

**ALL OF GOVERNMENT PRESS CONFERENCE: TUESDAY, 31 AUGUST 2021
HANSARD TRANSCRIPT**

PM: Kia ora koutou and good afternoon, everyone. I'm going to hand over to Dr Bloomfield shortly to provide an update on case numbers, but I first want give a very quick update on the flooding in Auckland.

As you'll have heard, thunderstorms and heavy rain in the early hours of this morning has caused severe flooding and damage in parts of West Auckland. As at 10 a.m. this morning, Fire and Emergency New Zealand had responded to roughly 370 incidents involving mostly flooding, power lines down, and trees down. Auckland Emergency Management is undertaking preliminary reconnaissance in the affected areas.

There'll be no definitive numbers with respect to damaged properties and affected people until that assessment has been completed. However, we know a number of households self-evacuated as a result of the storm. If people are in need of shelter or support, they can report to the Auckland Council building at 6 Henderson Valley Road, where they'll be triaged appropriately, and of course staff there are doing all they can to maintain public health protocols as much as they can.

But we are being pragmatic: emergency situations and evacuation advice overrides alert level requirements. The most important thing is keeping people safe. If you're advised to evacuate by authorities because of an emergency, please follow that advice, and of course we understand that the situation will mean that there will be some bubbles who by necessity are joining other families simply because they need shelter.

Please call 111 if life or property is in danger. Emergency services continue to operate. Check MetService online for the latest on weather for your region, your local council or civil defence group website for instructions and advice, and NZTA for any road closures.

Now, two drive-through vaccination centres, Trust Arena and Airport Park and Ride—they closed temporarily due to the impacts from the storm, but both have now reopened. The Airport Park and Ride drive-through vaccination centre in Māngere reopened shortly after 9 a.m., after two marquees that had come down were re-erected and repositioned in order to restart vaccinations. The Trust Arena drive-through site moved inside for the day, and reopened at 10.30. People will be directed to park onsite and asked to enter the stadium to be vaccinated, rather than stay in their vehicles. The usual drive-through model, we expect, will reopen tomorrow. Anyone who is impacted by the late opening and was not able to attend their appointment this morning will be contacted to reschedule their bookings for later in the week.

Finally, I know for Aucklanders this weather event must feel like another blow at an already incredibly difficult time, and some of the damage I've seen to people's homes is just devastating. Please do look after yourselves. Do reach out for help and support—it is available to you.

I'll hand over to Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So, today, there are 49 new cases of COVID-19 to report. All of these are in Auckland. Obviously, that's a further decline on yesterday's daily case number—four fewer—and is our lowest number of cases in six days. It does provide a further reassuring indication that our public health measures are rapidly slowing the spread of the virus.

Of note, 66 percent of new cases reported yesterday—that is, to 9 a.m. yesterday—are household contacts of an existing case, rather than from exposures in the community, and of yesterday's 53 cases, 77 percent did not create any exposure events, implying that they have either been isolating since lockdown started or since being identified as a contact, thus reducing potential new chains of transmission.

Of the cases we reported yesterday, only 23 percent, therefore, are considered to have been infectious in the community, compared with 30 percent the day before and 35 percent the day before that. Now, these cases who have been infectious in the community may simply have been visiting the supermarket or a healthcare provider, or, indeed, they may be an essential worker. Furthermore, based on our updated modelling, the reproduction rate of the virus in this outbreak is now looking like it is remaining under one, which means cases will continue to decline and we are successfully breaking chains of transmission.

The seriousness of COVID-19 infection is also very visible to us with, today, 33 people in hospital, including eight in ICU or high dependency unit, and, of those, two are being ventilated. These hospitalisations obviously have an outward ripple effect on our communities and whānau, and my thoughts are with those individuals and their whānau. It's also sobering that of the current Auckland outbreak, six cases are under the age of one.

All this information reinforces the importance of us doing everything we can to stamp out the virus. That includes strictly sticking to the alert level framework and getting vaccinated when you are eligible. This is our best chance to do it. We are making a difference, and we need to continue to do so.

I'd also like to stress that it's important for anyone who needs any form of healthcare that it's important they do so when they need it—do not delay care. Hospitals across the motu, including at Tāmaki-makau-rau, are safely managing anyone needing hospital-level care. All services are operating safely under alert level 4 protocols.

