetai—thank you. And, as I pointed out yesterday, right since the start of this pandemic it is our

Pacific communities that have had the highest testing rates of any ethnicity, and particularly in our outbreaks, we see their testing rates go up very high. So they're incredibly responsive to the requests to get tested.

There are currently six epidemiologically linked sub-clusters identified within the outbreak. The two largest ones, as I talked about yesterday, are named Birkdale social cluster, associated with case A, approximately 36 cases; and the cluster associated with the AOG church in Māngere, approximately 105 confirmed cases now. The other clusters are under 10, and so I won't be releasing any names or details about those. Actually, there is one other associated with a set of Massey households and workplaces, that has, from recollection, 14 cases—but the rest are all under 10.

There are now even more locations of interest, and those currently being added are generally supermarkets; more recently, some other locations of interest. My understanding is there were just over 40 locations of interest added today, and if you think about the large number of new cases, that's clearly a much smaller number than we have seen in other days.

As a result of public interest, and as we have done in the past, we are now publishing in the Ministry website the demographic breakdown of the cluster, including gender, ethnicity, and age group breakdown. That will be updated daily on our website.

The number of contacts increases again, as we would expect, and commensurate with our broad approach we have taken to identifying contacts. As of 9 a.m. this morning, there were 20,383 individual contacts that had been formally identified; 12,717 of those there has been formal contact made with, at 9 a.m. this morning, and 62 percent of those had already returned a test result. We now have a much larger number of contact tracers—380 were trained yesterday from across Government—so in total, within the next couple of days, we'll have over 1,200 contact tracers in call centres around the country.

Testing continues across Auckland today with 22 community testing centres. Four of those are restricted ones, and they are designed to specifically prioritise and test people involved in some of our larger clusters. There's a new pop-up testing centre today in Mountfort Park in Manurewa and that will further increase the testing in South Auckland and make testing more accessible to the Pukekohe High School community. Testing, of course, continues across our general practices and urgent care clinics in Auckland and around the motu, and I do want to shout out again to our colleagues in general practice doing all that testing. Wherever you get a test, it is free.

On waste water, there was a further detection of COVID-19 in wastewater in Warkworth a day or two back, and so there is pop-up testing running again today in Warkworth. I've had some messages I just didn't get a chance to look at from one of our GPs in Warkworth just before I came down, and they're doing a lot of testing up there. My understanding was 6 percent of the local community had already been tested before today, which is a great effort. Waste-water samples around the country from 70 locations have been analysed or are currently being analysed, covering an estimated 3.6 million people. Aside from the known waste-water results in Auckland, Warkworth, and Wellington, there are no other positive waste-water results—including from the five sites in the Coromandel.

On the Pacific community, back to that again, you would have seen, many of you, a tweet from the Ministry yesterday identify that there are some racist remarks and comments being directed at the people in our Samoan community affected by the current outbreak. This is disappointing and, frankly, gutless. I'm asking everyone in the country to be kind. The virus is the problem, not people. People are the solution; be part of the solution. There's a tremendous amount of work going on with this community and, as we have seen in past outbreaks, they are incredibly responsive. And I want to thank all the community leaders who are supporting our efforts to reach out into and ensure that we support and look after that community and identify any cases there, which will be to everyone's benefit.

Just around contacts of cases, just the rules around exercise: anyone who is a contact of a known case or who has been at a place of interest should be at home, and you cannot leave

your property to exercise. However, household members who may be staying in the home are able to leave the property to exercise as long as they avoid contact with others and they do not have symptoms.

The Minister, I know, will give some more detail on the vaccine roll-out, so two other areas I'd just like to cover. One is we are introducing a day six test in managed isolation. In the first instance, we are doing that on floors where there has been a case identified either at day zero or day three. All the returnees on that same floor whose room is in the vicinity of that case will undergo an additional test at around day six or seven. That is in addition to other routine tests. It's just to help us ensure that if there is any spread within a facility we might detect that earlier than waiting right for the day twelve tests.

And finally, I've just been briefed on the team, before I came down, on the incident around the possibility of some people receiving saline instead of the Pfizer vaccine at the Highbrook vaccination site. This occurred on 12 July and there were 732 people vaccinated that day. At the end of the day at that time there was a reconciliation process of all the vials, and there was found one vial left over. That could have been interpreted that some people did not receive the vaccine that day. It's only a possibility. It's not clear that anyone received just a dose of saline rather than vaccine.

So there's been a lot of work that's happened since. In the first instance, immediate protocol changes were made to move on all sites to more frequent checking and reconciliation of vials rather than leaving this to the end of the day. Then if there is a problem found out where the numbers don't reconcile, it's a much smaller group of people who we can define who may have been affected. Secondly, there are labels now put on syringes once they have been drawn up. That's happening everywhere in our large sites. Another thing that's being done is only one vial at a time is taken into the place for drawing up.

We've been seeking expert advice on this, because recalling that this was mid-July that it happened, at that point in time there was no discussion around the world around the use of booster or third shots, and this vaccine, the Pfizer vaccine, here in New Zealand and everywhere is approved as a two-dose regimen. So in this case, where it's not clear that—we had some people, a small number, possibly five, who hadn't received a dose; most of those people would have received a dose. So we've been seeking advice from our technical advisory group on what's the best approach to whether or not people are offered a further dose. Again, I just want to reiterate that it's still not clear that anybody missed out, and if anyone did it would be five of those 732 people, who are also scheduled to, and some may already have had, a second dose. There's been a full updated review of the evidence going on, including talking to and looking at the experience in Israel where they have started in some groups doing a third dose, and also there was a similar incident in Queensland, and so we've been talking to counterparts there.

Finally, just to summarise what will happen now is that everyone who was involved in that incident will receive a letter within the next 24 hours, and there will be further follow-up discussions with them about what the next steps will be. And, again, we're still waiting on the advice of our clinicians and scientists about whether everyone should be offered that third dose or not, but we will keep you updated as that scientific advice comes to hand. Thanks, Minister.

**Hon Chris Hipkins:** Thank you, Dr Bloomfield. I am going to provide a bit more information about vaccines, some important information for schools, parents, and students, and then a brief word on Parliament.