Finally, yesterday was another big day on the testing front, with 16,755 tests processed nationwide, with the vast majority of those in Auckland, and many of them picking up the day 12 tests for our close contacts. Our seven-day rolling average is 31,600. This ongoing high rate of testing is important for us maintaining confidence that we are finding any cases of COVID-19 out there. So, just to reiterate: if you have symptoms, wherever you are in New Zealand, get a test, and, of course, if you have been at a location of interest, it's very important that you isolate within your bubble and get a test. There is more detail in the ministry's 1 o'clock statement today. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield.

As everyone will now know, at 11.59 p.m. tonight, all of New Zealand south of Auckland will move to alert level 3. So I want to go over what that looks like and remind people of the tools that you need to use to restrict any risk of COVID spreading.

As I said yesterday, level 3 is progress, but it is a setting that still requires a high degree of caution because the risk of COVID in the community remains high. Bubbles stay in place at level 3, although we know there are some people who are isolated or who have care needs for children or the vulnerable which mean bringing in another family member, for instance. Now, while this can occur, it must remain small and exclusive at level 3. A reminder that it's not until we get to level 2 when you can start having contact with those outside of your bubble again.

More businesses can open at level 3, but only in accordance with strict rules. Because Delta has changed the rule book, we have had to change, too. That means that contactless delivery and pick-ups can occur, but all staff and customers are now legally required to wear a mask for those outwardly facing businesses such as supermarkets, pharmacies, butchers, greengrocers, takeaways, and petrol station, and to everyone else, we encourage you to wear a face mask whenever you're out and about. The latest science tells us Delta spreads very easily, and this is a tool that really does make a difference.

So here are the golden rules for everyone south of Auckland for the next seven days, as we enter into alert level 3: stay at home, keep your bubble small, and exercise and shop locally. Keep your distance from people—Delta is highly infectious—continue working from home if possible, and keep children and young people at home with you.

At alert level 3, children should only go to school if their parents are essential workers who are required to work and there's no other option available. So, for the most part, schools and other learning centres remain closed.

Public venues remain closed—for example, libraries, museums, cinemas, food courts, gyms, pools, playgrounds, markets. Travel is restricted for work, those who fall into that category of being able to access education, and to pick up necessities and goods purchased in a contactless way, and of course we continue to ask people to keep their recreational activities as local as possible.

And if you haven't been already, get vaccinated. From tomorrow onwards, all people 12 years and over can book a vaccine.

There are things you can do at level 3 that aren't part of our highest alert level. You can, for instance, order from local cafes, restaurants, and retailers as long as you don't make contact when picking up those purchases or having those purchases delivered to you. Weddings and civil union ceremonies, funerals, and tangihanga are allowed for up to 10 people. Other gatherings—such as faith-based services, sports games, social events—are not permitted. We know from this outbreak it has been these types of gatherings that have seen the spread of COVID-19 the most.

Some messages now for businesses: if you own or run a business and that business requires close physical contact, you cannot operate. Businesses and services must be contactless and meet safety requirements, including physical distancing, having extra hygiene measures in place such as staff wearing face coverings, and contactless options for ordering, pick-up, delivery, and payment.

In line with the move to alert level 3, the boundary to the south of Auckland will come into effect at 11.59 p.m. tonight. I want to now go over the rules around crossing that boundary. Personal travel between alert levels is highly limited and includes things like emergencies, care, or support for someone in a critical or terminal condition or shared childcare. All other situations in which travel is permitted are listed online on the main COVID-19 website.

Business and work travel across the alert level 4 and 3 boundary is also strictly limited. If you work for an alert level 4 business or service, you are permitted to travel across the boundary for the purposes of that work. You will need business travel documentation. These are being processed by MBIE, a job they started several days ago when those applications started coming in. If you haven't applied already, you can do so at [Business.govt.nz](https://www.business.govt.nz).

A quick reminder of why the boundary is there in the first place, and what we're trying to achieve here: we're trying to stop the spread of a particularly infectious and tricky virus. So please do not cross alert level boundaries unless it is for those serious reasons that we have set out.

Otherwise, to conclude, we have a second day where our numbers have declined. We want that trend to continue, but we do have some hard work in front of us still. We want the tail of this outbreak to be as short as possible, but that is up to all of us. So, to everyone, please do stick with it, and as we transition to level 3, please do remain absolutely cautious.

Yeah, Jessica.

Media: Prime Minister, is there any information about—you mentioned six children under the age of one. Do you know how many are under 12, and how is it affecting children who are that young—are they seriously impacted—

PM: If you don't mind, I'll have Dr Bloomfield cover it.

Dr Ashley Bloomfield: I don't have further detail. We are updating the demographic breakdown of the people in the outbreak each day on our ministry website—so age, ethnic breakdown. None of those younger children are in hospital. I think the youngest person in hospital is 18. It does tend to be less severe in children, but it just does go to show this is

reaching right across the age groups, and I think it's two thirds of our cases are under age 34. So it is very much in that younger group at the moment.

PM: Jessica, I'll let you finish on that.

Media: We've had reports, with the flooding, of people going in and helping other people get out of houses and things like that. What should they do now? If they have burst those bubbles, what's the advice?

PM: Look, our advice is in an emergency situation, the emergency takes precedence. We have to be practical here. We absolutely understand that these were situations in which people's lives were threatened or they may have been gravely injured by the events around them, so the priority was their safety and getting people out. For those where there may have been contact with others—of course, that may be a natural by-product of just evacuating people—just continue to keep an eye on your symptoms. Try and get back into those bubbles as much as you're able. We are there to support people to find new accommodation so that they can get themselves back into a safe environment.

Media: Dr Bloomfield, how many cases have been unable to be linked back to the outbreak, both epidemiologically or via location of interest, and how worried are you by mystery cases?

PM: Fifty-one at the moment, Dr Bloomfield.

Dr Ashley Bloomfield: Yeah, so total of 51 of all the cases, which I think is 610 now, haven't been yet epidemiologically linked. But of today's 49, only 19—oh, it might have been 17, I think, by this morning when they were reported—hadn't already been epidemiologically linked.

Media: How concerning are those unlinked cases, and how worried are you about further mystery cases?

Dr Ashley Bloomfield: Of course we want to find out the epidemiological link, but sometimes we can't find—and when I say that link, this is the exact person that they were infected by. But of course the whole genome sequencing, which has been done at pace as well, helps us to link those cases to the outbreak, so at the moment there's nothing that our [*Inaudible*] colleagues in Auckland are reporting is concerning about cases springing up, but that's obviously what we would be interested in looking for.

PM: And one of those, we also—of course, 10 of the unlinked are six or more days old, and what we've seen is those unlinked cases actually, over time, have reduced as, in some cases, new cases when they emerge become the piece in the puzzle that's required to be able to connect the dots. But as we go on, we are keeping a very close eye on those unlinked, because that will tell us whether or not we have, potentially, chains of transmission that could lead to additional cases in the community, and those are the numbers we need to bring right down.

I'll let Tova finish, and then I'll come to come over to you, Jason.

Media: Just to drive home how serious Delta is, could you give us a sense of the condition those patients in hospital are in—particularly the ones in ICU and HDU and on ventilators?

Dr Ashley Bloomfield: Well, I think it's enough that they require hospital-level care, so they are—if you think about being unwell enough to be in hospital, that's important. Most of them are in older age groups. But clearly, again, the number that are in ICU is indicative too, and what we've seen from overseas is it seems that the hospitalisation rate with Delta is about twice what it was with the earlier variants, and that would be the pattern we're seeing—somewhere around 6 to 7 percent of people. And if you think about the age distribution, that's probably even more significant that 6 to 7 percent of people are in hospital.

PM: And you look across at Australia and they too are experiencing very high rates of hospitalisation as well in their outbreak, and I think it really is indicative of the extra danger that Delta really does present.

Ah yeah, Jason, and then Claire.

Media: Prime Minister, we've been advised that there is a positive case of COVID-19 detected at the Spring Hill Corrections Facility. Could you please (a) confirm if that's true, and (b) give us a little indication of what the protocol is in terms of this location?

PM: Yeah. So, Dr Bloomfield, do you want to start?

Dr Ashley Bloomfield: I'll start there; I've got some information. Yes, so this person had identified themselves as having been at a location of interest, and immediately isolated and got tested. It's one of the corrections officers at the facility. Corrections were informed last night, and, suffice to say, under alert level 4 they already have very strict protocols around minimal contacts between staff and inmates, and also use of PPE and so on. They will be putting out some more information later on. But essentially, at the moment, there are 23 staff who had contact with this case at work—they're already isolating and being tested—and, likewise, there are 123 people in the unit where the staff member had worked who have also been segregated and they are being tested, and they're also looking at whether there may be a role for just testing the waste water there, just to get a sense of whether there's any infection in the actual facility.

PM: They also keep rigorous record-keeping—as you would imagine in a corrections facility—regardless, which will enable them to undertake contact tracing, and the officer in question is fully vaccinated.

Media: So what happens with the prison at that stage? I assume that all the people there would be essential workers. Are they isolating from home, and, if so, how is the prison run?