At the moment we are bringing on board more primary healthcare facilities into the vaccination programme. We're bringing on board about 50 per week. By early October we expect to have around 650 places available where people can be vaccinated over and above the clinics being operated by district health boards. We do know it is important that people can get access to a vaccine with the people that they trust: their doctor and their primary care providers. So we're making it as easy as possible for those primary care providers to come on board. We've roughly halved the amount of time it takes to bring them on board into the

vaccine programme. We've streamlined the way that they are reimbursed for the costs associated with the vaccine programme and we do expect that number to continue to grow. It is free for everybody to get a vaccine and there will be no charges for the vaccine for anybody in New Zealand.

Our specific drive to ensure essential workers are vaccinated is also tracking well. We've seen more than 6,500 essential workers get access to the Pfizer vaccine just over the last week. Feedback's been extremely positive from supermarkets in particular. They want to make sure that their staff are protected at alert level 4, and we're working with them to ensure that that can happen.

From tomorrow, all Government border workers are required to be vaccinated. There'll be checks and balances in place to ensure that that happens. That's the first of two deadlines we have in place. By the end of September, the wider border workforce, who weren't covered by the first required vaccination order for border workers, will also need to be vaccinated. These further measures will again strengthen our border requirements and strengthen our protections against COVID-19.

To quickly remind you of the daily numbers: 2,932,455 doses of the vaccine have been delivered so far. Over a million of those have been in Auckland—so over a third of the doses of vaccine that have been delivered so far have been in the Auckland region.

A quick word on education: some of you may or may not have tuned in to the education select committee this morning, where I spoke about the education system's response to COVID-19. We do know that learning from home puts a huge amount of strain on students, on parents, on teachers, and on educational leaders, so I want to send a big shout-out of thanks to everybody that's involved in ensuring our young people's education continues whilst they are at home at alert level 4. We do know that it can be difficult and stressful for teachers in particular, and so we have put in place extra support for teachers through the employment assistance programme. That's available from today. It is free of charge, and more information is being distributed about that. We do know that if teachers are feeling the strain of that, they need to talk that through with someone. We want to make sure they can do that. That's available free of charge from today.

I've also heard many schools are making use of the public health order that enables a small number of staff to go on site to get the devices and packs of material to send out to students. Thank you for doing that, and thank you for doing it so carefully and safely. We've made funding available to the Ministry of Education so that they can support schools and kura to meet the costs of providing materials to young people whilst they're learning from home. We're also making sure that learning packs are available centrally where schools are unable to produce them themselves, and we are also particularly focused on getting digital devices out to the young people who need them. So around 7,000 devices should go out in the next few weeks. That's on top of the 36,000 digital devices that we sent out last year.

Live education TV has been reactivated, both on TVNZ and Māori TV. That comes on stream from today, and there is also on-demand content online. We'll continue to work to connect households to the internet that aren't connected to the internet where they have learners in them.

Finally, a word on Parliament: select committees are meeting this week to ensure the ongoing scrutiny of Government activity. That includes Ministers being present at virtual select committee meetings to answer questions on almost every aspect of our COVID-19 response, and to some extent that is providing a greater question and answer opportunity for members of Parliament than would be the case if Parliament was sitting as normal.

We are very mindful of the need for that scrutiny, and we're also very mindful of the need for Parliament to be able to come together sooner rather than later. So the Government's view is that we should explore all opportunities for Parliament to be able to meet virtually rather than travelling here to Wellington at the current point in time, and we will work with the Speaker and the Business Committee to explore all of the ways that that could be done.

Other parliaments around the world have used remote meeting technology to allow them to continue to undertake all of their functions whilst restrictions are in place, and that is something that we'll be actively exploring here in New Zealand. We'll do that through the Speaker and through the Business Committee. Of course we will aim to reach a consensus on that, if we can do, and I ask simply that all other parties participate in that process constructively.

Now open up for questions.

**Media:** Minister, Pacific medical providers say that they've been operating some of the vaccination centres from the beginning but that they told the Ministry of Health they needed to be going into churches and they wanted to see things like group bookings. Why was their advice not taken on board?

**Hon Chris Hipkins:** I don't necessarily agree with that. In fact, I've heard reports of where Pacific health providers have gone into church congregations in the weekends, for example, and offered a pop-up vaccination clinic after a church service—obviously, not in the last week, but I am aware that that has happened up until now. So look, I'm happy to look more at who's raising the concern and why they're raising that particular concern, but we've seen examples of where that's already been happening.

**Media:** Are you confident, though, that it's been happening on a large enough scale and that there has been trust towards the Pacific medical providers to be able to engage with their communities in the best way that they know how?

**Hon Chris Hipkins:** Oh, I can absolutely confirm that we have good relationships with our Pacific health providers, our Māori health providers, and that now that we're getting into the point where we're making vaccines available to just about all of the population—next week it will be available to all of the population—those sorts of pop-up events where there are gatherings of people, at such time as those gatherings are able to resume, will be able to become a more integral part of our vaccination programme.

**Media:** Why are COVID-positive cases having to wait to get into the Jet Park, and what are you doing to monitor those who are having to isolate at home?

**Hon Chris Hipkins:** There is capacity at the Jet Park at the moment, so there may be some logistical considerations around that, but we have capacity at the Jet Park to be able to accommodate positive cases. So it will be a public health consideration rather than an MIQ consideration that's driving that. We are also currently in the purpose of readying another facility to take quarantine people in the event that we need that, and it is looking likely that we would need that, given the number of cases that we're seeing. So we're preparing that facility now so that we will have those rooms available if case numbers continue to grow.

**Media:** On the saline issue, why did you not contact those 732 people who got the jab that day before it broke in the media? You've had more than a month to contact them and they've not heard anything from you. Is that good enough?

**Dr Ashley Bloomfield:** Yeah, two points, just to reiterate: the first is that there was an immediate interview done with all the vaccinators, and none of them could think of anything in their process that might have explained the leftover vial. So it was not clear that in fact anyone had missed out. So there's been a thorough investigation into that, in the meantime, not leaving it to chance and making changes anyway to rule out the possibility that could happen again. But the second was just that then what the expert advice was to actually do in this situation, and we've been seeking that advice, working closely with the DHB up there.

Minister, if I could just add a point on to the previous question: the reason for the delay, as you can imagine with 40, or over 60, cases, part of the issue is safe transportation of people to the managed isolation or quarantine facility as well. So it would be a transportation issue. Sorry, and the second comment is just an update on Warkworth, as it's been confirmed there is a positive case who lives in Warkworth that is likely to explain the positive waste water there. Sorry.