PM: All of the 23 staff who had contact with the person at work have been told to isolate and get tested, and all those inmates who may have come in contact with that individual are also being tested.

Media: So who's running the prison?

PM: Well, Jason, obviously there are shifts. So they work on a shift rotation, so, obviously, they're being able to still—

Media: And are all the staff—are all the inmates in that prison vaccinated at this point?

PM: Sorry?

Media: Are all the inmates in that prison vaccinated?

PM: I would need to—obviously, you've heard that the prison officer is fully vaccinated. I haven't got details beyond the prison officer—of course, that was where we were quite interested—and they were asymptomatic, also. But if you'd allow me just to go and get a little more detail on what the wider environment was for them. You will know that, generally, our focus early on was the—we consider, generally, residential environments to be high-risk environments. But if you'll allow me to just go and check on the status.

Media: Spring Hill isn't in Auckland; it's in North Waikato. Is—

PM: I'll let you finish.

Media: Spring Hill's not in Auckland. There's a potential exposure site there, outside of Auckland. Does that worry you?

PM: Yeah, but you'll know that it's obviously serviced very heavily from staff coming into that region, and so, ultimately, the people we're worried about are the individuals in that workplace who have had contact with that staff member. They have all been contacted and are isolating and are being asked to get a test.

Media: On the prospect of alert level 2 and the South Island, the South Island hasn't had a case for 300 days, and everyone down there who was at an Auckland hotspot has, basically, completed 14 days of self-isolation. Will they be able to go to level 2 in a week's time, or will they need a full two weeks?

PM: So we've said we'll review in a week's time, and we are keeping our options—really keeping our options open there. So we will undertake a very genuine risk assessment about the ability to move alert levels. It's certainly not the case that we've predetermined it has to be three weeks—we haven't. We will very genuinely, after seven days, assess that risk and make a decision based on it—and, yes, we haven't had a case in the South Island for a long time, and we want to keep it that way. So that's our goal. If we can get them up to fewer restrictions safely, we will.

Media: It's looking fairly safe, though, right—I mean, could you imagine level 2 for South Island, level 3 for North, level 4 for Auckland, for instance?

PM: I don't want to get ahead of some of those decisions, but what we do want to ensure is that we have borders that can maintain—if we are in that position, that can maintain that safely, but our goal is to get everyone back to the fewest restrictions possible as safely as possible, and not make decisions that might be just a bit premature. So we're going to give it a week, and then we'll very genuinely make that risk assessment.

Media: Under alert level 3, there will be a whole lot more staff being called back in to their workplaces. Some of them may be nervous about that, some of them may have mild health conditions, asthma—what's your guidance in these situations?

PM: We would not have moved to an alert level 3 environment unless we felt that it was safe to do so, and you will have seen our risk assessment slide up the scale for Delta. So where we might have usually gone for a 3, we've gone for a 4. Where we might usually have used a 2, we're using a 3. So you can just really see that adjustment in the way that we're using our settings. So to those individuals, I'd say we wouldn't have made this decision unless we felt that we were in a position to do so, and we've really considered whether or not we believe that we have a risk of COVID in the community. Our assessment, based on the information we have, is that it's safe to move to more people coming into those work environments. However, we're still being cautious. So if you have symptoms, please get a test; if you're sick, stay home; and stick to your bubbles. We really are still restricting contact and movement at this level.

Is there anything you want to add for those who might be immunocompromised in those level 3 areas, Dr Bloomfield?

Dr Ashley Bloomfield: Look, I think people should talk to their employer. However, it's—as the Prime Minister has said, whether it's alert level 4 or 3, the precautions in the workplace, obviously, are the same, and so we're strongly encouraging people just to take exactly the same precautions they are taking in alert level 4.

PM: Yeah.

Media: Can I also—just back on the flooding as well. Obviously, there's never a good time for a flood, but this is particularly bad timing. How much of a setback could this be to our battle against COVID?

PM: Look, there's nothing I've seen to suggest that it necessarily would be a setback, but none the less, that doesn't make it any less of a devastating event for those individuals involved. You know, already they have the stress and fatigue of two weeks of lockdown, and now some of them have lost their homes and everything in it. It's just devastating to see. At this stage, my focus is not on whether or not this has set back our COVID response—I do not believe it has—my focus is how do we look after the wellbeing of those families.

Yeah, Claire, I'll come to you, and then over to Jenna.

Media: Are there any further updates on the investigation, or whatever, into how the Delta made it into the community in the first place?

PM: So I think the last update we may have given you was that we'd conclusively ruled out any link between—there was a theory around, potentially, someone connected to the Crowne Plaza working within it and a location of interest where we had someone with early

symptom onset. We've conclusively ruled that out, because they've had three different varieties of testing that have demonstrated that they did not have COVID-19. That means that we are no further along in that case investigation, but what I can update you on is that the Crowne Plaza continues to be empty. We do have those who have specialist skills in ventilation working alongside public health going through, doing another assessment of that facility to see what other improvements could be made. You'll know that it wasn't one of the facilities we had issues with, but we are wanting to go through and look at it, as I've said, with that Delta lens to see what else could be done.

Anything else on the source investigation, Dr Bloomfield?

Dr Ashley Bloomfield: Just to say that, really, we've gone down a number of roads and they've all turned out to be dead ends, so far. So we may never find the exact way that the virus got from the facility into the community, but we are very confident that that's the place where it came from.

Media: Is there any remaining subsequent theory that you haven't eliminated?

PM: I lie awake thinking about them, and I've not yet come up with any additional theories. Dr Bloomfield is smiling because he's had to endure me listing off my many theories, but we have investigated a number and have not yet identified the source, and the reason for that is because once you understand what happened, then you're better able to prevent it from happening again, and that's what we all want to do. I think it's fair to say that all of the obvious sources of transmission, so people-to-people contact, it seems—I think it would be fair to say that we've ruled most, if not all, of that out. So now we're left with theories that don't have people-to-people contact, but simply the air, and not even just—and the air with, you know, screens in place. So that really does just demonstrate how tricky this situation is.

Media: Another Auckland apartment block has been listed as a location of interest. How concerning is the risk of COVID getting into densely populated residences?

PM: Dr Bloomfield.

Dr Ashley Bloomfield: Well, I think, what we've seen from overseas—and population density's not a particular problem for New Zealand, but we have seen in apartment block - type situations where the case wasn't known about that you can get transmission there. So this setting hasn't been flagged as a particular one of concern by our public health colleagues, but, obviously, it has been listed as a location of interest because there may have been people there who are not just the residents.

Media: And a resident of the Mount Residence apartments has told us that she hasn't been tested yet, and she wants the Government to send testing staff in like they have done in New South Wales. Would you consider that?

Dr Ashley Bloomfield: I would be guided by the advice of our public health team. It would depend on the nature of the exposure, the likelihood that there could be anybody who may have been exposed, and the timing of it, as well.

PM: Jessica, and then I'll come back—I'll pan around again.

Media: Prime Minister, how comfortable do you feel about MPs being here and this sort of mini-Parliament sitting?

PM: Look, I think my frustration is simply that there were alternatives, and we're asking everyone around New Zealand to try and adapt in the way that they worked, to do it as safely as possible in a level 4 environment, and my view was that there were ways that we could do that, too. Those, unfortunately, have been rejected, so we find ourselves meeting in person. That being the case, we will use all of the safety precautions we can to just make sure it's as safe as possible. But it is a disappointment that we couldn't be as agile as other New Zealanders have been.

Media: At the boundary line in Auckland, there is a road that is split in half, with one side on level 3 and one side on level 4—in Mercer. Are you doing anything to adjust that, and do you see that being a problem?

PM: Ah, I'm not familiar with that exact boundary line.

Media: I could give you the—

PM: Yeah. So I'm happy to take a question away on that. What we've tried to do is, essentially, not—we've tried not to split those communities who may, for instance, have their nearest service areas outside the boundary, because in some cases they're better off all being within a level 4 so that they can more easily access those services.

Media: So it's the west coast to Hunua.

PM: OK. Look, I can't give you much detail on that, but what I can do is just check with police whether or not there was a safety reason that they've put it in that place. But they—certainly, from past experience—try and put them in places that make the most sense for those local residents, in particular.

I'll let you come in, Jenna, and then I'll come to Thomas, and then Ben.

Media: Sorry, just back on the question of Parliament, really quickly. Are you disappointed that National's brought so many MPs in from outside of Wellington?

PM: We have taken the decision that given we've asked other New Zealanders not to travel, we will be answering questions in the House put to us by the Opposition with those Ministers who are already here in Wellington. But our view was that actually moving to an online forum would have enabled Opposition MPs to access Ministers from across the country in a way that posed no risk to anyone and meant that other staff weren't required to come into this building while we're in alert level 4.

Media: And by travelling here from other regions, are they putting people at risk?