**Media:** At what point was the decision made to send those letters out to those people?

**Dr Ashley Bloomfield:** Look, it will have been made now that the news is out, but—

**Media:** So not since RNZ started making—so since RNZ started making inquiries?

**Dr Ashley Bloomfield:** Yes.

**Media:** Why not before?

**Dr Ashley Bloomfield:** Just as I explained just earlier on, the key reason here is we were waiting for advice from our clinicians on the best way to deal with this particular situation, and I do want to point out there was a range of views. Some felt because there was actually quite a low possibility that five of those 732 people may have got either saline or a diluted dose of the vaccine, that, actually, because there was quite a lot of uncertainty, there was no need, necessarily, to do anything. So we were waiting for our firm clinical advice on that.

**Media:** So was there a decision made—was there a discussion about not going public? What was the upshot of that discussion, and was there ever a decision made not to go public?

**Dr Ashley Bloomfield:** No, no decision had been made. As I say, there was a range of views. We had been involved in those discussions, in quite a lot of discussion, between the ministry and the DHB based on the emerging evidence from the review that was being undertaken.

**Media:** But you could've gone public at any time over the last seven weeks. Even if there's a possibility that five people are walking around thinking they're not vaccinated, you could say, "Look, there's a problem. We're going to put the date out, we're going to put the centre out.", so that people can be aware. And also the lapse of time in actually giving people a day—I mean, why did you not take that approach? If you weren't sure whether people were vaccinated or not, wouldn't it be to err on the side of caution to go public and tell people that they may not have had the proper vaccine?

**Dr Ashley Bloomfield:** Indeed. These were all the issues that were being canvassed, including with expert clinical input. So on that day, 421 people were actually receiving their second dose, and 311 their first dose. Since then, 286 of that 311 have had their second dose. So virtually everyone in this group has had at least one, if not two, and it may well be that all of them are fully vaccinated. We were looking to see what other jurisdictions like Queensland had done in this instance and awaiting our expert advice.

**Media:** If RNZ hadn't broken the story today, would those people have been contacted?

**Dr Ashley Bloomfield:** Yes, that was always the intention.

**Media:** Just on the Crowne Plaza investigation, we know that the family that contracted Delta from the Sydney returnee, the door opened, the family adjacent ended up contracting it at some point between August 7<sup>th</sup> and 9<sup>th</sup>, when the Sydney returnee was still there. That family then went for a walk in the exercise area on 12 August. Do you know from CCTV footage whether any members of the public were using that walkway, which does not have a lid—it is the same air space as the exercise area—and, if so, have you identified those people?

**Hon Chris Hipkins:** So they've done a fairly thorough review of anybody who may have potentially been at any place around the Jet Park at any time when there could have been risk. And they have been contacting and ensuring that people are being tested.

**Media:** You mean the Crowne Plaza? I'm not talking about Jet Park.

**Hon Chris Hipkins:** Oh, sorry, you're talking about the Jet Park. No, I'm talking about the Crowne Plaza—yes.

**Media:** OK, yeah—Jet Park.

**Hon Chris Hipkins:** Sorry, did I say Jet Park? I meant Crowne Plaza.

**Media:** So just to clarify, you don't know whether anyone was using that walkway that uses the same air space when that family—who were already positive because they had have picked it up from between the 7<sup>th</sup> and 9<sup>th</sup>—on the 12<sup>th</sup> they were using the exercise area. You don't know if any members of the public were using that walkway at the time?

**Hon Chris Hipkins:** There has been a very, very thorough case investigation around everybody who was in or around the Crowne Plaza at any time of risk, to identify anybody and to identify who they are and make sure that they have been tested. On the walkway in particular, I'll ask Dr Bloomfield to provide a—

**Dr Ashley Bloomfield:** I don't have any specific information, but we can come back to you on whether the CCTV footage of that specific incident where the members of the family from the room next door were exercising—whether there was anyone using that walkway.

**Media:** And just lastly on that, given your announcement today that you are going to do the day six testing, has that been triggered by the fact that this particular family had been able to use the exercise area during the period that they were obviously positive? Is that why you've decided to put in some day six testing?

**Hon Chris Hipkins:** We'd made that decision already.

**Dr Ashley Bloomfield:** Yeah, the day six testing is something we had been looking at anyway. But I'm just saying that what we're doing is bringing it in now because we have seen this incident of in-facility transmission. We've had them before, as well, and it's quite a gap from the day three testing through to day 12. So this just gives a—it may or may not pick up any infections if there's in-facility transmission, but it's just another slice of cheese in our line of Swiss cheese slices.

**Media:** Have you had an update, Dr Bloomfield, on what Dr McElroy yesterday said the number of close-plus contacts are and how many of them are still to be contacted, and whether any of them are outside Auckland?

**Dr Ashley Bloomfield:** Right. I can't answer the latter, sorry, but we can come back to you on that. As of this morning, there were 461 very close contacts, and of those 400, 87 percent we had had a conversation with. And there was a testing result, because it was due, on 289 of those people. So far, 68 positive and 221 negative.

**Media:** Do you not know if they're outside—does the ministry know if they're outside of Auckland and have been infected—if there are any outside of Auckland? I'm still trying to ascertain that information.

**Dr Ashley Bloomfield:** They will know. I'll just need to get that information. I've just got one page out of a very long report.

**Media:** A life-saving kidney transplant's been cancelled in Auckland tomorrow, as the DHB doesn't have enough nursing resources. Is that good enough?

**Dr Ashley Bloomfield:** Yes, so a person emailed me yesterday about this and I responded to him last night, actually. My chief medical officer, Dr Connolly, has picked that up this morning with the DHB just to talk it through and see. What I do have confidence in is that the clinicians making the decision will know whether or not that procedure needs to be done urgently, given that we're in alert level 4. I have every confidence they will, but we're just following up on that one with the DHB this morning.

**Media:** Is a kidney transplant ever not urgent?

**Dr Ashley Bloomfield:** Most kidney transplants are done as an elective procedure, whether it's a—well, actually, they're done urgently if it's a deceased donor, but many kidney transplants are a live donor, and usually a related donor, and those are very much a planned and a booked exercise.

**Media:** And are you thinking that hospitals are at breaking point when it comes to these—urgent care during alert level 4?