PM: Look, ultimately, they are essential workers—they are deemed to be essential workers. They are legally allowed to travel, but whether they choose to do so or not is up to them. We offered a solution, in our view, that meant that they could hold us to account, that we could have that scrutiny; just without having to do it face to face. And I am disappointed they didn't take up that option.

Oh, sorry, I did say that I'd come to Thomas and then—sorry, Henry, I have left you out. I'll come to you after that.

Media: A couple of Wellington sports players—a rugby player and a development player for the Silver Ferns—have admitted to breaching the lockdown by hosting and attending parties in the last two weeks. What do you make of such breaches? Are these people role models? Should they be fined?

Dr Ashley Bloomfield: Well—

PM: I'll let the director-general start.

Dr Ashley Bloomfield: Look, I think they've—from what I've seen, they've put up their hand and said “Mea culpa.”, they've apologised. They recognise it was neither the right thing to do, nor the sort of role modelling that would be expected of people who have got those sort of prominent roles, and I guess it's just a timely reminder that it needs everybody to be obeying the rules, whether they're top-flight sportspeople or ordinary New Zealanders.

PM: Yeah. We have an 18-year-old in hospital right now. I don't think anyone can assume that they are safe from this virus, so we all have a job to do. So my request would be we need everyone from all walks of life to do their bit and to be the best role models that they can be.

Media: Can I just ask, on the vaccination bookings, do you know how many bookings have been cancelled in the past week and why they've been cancelled? There's sort of widespread reports of—

PM: On cancelled what—sorry?

Media: Vaccination bookings, sorry. There seems to be widespread reports of people's bookings being cancelled.

PM: Oh, OK. No, that's not something I've had—there are them cancelling them, or others cancelling their bookings?

Media: Some have been to go to alternative venues, some have been advised they need to rebook, and others are finding nothing available till October-November, which is not really the same thing, but—

PM: So you will have seen, of course, that we've continued to see very high levels of demand—so 76,354 doses administered yesterday. So 25,000 more than we anticipated at this present point in time, and that's because not only have we been bringing on more sites—and, in particular, GPs have become available—we've also got surge capacity in sites like, for instance, Auckland's drive-through sites. So that's why we're delivering more than previously we'd planned. There are some sites that for some reasons may not have been able to operate under these level 4 environments. That might be the reason some are being cancelled, but—

Dr Ashley Bloomfield: Yeah, there may be reasons why a particular venue may not be able to operate on a day. It could be staff sickness, it could be because of alert level 4 requirements. The important thing is people can and should rebook either on Book My Vaccine or by calling the dedicated Healthline number.

PM: I'll come to Henry, and then—

Media: The under-ones—can you tell us at all how ill they are without breaching privacy? And, secondly, the two people who are being ventilated—do you know how old they are, and can you share that without breaching privacy?

Dr Ashley Bloomfield: So I don't have any further information on the status of anyone other than that there is a certain number of people in hospital that I mentioned earlier on and I don't know anything about those people who are being ventilated, and I think, given that is just two people, I wouldn't be releasing any further demographic information about them.

Media: Is the Ministry of Health looking to advise hospitals to do elective surgeries under level 3, or is that something that waits for level 2 and 1?

Dr Ashley Bloomfield: It's something that can happen under alert level 3 safely, and it has happened before.

Media: And will Waikato be helping at all with the backlog at Auckland, and, if so, how are they going to get through their own backlog?

Dr Ashley Bloomfield: Look, I suspect over the next week they will be focused just on their own backlog initially, and then we'll take it from there. But the hospitals do work as a network to the greatest extent possible.

PM: Yes, I'll just—I'll come here, and then I'll come back to you, Tova.

Media: There's a lot of talk about where our vaccine strategy is going in the next few months. Would you just be able to actually shed a bit a light on that? Are we looking to other countries, are we trying to push it out to October, what sort of—like, where are we going with it?

PM: So, for our vaccine strategy, we've always said that in the latter part of the year, we ramp up. September is really a point where we start to transition from still having restricted supply coming into the country, to October, where we have very large deliveries, and all of those supply issues start to move away from being a problem. So we're in that transition

phase at the moment. Given the situation we have in New Zealand right now, we made the decision, though, to allow and create extra opportunities for people to be vaccinated, and to support that we are working very hard to up the supply that we have in the country to try and sustain that surge. Now, we are not going to run out. We may find ourselves in a position where we'd need to come back to our plan, which just means slightly lower levels, but that really should only apply for a couple of weeks because we have so many coming in in October.

Media: Prime Minister, on Afghanistan—

PM: And last one and then Tova.

Media: Sorry, it actually was on Afghanistan as well.

PM: Yes.

Media: Sorry, it actually was on Afghanistan as well. When you talked about the—prior to us pulling out of Afghanistan, about how we won't be able to get everyone out, what is the—

PM: How we didn't manage—yep.

Media: Oh, sorry—didn't get everyone out. What's the plan now, and do we seek any way to help them, and do you have a message for some of those people with family and friends still over there?

PM: Yeah, I'll say the same thing I did at the time. We know we didn't get everyone out that we wanted to; in fact, I think most countries who were part of evacuation efforts were in the same position. Because of the bombing, there were two extra flights we weren't able to undertake. We have, however, managed to evacuate somewhere in the order of 390 people. For those that we weren't able to bring home, because some of them will be New Zealand citizens, we are continuing to work through a process, and we'll stay in conversation with our international partners around what we can do to safely support those who do remain in Afghanistan.

Media: How realistic is it that we will be able to get those people out, and also, do you trust a Taliban Government?

PM: I haven't given up—you know, we wanted to get everyone who was there out. We weren't able to do so, and many other countries are in exactly the same position as us, which is why we do want to keep up that dialogue with them, see what their plans are, see whether or not, jointly, the international community is able to apply pressure to the Taliban to ensure safe passage. It is going to be complex, though.

Media: MFAT says that there was no list of names for the people who helped us during the war. Should there have been a list to make it easier to try and find them?

PM: So keeping in mind that in some cases these were people who supported the New Zealand Government's efforts many years ago and they weren't always direct employees—some worked as part of contractors who then worked very closely alongside our agencies. So it was quite a complex task to identify those who worked either for us or with us and may have been at risk as a result, but we tried to do that very quickly. But there's no question there are some who still require our support to be evacuated.

Media: And just, finally, can I just very quickly clarify—the Spring Hill case: is that part of the 49 and is it being considered an Auckland case, or is that a 50th being considered a Waikato case?

Dr Ashley Bloomfield: It's part of the 49—it's an Auckland case because the person actually resides in Auckland. And just to update one of my earlier figures, it's definitely 19 of the 49 where there's no epi-link today, rather than 17.

Media: Why is Spring Hill not a location of interest yet?

PM: It's not a place where, generally, members of the public come and go. We do have a list, of course, of people who were in contact, or at all could have been in contact, with anyone

involved, so we're able to very accurately—as you can imagine—contact trace a prison facility, but we don't rely on the public having to self-identify whether or not they've been to the prison.

Ben.

Media: Prime Minister, can I take you back to the overall case numbers today and the case profile. It feels like a significant turning of the numbers today, and Dr Bloomfield did say he expects cases will continue to fall from this point. How encouraging is this—should Kiwis feel delighted?

PM: I would ask Kiwis just to hold that thought, and so every day for me is another step, a bit of progress, but too early—you know, for me, I want to see sustained productions over a period of time, and I think actually most people want to see that, but it is good not to see some of those high numbers we were only a few days ago. But it's another step; we've still got a journey to go through.

Media: Can I ask you, Dr Bloomfield, last week you provided advice to Cabinet it was unsafe for Parliament to sit. Did you update that advice this week—do you feel that Parliament is unsafe to be sitting?

Dr Ashley Bloomfield: So I was asked to provide advice to the Clerk of the House about—for this week—if Parliament was to sit face to face, what measures they would need in place and what the maximum number of people would be safe to have within the debating chamber, in particular. And so I gave advice around mask use, social distancing, and so on, and a number that could be in the debating chamber at any one time.

Media: So do you consider what's happening today to be safe?

Dr Ashley Bloomfield: Well, I was asked to give advice; I'm not the decision maker on that. I gave my advice around "If Parliament were to reconvene, here are the measures that I would recommend were in place"—just as in any workplace—"to help reduce the risk of any transmission."

Media: Was your recommendation that zero was a safe number for the debating chamber?

Dr Ashley Bloomfield: That's—I wasn't asked for advice on that. I was asked for advice about how any risk could be reduced, and that's the advice I gave.

PM: Yep. Ultimately—I mean, to be fair to Dr Bloomfield, ultimately, the Business Committee has it within their power to work through these issues. Unfortunately, consensus wasn't able to be formed, and so therefore we're left with a situation where there are only really two options: either I call on the Speaker to suspend question time in the debating chamber and it's business once again—which I was reluctant to do—or we come together to meet, or we have those online arrangements, and, of course, you know what my preference was, but here we are.

Yes, I said I would come to the middle, and then I am going to come back to Māori TV.