**Dr Ashley Bloomfield:** Actually, because the hospitals have all wound back, and in most cases completely stopped, elective surgery and elective appointments, or are doing outpatient appointments virtually, there is good capacity within our hospitals. So saying, in the Auckland region—at both North Shore and Auckland—they did have those challenges of those early cases, and so a number of staff had to be stood down, and likewise, a number of staff are affected as close contacts because they've been at a location of interest and they have to be stood down. So that is creating pressure, but I'm confident that the staffing is available to make sure urgent care can be provided.

**Media:** Minister, it's taking two to five days, as I understand it, to get a nasopharyngeal test back now. There is almost no evidence of APHG doing any saliva testing, and in fact the evidence seems to be that they're finding that it's a slower process because of the way that they process the saliva samples. There was discussion last week of involving private sector saliva providers. There appears to be no progress on that. What is going on with saliva testing? What is the problem? Does the Ministry of Health actually want saliva testing to occur?

**Hon Chris Hipkins:** So in terms of the processing of the nasal pharyngeal swabs, yes, there was a bit of a delay in getting through a backlog in the context of a massive surge in the number of tests. That has been cleared—more or less cleared—now, and they should be getting back to a 24-hour turnaround for the nasal swabs. They've also got systems in place to ensure that where urgent swabs are required—so where someone is a particular person of interest and we need to get a rapid result back—they can get a result back faster than that. In terms of the saliva testing, it is being rolled out now for our front-line border workers. Not all of them have access to it at this point, but many do, and there are—I think, from last count, it was about 400 workers have opted into that, bearing in mind they get a choice between a saliva test twice a week or a nasal pharyngeal, a nose swab, once a week. So about 400-plus people of those who are currently eligible and able to access it have opted in and will be doing that regularly.

**Media:** [*Inaudible*] not have sense of urgency about saliva testing [*Inaudible*]. It was discussed last week as a possible source of surge capacity. Where have those discussions with private sector providers got to? We've got Waipareira setting up with a private sector provider now. What's the problem?

**Hon Chris Hipkins:** Look, I'll ask Dr Bloomfield to comment on that, but one of the points that I will make is that the processing of a saliva swab versus a nasal swab is as long, if not slightly longer.

**Dr Ashley Bloomfield:** Just two additional comments, and it wasn't in my notes but I do want to point out that there were 49,745 tests processed yesterday in our labs across the country—way and afar our largest number ever—so that has cleared what was a bit of a backlog, particularly any that were more than 48 hours. And I can say my team is in ongoing active discussions with more than one private provider of saliva testing, and I had asked them to progress those urgently to see what could be got in place in case we were needing to draw on that in the current context.

**Media:** Do you actually have confidence in saliva testing, Dr Bloomfield?

**Dr Ashley Bloomfield:** Sorry?

**Media:** Do you actually have confidence in saliva testing? The ministry has accepted that it's as good as nasopharyngeal.

**Dr Ashley Bloomfield:** Yes.

**Media:** Why are you so resistant to it?

**Dr Ashley Bloomfield:** Not resistant. I do have confidence in it. That's why we're rolling it out in the border settings and also looking at where it could be rolled out in other parts of the country, including, for example, with surveillance testing of healthcare workers in our hospitals.



**Media:** Has the Government received any advice or are there any concerns about Aucklanders travelling up into Northland or around Northland at the moment?

**Hon Chris Hipkins:** I haven't received any specific concerns about that. Law enforcement are working hard to make sure that people are only travelling for essential travel, and that's our message to all New Zealanders: you should only be travelling if that is essential travel. The movement between Auckland and Northland is one of the things that we will consider in making future decisions. If we were to have a land-based border at some point in some part of the country, we'd certainly have active conversations about that.

**Media:** Back on the Crowne Plaza, and forgive me if I'm relitigating this, but, I mean, MBIE appears to be—I believe is saying that the set-up there in the atrium is now being extended and sealed; you know, they're sort of rebuilding it. Why was it the way it was in the first place, and is this an acknowledgment that it wasn't actually up to par?

**Hon Chris Hipkins:** So what I can say is that all of the infection prevention and control audits that have been done of the Crowne Plaza have not raised any issues around the perspex barrier. So there are two thoroughfares or walkways that are in question here. One is through the atrium and the other is the alleyway down the side. In terms of the one through the atrium, there was a perspex barrier in place. My understanding is that there was a gap between the top of it and the ceiling—not a particularly big gap. Work is under way now, and should be completed tomorrow before anyone else goes into the Crowne Plaza, to close that gap off. But part of that, though, is then testing the air-conditioning systems to make sure that air isn't transferred through the air-conditioning systems between those two areas. So that work is being done at the moment, so before anyone else went into that facility, that would be clear.

In terms of outdoor spaces, the fencing guidance for managed isolation facilities is that any area where there are members of the general public, and any area where there would be returnees—people from an MIQ facility—there needs to be at least two lines of fencing, two metres apart, one of which is that the interior line of fencing needs to be 1.8 metres high and the exterior line of fencing needs to be at least 2 metres high. The exterior line of fencing is also covered, if you like, to provide privacy into the MIQ facility. Given that they are outdoor spaces, the public health advice we've had is that that mitigates the risk of people on the outer side of the outer fencing being at risk from those who are in the inner fenced part.

**Media:** That's all very well and good. Do you accept that the previous set-up was not suitable, though?

**Hon Chris Hipkins:** Like I said, the infection prevention and control audits had not raised this as a concern. There is still no evidence, at this point, that there was transmission from one side of the perspex to the other, but we are doing everything we can to make sure we're mitigating every risk possible. At this point, we still do not know what happened at the Crowne Plaza—whether it was even at the Crowne Plaza that there was transmission from our potential source case and other people—but we keep running down every potential avenue and every potential possibility.

**Media:** Labour Party volunteers—are you disappointed that they continue to distribute, you know, Labour Party materials?

**Hon Chris Hipkins:** I know the Labour Party has been going to great lengths to contact every individual volunteer who has some Labour Party leaflets that they were given pre the lockdown to remind them that they should not be delivering those during the lockdown period. I know they have been working very, very hard to ensure that every volunteer who has leaflets knows that they should not be delivering them at the current point in time.

**Media:** Can you just give us an update of the status of the quarantine facilities? So how many more beds are there in the Jet Park—places in the Jet Park—and what is the maximum kind of capacity of quarantine facilities that could be stood up in the country in the event of a massive outbreak?

**Hon Chris Hipkins:** So we have—as at last count, I think there was around 70 rooms still available in our existing quarantine in Auckland, and a different capacity around the rest of the country, but Auckland is obviously the area of primacy at the moment. An additional facility with several hundred extra rooms is being prepared, so that we can activate that within the next day or two, in the event that we need to. Just remember that there is not a direct correlation between cases and rooms. So we are seeing multiple cases within the same family bubble, and in many cases they share a room, so that allows us to maximise our use there. In the event that that filled up and we needed to repurpose another one of our MIQ facilities for quarantine, then of course we could look at that. We have to balance that up against the pressure of travellers coming in, and our need to accommodate that safely. One of the reasons that we're not re-releasing any vouchers from cancellations at the moment is we just want to make sure that we're not overcommitting our MIQ facilities when there is this extra pressure coming on domestically.

**Media:** Most of the staff for the quarantine facilities are coming from MIQ, so there's a direct relationship between the capacity of MIQ—well, MI, I guess, and the Q?

**Hon Chris Hipkins:** Yeah, so the quarantine part does require a more intensive level of staffing than the managed isolation part of our operation. So one of the key transitions that has to happen when we turn an isolation facility into a quarantine facility is to up-staff it, so that there are more staff there to make sure we can provide that higher level of care and support to the people who are in it.

**Media:** Once this quarantine facility has been stood up, is that the absolute limit of quarantine rooms that New Zealand could stand up?

**Hon Chris Hipkins:** No. Theoretically we could continue to repurpose other MIQ facilities, but then we'd have to balance that up against the fact that we have pressure coming in of people who have vouchers booked to come into the country.

**Media:** Are you satisfied or happy with the way the ministry has dealt with the Highbrook vaccine situation and the level of transparency they've shown over the past several weeks?

**Hon Chris Hipkins:** Look, I don't really have anything to add to what Dr Bloomfield said. I'm aware that there are still some—a question mark as to whether there is any risk here, and, in fact, every one of those people could have been fully vaccinated. In fact, the workers concerned I think are very diligent. These things do happen. It could simply be a recording issue here, so I don't really have anything to add to what the director-general has said.

**Media:** I'm asking you, as Minister, whether you're happy with the level of transparency that's been shown and the fact that you were not alerted, given the amount of discussions, reviews, investigations over this case.

**Hon Chris Hipkins:** Yes, I am comfortable with that.

**Media:** Minister, at this point, are you clear on whether anyone has been infected in level 4 outside of a household?

**Hon Chris Hipkins:** Sorry, run that one—

**Media:** Post - level 4, infected but not inside a household, which we know how it happens, but in another setting—say a supermarket or pharmacy, something like that.

**Hon Chris Hipkins:** I might ask the director-general. We are sort of at the process of going through on a daily basis now, trying to give people a greater sense of whether the new cases we're seeing are from outside of the household bubble, from a location of interest, and so on. We are still seeing some cases from outside a household bubble but from a location of interest, but most of that would pre-date the level 4. I don't know that we've seen—

**Dr Ashley Bloomfield:** It's not clear at the moment, but what we're doing—I've got a team who are going through all the data on locations of interest, looking at the links between people to build that picture so that, particularly by the end of tomorrow, we've got a really

good picture of whether or not there may be people who have been infected in the alert level 4 state, because that will be very important information for Cabinet's decision.

**Media:** On level 4, the 2-metre physical distancing guideline that was established during the Alpha phase of COVID, is it up to scratch given how much more infective Delta is, given the kind of weird infections we've seen happening?

**Hon Chris Hipkins:** When we established the 2-metre guideline, if you like, it was before we were requiring people to wear masks when they were out and about. So extra protective measures have been put in place during that time.

**Media:** Finally, on whitebaiting and shore fishing, is it OK? DOC says no, but the police are kind of turning a blind eye to it.

**Hon Chris Hipkins:** People shouldn't really be out whitebaiting. It sounds a lot like a recreational leisure activity to me.

**Media:** On behalf of a colleague, Minister, are you worried about cyber-security, given all the extra devices sent out and learning from home? What extra is being done in this space?

**Hon Chris Hipkins:** All of the extra devices that are being sent out by the Ministry of Education are connected up through the Network for Learning, so they have extra security measures, extra filters, put in place. For families who are connecting their kids to learning at home, Network for Learning are providing security screening measures that families can access for devices that they own, as well. So look at what the Network for Learning have to offer, if you're a parent that's worried about that and you want to make sure that what your kids are doing online—both now during the lockdown and at any other time—you want to make sure that that's safe, work through the Network for Learning. They've got some great tools and they are freely available to families.

**Media:** Are you happy with the number of tests that you've got back from contacts, and do you need 100 percent of test results back from those contacts before we start looking at any sort of move through alert levels?

**Dr Ashley Bloomfield:** Well, the list of contacts grows every day, and so we will never be in a position where we've got 100 percent of results back. What I am satisfied about is that the ones who are the very close contacts—the household contacts, or workplace, or so on—we have got isolated and that we have got tests back on many of them, and that the others will be coming through.

**Media:** Only 62 percent tested.

**Dr Ashley Bloomfield:** Yes, and that will reflect two things. First of all, the timing of the testing, because we usually wait until that day five if they're asymptomatic, and secondly, they may only just hit—a number of those will have only just come in as very close contacts.

**Media:** Should we have better prioritised the testing stations from the get-go and made sure that contacts and symptomatic people were tested before the worried well?

**Dr Ashley Bloomfield:** Well, we certainly endeavoured to do that, and our messaging right from the start was very clear on a daily basis about who it was we needed to be tested, and asking those who didn't need to be tested not to show up. So we've made every effort to do that. Likewise, for the last few days, we have had these restricted access testing centres in Auckland that have been specifically designed to get to people who are part of existing clusters, associated with existing clusters.

**Media:** Dr Bloomfield, you mentioned yesterday that you'd anticipated, in preparing for Delta, that there would be a surge in the number of contacts out there, but that this was 10 times the size of the August outbreak. Were you implying that the appropriations for Delta didn't entertain an outbreak that had this many contacts and this many locations of interest this early on?

**Dr Ashley Bloomfield:** Well, two comments there. First of all, there are a lot of locations of interest, and you never know quite when you get that first case just how many other cases there are at the time and, indeed, how active they may have been. And we've seen, and you'll see from the demographic description of this outbreak, that there are a lot of younger people. We saw that right from the start. So that's one thing. I'm not saying we weren't prepared for that, but the key thing is that right from the start the Auckland Regional Public Health Service took a very inclusive approach to describing people who, up until now, we would have considered casual contacts. It would have just been, "Stay home. Get a day five test.", and then release. But in this instance we've categorised nearly 20,000 of those people as close contacts. So I think it was the right thing to do, and it was part of our response to Delta to be inclusive, but it has meant, of course, that we have got many, many more people who we are following up on a daily basis for a longer period.

**Media:** And did you do enough to prepare the contact-tracing system for an outbreak like this? Dr Verrall, now Associate Minister Verrall recommended in April that you should be able to contact trace 1,000 cases a day. We have 210 in eight days, and it's still a bit of a struggle.

**Dr Ashley Bloomfield:** Yes, I think the recommendation from now Minister Verrall back in March, April last year was very much based on what we knew about the virus at that time, and, clearly, Delta is almost like a different virus. I'm confident we had upped our preparations and scaled up our contact-tracing ability, but, of course, you never know quite how or how quickly things are going to unfold until you're in it. We have got good contact-tracing capacity now, and have had from the start, so we will be able to track down all these people.

**Media:** If Delta's like a different virus, why wouldn't we have, you know, prepared for, perhaps, even more cases, and even more contacts of those 1,000 cases a day, instead of less?

**Dr Ashley Bloomfield:** Well, the preparation was ongoing at the time.

**Media:** Is the elimination strategy a long-term viable option with Delta, or do we have to accept a level of infection eventually?

**Hon Chris Hipkins:** I think if you look back to what we were talking about just a few weeks ago through the workshop that the Prime Minister led around reconnecting New Zealand, we are looking beyond doing everything that we're doing now on an ongoing basis. Things will change. They'll change with higher rates of vaccination, not just here in New Zealand but also around the world. They'll change as new tools come into being, such as our ability to better enforce vaccination and pre-departure testing through greater international standardisation of those processes, for example. We're actively exploring—well, we are actively part of the conversations around making that happen. So I think New Zealanders at home who are saying, you know, "Is this still the right strategy?"—it's too soon to throw in the towel. We've come this far; it would be an absolute waste for us to give up on this now. We still want to drive this particular outbreak of COVID-19 out of our community and get back to a sense of normality. You will see changes in the medium term in the way we manage the border, and, of course, we do want to get to a point where lockdowns aren't the answer to potential outbreaks within the community, but we're not there yet, and we're certainly not willing to give up before we get to that point.

**Media:** And sort of separately, what indication can you give to businesses of what lower alert levels will look like this time around? For example, will level 3 be more or less restrictive than it has been in the past?

**Hon Chris Hipkins:** The alert level framework still remains the overall guide that we work to. Of course, from time to time there are the odd tweak to the alert level framework, and people will have seen that through our response so far. So yes, mask use will continue to be a greater feature as we step down through alert levels. So will compulsory QR codes. Well, you can't call it compulsory QR code scanning—compulsory record-keeping for contact-tracing purposes. So that will continue to be a greater function. One of the things that we're working through at the moment is we've not ever had so far in our response a situation where

we've had a differentiated level 4 - level 3 situation. We have had times when we've had some parts of the country in level 3 and some in level 2, but we've never had level 4 and level 3 split around the country. So we're just working through what that means for supply chains and movement and so on, and extensive conversations going on to be ready for that in the event that that's where we get to at some point in the next little while.

**Media:** So does that mean that even if the South Island doesn't have a single case, it will still be going to alert level 3 down through the staged drop down alert levels—it will be 3, not 2, that it's going to?

**Hon Chris Hipkins:** It's not just cases; it's also risk of cases that we take into account when we decide what the alert levels in places should be. As I've indicated before, we've got contacts of cases spread all over the country, people who were at locations of interest spread all over the country. So we'll look at all of those things when we make those decisions. And we've still got a couple of days to go before we next have to make those decisions.

**Media:** But it will be going down the alert levels, rather than going from a 4 to a 2, for example?

**Hon Chris Hipkins:** I would never rule anything in or out in terms of the shift in alert levels.

**Media:** Just a quick follow-up on Henry's earlier question regarding transmission outside of the house under level 4, Dr Bloomfield, shall we take from your answer that you're yet to identify any? You're currently going through [*Inaudible*].

**Dr Ashley Bloomfield:** Well, what I would say is of the new cases today, over 60, many of those interviews are ongoing at the moment. But you can imagine that those people will have been tested because they were implicated as part of a cluster already, so they were known close contacts—and we can see from our very close contacts that over 10 percent of them are returning a positive test—or they were at a location of interest or they were symptomatic. So at the moment there's nothing to suggest that there's what we're really looking for: are there cases popping up that don't appear to be linked, either epidemiologically or through the whole-genome sequencing, of course, which we're doing on every case.

**Hon Chris Hipkins:** Can I just indicate, in terms of our contact tracing as well, yes, there can be a bit of a lag in reporting of the work that they have been doing. That doesn't mean that in the meantime the people who need to know information flowing on from those contact-tracing investigations—they do know. It just may be a wee while before it's all nicely tabulated in a form that's easy to share publicly. But our contact tracers are working at pace to get that information, but there can be a bit of a delay in sharing that forward.

**Media:** Can I ask about today's good news, the vaccination rates. You seem quite pleasantly surprised by that. Does that suggest a shift in how many you think you can deliver a day? When do you think we can get to the peak per day, and do you think we can sustain it?

**Hon Chris Hipkins:** We can't sustain 80,000 a day every day between now and the end of September. We would get to the point where we would run out again. So we are expecting big deliveries of vaccines in October. We've got a good idea of the sort of deliveries we'll be getting through September. We'll be managing carefully to make sure that we don't run out before the end of September. From October onwards, when we're expecting in the month of October, potentially, up to 4 million doses to arrive in October, we'll be fine, but we're just still having to be a little mindful that we don't want to run out. Now, we've got plenty in stock as of today. We always model forward, you know, on that sort of three- to four-week cycle, just to make sure that we're not going to run out at any point in that period of time. So that's the bit that we do. We couldn't sustain 80,000 a day, but even within that we know that there'll be ups and downs. We know numbers go down in the weekends, and so on. So the team are working hard to understand that.

**Media:** The Manurewa Marae, who are vaccinating up to 300 people a day, are saying that they're not adequately funded. They're even going out to ask for donations for things like wet

weather gear. They've got no money for Portaloo's. Are you in conversations with them and will you be giving them more resources?

**Hon Chris Hipkins:** Look, it's the first time that I've heard any complaints about the overall payment model for vaccinations. That was worked through very carefully in the beginning to make sure that we weren't cutting corners here, we were reimbursing a fair amount for each individual vaccine dose. So that's the first time I've heard a complaint of that nature. Happy to take that one away, unless Dr Bloomfield wants to comment.

**Dr Ashley Bloomfield:** Yes. I'm actually very happy to follow that one up. Also, for our Māori and Pacific providers there was additional funding made available right at the front to help offset those known set-up costs. But if there are ongoing costs like that, very happy to engage with them directly.

**Media:** And also, Minister, we're months into the vaccination roll-out; Māori are still only sitting at around 11 percent. Is it fair to say that the vaccination strategy is actually failing Māori?

**Hon Chris Hipkins:** What I've said all along is if you look at it on an age profile basis—so when populations became eligible—the vaccination rates amongst Māori are as good if not slightly better than the comparable age band of other ethnicities. The challenge is that there are fewer Māori in those older age bands. As we get down into younger age bands, we'll be looking and pushing really hard to make sure we get high rates of vaccine uptake amongst our Māori communities, and then, of course, our Pacific communities as well, to make sure that we're not creating a greater equity challenge than the whole system already has in this particular area.

**Media:** Dr Bloomfield, just on contact tracing, do you know how much of your team are Pacific speaking, or specifically Samoan speaking? Because that would seem to play a big part in the contact-tracing system, just because of language barriers and cultural barriers, that sort of thing.

**Dr Ashley Bloomfield:** I don't know exactly. I can come back with the numbers. I do know, for example, on the vaccination side over 500 of the operators working at Healthline Whakarongorau are either Māori or speak a Pacific language, but I'll come back to you with the number who are in the contact-tracing area who would speak Samoan.

**Media:** Is there a need for more Pacific-speaking contact tracers within your team?

**Dr Ashley Bloomfield:** I will check on that. Of course, what I do know is that all the different groups who are working on the contact tracing, whether it's the public health units, our national contact-tracing centres, or the call centres, will be very aware of the need to have speakers of Pacific languages and, in particular, Samoan. But I'll check and see if there is any problem on that.

**Hon Chris Hipkins:** I've got a question over here and then I will do a rapid-fire round, because that worked so well last time, right?

**Media:** Minister Hipkins, are you considering making the \$2,000 course-related costs or another StudyLink equivalent available to all students? Because a lot of us are starting up classes again in the next week or two and we're having to download software at home that we can't access at university centres, that sort of thing. It would be a real big help.

**Hon Chris Hipkins:** Yeah, so we did put some additional financial measures to support tertiary students in place the last time we were in the lockdown. We're just still in the first week of it this time around and we're continuing to look at how we can best support people through this. The duration of the lockdown that we're dealing with at the moment will be one of the factors that we consider in doing that. So I'm not ruling anything out in terms of repeating some of those supports that we had last time.

We're also looking at the hardship funds. We topped up the institutions' hardship funds last time around to provide that extra support to those learners most in need. So we've been liaising with them around the state of their hardship funds, so are they starting to get depleted to the point where they may need some further top-ups. So we're very conscious of that and we'll continue to look at that.

**Media:** And will that funding continue through level 3 as well, because we've been notified through—oh, a couple of different institutions now have notified students that their campuses will remain closed in alert level 3.

**Hon Chris Hipkins:** Yeah, so one of the things that we do is make sure that we're providing financial support to those most in need. Those hardship funds, when we top them up, they then continue to be available until they're depleted again. So that is something that we're currently looking at as to whether they need that, and if so, by how much they think they need that.

**Media:** We've spoken to a woman in Lebanon who has applied for an emergency spot in MIQ, but she's been told that she needs to prove that there's a serious risk to her health or safety. Why is being in a country which is on breaking point not considered enough of an emergency?

**Hon Chris Hipkins:** Look, the MIQ team who assess that need to know as much as possible about people before they can make an assessment as to whether or not the person needs to travel. It's very difficult to comment on a specific case like that. Generally speaking, though, the political situation in a country, the level of stability and risk in a country, will be one of the factors that gets taken into account there.

**Media:** But she's starving and she can't afford a doctor and she's been asked to go to a doctor to prove it. At what point does common sense or compassion come into this decision-making process?

**Hon Chris Hipkins:** Yeah, look, as I said, it's difficult to comment on an individual case without knowing the details of that case.

**Media:** Minister, could I just ask on behalf of a patient that got the jab on 12 July at this Highbrook centre—it's someone with an underlying health condition, yet to get their second jab. They're really worried. What do you say to them?

**Dr Ashley Bloomfield:** Well, what I say is what I said earlier on: everybody will be contacted and then provided with information about what the next steps would be. And, in particular, again, this is some of the advice we've been seeking from our advisers is whether the possibility of a third dose is offered to those people who, for example, have underlying conditions or may be a border worker, rather than everybody. So that's the sort of advice we will be able to give this person.

**Media:** They're really worried. Are you sorry?

**Dr Ashley Bloomfield:** Well, I'm sure they're worried and, of course, that's why we'll be reaching out, and I'll leave it to the team to have the discussion with that person, and, indeed, they'll be talking to every person.

**Media:** But given those scenarios exist, do you wish now, in hindsight, that those people who had been at that vaccination centre had been contacted immediately, rather than seven weeks after it came out in the *[Inaudible]*?

**Dr Ashley Bloomfield:** I just want to reiterate two of the points I made earlier on. First of all, there's still quite a lot of debate about whether or not anyone missed out on anything. So it was because of a reconciliation process. The second was: what we wanted to be sure of was exactly what advice we would be giving these people when we did contact them, rather than telling them, "There may be a problem but we can't tell you what to do about it." So I'm comfortable that we're going through a very thorough process and that we will be now able to provide people with advice.

**Media:** If I may, I just want to follow—

**Hon Chris Hipkins:** We're going to have to wrap up in a minute, so you're taking your colleagues' time.

**Media:** Just very quickly. I mean, Marc asking about surge capacity with contact tracing—the ministry, before the outbreak, said that they had surge capacity to trace 6,000 contacts a day, which is, you know, given that now we still have 8,000 contacts that we're still trying to reach and those numbers—we should've been able to be on top of it, really. Was the reality just a bit more difficult than planning for the system was ready for?

**Dr Ashley Bloomfield:** Well, as I said earlier on, you never know quite how an outbreak's going to unfold, and one of the things we've done in this outbreak that we haven't done previously is classify a large number of people as close contacts and, therefore, that requires a much greater number of outbound calls than if they were casual contacts, and that's what we have brought on the extra capacity to be able to do.

**Media:** It actually follows on from Derek's question. Given those comments and given what you said to Marc before about preparation being ongoing for Delta, you've got a situation where you're advertising for 600 contact tracers during an outbreak, you're ramping up vaccinations during a Delta outbreak, you've got issues with being able to test and vaccinate at the same time, you've got issues with transporting people to quarantine—what exactly has been stress-tested and prepared for in recent months?

**Dr Ashley Bloomfield:** Well, let's just—I'll just rehearse some of the numbers that go with those areas of the response you've pointed out: nearly 50,000 tests processed yesterday, more than twice the greatest day in the August outbreak last year; contact tracing more than 10 times the number of close contacts being traced; over 80,000 vaccinations delivered yesterday, in an alert level 4 situation; and one of the largest number—remembering back in March last year, we didn't take our cases into managed isolation. That's a new thing. In the last couple of days we've had over 100 cases all being contacted, all being managed, and all being transferred into quarantine, and we have more rooms coming on so that they can go into the quarantine facilities.

**Hon Chris Hipkins:** Jane.

**Media:** But, in fairness, that doesn't answer the question—

**Hon Chris Hipkins:** We are going to wrap up in a minute—so Jane.

**Media:** It doesn't answer the question—it doesn't say what you have stress tests for. All you've given is a couple of numbers from the last few days. What did you prepare for?

**Dr Ashley Bloomfield:** We've prepared for exactly this sort of situation, and that's why you can see the system is delivering at a much greater level than it might have in the past.

**Media:** Dr Bloomfield, were there any particular problems with patient record-keeping on 12 July at Highbrook, and, if so, what were they?

**Dr Ashley Bloomfield:** No—no problems with patient record-keeping, as far as I know. The issue was just that the reconciliation at the end of the day found this one dose—one vial of five doses that was unexpected, and so hence the team has gone back and looked at the record-keeping around dose administration. One of the things that could have been is that it may well be that some of the vaccinators were getting more than five doses out of a vial, but that hadn't been recorded.

**Media:** No, sorry—I'm just talking about the record-keeping about the patients. Was it up to the level that you would expect in terms of each individual patient that went through Highbrook that day?

**Dr Ashley Bloomfield:** Yes, because every person who went through, the fact that they had been vaccinated was recorded on the COVID immunisation register. So there's no issue with the record-keeping at all.



**Media:** Just coming back to the Pacific community, do you accept at all the criticisms from Pacific health providers that there was a failure to allow them to roll out the vaccine to their own community?

**Hon Chris Hipkins:** No, I don't, because, as I said, in some cases the specific example you mentioned has actually been happening, where there's been church-based vaccinations taking place, and we've had really positive feedback from those events.

**Media:** Dr Bloomfield, have you had any reports of tests being compromised in Auckland?

**Dr Ashley Bloomfield:** No, I haven't had any reports of that. If you've got a specific example, I'm happy to follow that up.

**Media:** If tests were being compromised, what would you make of that—would that be up to standard?

**Dr Ashley Bloomfield:** Compromised in what way—do you mean at the swabbing end, or in the laboratory processing side of it?

**Media:** I understand in the laboratory process, after the test has been taken.

**Dr Ashley Bloomfield:** No—no reports of that, but I did visit a laboratory last week when I was in Dunedin, or it must have been the week before, and the processes are obviously very, very rigorous, and very clear protocols.

**Media:** What's the number of active cases in quarantine versus out of quarantine right now?

**Hon Chris Hipkins:** I don't know—I don't have that number with me, but we can get that for you.

**Media:** Can I just ask one on Afghanistan? Apparently, you're the Government spokesperson for the matter today. The US has set a firm deadline of August 31. New Zealand will have to end its sort of evacuation mission before then. Can you guarantee that every New Zealand citizen will be able to get on those flights?

**Hon Chris Hipkins:** Look, it's very much going to depend on whether or not they can get to a point where they can get on one of those flights. I am aware that some people are finding it very, very difficult to get to the airport in Kabul.

**Media:** How many New Zealand citizens are left still there, struggling to get to the airport?

**Hon Chris Hipkins:** Look, that's changing pretty rapidly. We're working with our partners to get them out as much as we possibly can. I don't have the exact number, but I do know that we've already taken more people out than we were expecting to be able to, and so we'll continue to work with our international partners to do that.

**Media:** A senior Australian politician's come out swinging at Scott Morrison, saying that he butchered their vaccine roll-out so badly that he's to blame for the outbreaks there and also in New Zealand. Do you think that's a fair comment?

**Hon Chris Hipkins:** Look, I'm not going to get involved in the internal politics that's happening in Australia at the moment. What I would note is that right the way through the COVID outbreak there's been tension between the position of the Federal Government and the state governments in terms of what restrictions should be used and when and so on, and differences between the states on the best way to approach COVID-19. That's one of the wonders of New Zealand working with Australia is that we get to experience all of that. But I certainly hope that Australia will get back to the point where they can eliminate COVID-19 in their community, so that we can go back to having a good, strong, open relationship with them as we have had previously. All right. Thanks, everybody. Oh, one last question.

**Media:** Rawiri Waititi's been fishing but he also says he could be potentially flouting COVID lockdown rules, but he highlights that a lot of Māori people who live rurally actually depend on the sea and the forest to give food. What's the official advice to people who are doing that?

**Hon Chris Hipkins:** Don't undertake a high-risk activity or an activity that will put other people at risk if you were to get into difficulty. So going out on the water, for example, is something where if you got into difficulty, it would involve other people looking for you and having to come and rescue you. So we're saying to everybody: don't undertake those kind of activities, because it puts other people at risk. Thanks everybody. Better put my mask back on.

**Media:** While you're there, if you had properly prepared for this outbreak, would it be the case that you were training on the job contact tracers right now?

**Hon Chris Hipkins:** No, there will always be a need for surge capacity, so I don't think that's a fair generalisation. We can pre-prepare some surge capacity, but you always need to be able to surge more and bring more people on board, and that's what we're doing. Thanks, everyone.

**conclusion of press conference**