Media: Prime Minister, did you have an update on the current work to increase vaccine supply?

PM: I don't have an update for you, but I can tell you that it continues. I've said that we'd need to make those decisions this week, but you already know, really, what those options are. We created surge capacity, so by making that surge capacity available, those drive-through options available, that's some of the reasons that you've just seen that enormous increase in numbers that we're being able to put in, particularly in Auckland—that extra throughput. The worst-case scenario is that we revert back to our plan, which you saw 350,000 doses going out a week. That decision just needs to be taken this week.

Whati.

Media: Prime Minister, are we still on track for red flights to start to commence from Australia to New Zealand, given the recent numbers in MIQ?

PM: So what we want to do is put Australia back in the same position as every other part of the world, which is that they have access to flights and then the ability to come into managed isolation. We know there are some people that, since those flights suspended in June, are now in emergency situations and need to return. MBIE have indicated there will be a red flight out of New South Wales coming into New Zealand, because there are people who we still have not managed to bring home since the bubble was shut down, and that is still on schedule. It may take us little bit longer to open up for other parts of the country where they did have an option to come back a little later than New South Wales did.

Media: Given the 10 or so breaches to MIQ to date, are you still confident that MIQ is fit for purpose?

PM: Yes—yes, we are. You know, actually, I think what it demonstrates is just how difficult Delta is. You will have heard from our description that, actually, the issue that we've had here has not necessarily come from staff. We haven't been able to identify some of those more normal ways that you might see COVID-19 escape, so I think that demonstrates just how tricky Delta is, and why it's so important that we have been using quarantine, because, by and large, it's done the job of keep the virus out of New Zealand.

Your comments on the quarantine facilities, perhaps?

Dr Ashley Bloomfield: Oh look, I think, really, that those many months that we had keeping the virus out of the country, and, for the last couple of those, all Delta variants, speaks to the rigour of our managed isolation and quarantine procedures and the professionalism of the staff there. But, as the Prime Minister said, you know, as every other country has found, it's a very tricky virus to keep out, and it's really what you do when you do find it, and that's why we're in alert level 4.

Media: Prime Minister, just lastly, when you found out that there were six babies now with COVID-19, how did that make you feel?

PM: Oh, you know, this, for me, is a reminder of why, for now, our elimination strategy is so important, and then why our vaccination strategy is so important. There are some vulnerable and young members of our communities—you know, our children—who aren't eligible to be vaccinated, and the best thing that we can do to look after their health is to be vaccinated ourselves, because they get it from us. So that's a really important message: if you can be vaccinated, be vaccinated on behalf of the tamariki.

Media: Dr Bloomfield, as the vaccination roll-out starts to apply out to the younger population, how are you going to ensure that Pacific youth are getting the right messaging around the vaccine, given their exposure to social media, but also what's the role that parents and caregivers and teachers can play in helping their youth make the decision around the vaccine?

Dr Ashley Bloomfield: Yeah, so there's a very dedicated effort going on to make sure messages get out to all youth, but including focused on Pacific youth, and I was part of a zono last Friday evening, actually, with a number of Pacific youth from around the motu, exactly on this, answering questions. We had a range of Pacific health professionals there to talk about vaccination, to answer questions, so that those young people could also then go out and spread the message with their peers. But certainly, community leaders, church leaders, parents, whānau are very important in making sure their children and young people have got the access to correct information. There is misinformation out there, and it's important they've got the right information.

Media: The C.1.2 variant, Dr Bloomfield—what can you tell us about that, and how concerning is it, given that there was a case in MIQ and, of course, it's seeing an outbreak, because—OK, so just say it does get out of MIQ. How much of a risk does it pose to the community in New Zealand?

Dr Ashley Bloomfield: Well, at the moment, that's a variant of interest, and we've had just one identification of it here, back in June. I mean, the important thing about these variants,

of course, is of much greater concern is those that are more transmissible, like the Delta variant. So it's one for us to watch because there are some aspects of it that are concerning around the degree of illness it creates, and also it presents, potentially, some vaccine escape. But it's not causing a problem here, and it will be interesting to see whether it's more transmissible and becomes a more dominant variant. But it's, at the moment, a variant of interest.

PM: Before we move over to this side, if I may, just on the question that you asked around Pacific young people, there have been initiatives in Auckland, in particular, led by Pacific young people that have been absolutely incredible. Whilst I can't name all of them, I have met, for instance, the Bubblegum Team up in South Auckland, who have been doing amazing work—you know, training and supporting young people to support other people in our Pacific community. So I just wanted to take the opportunity to acknowledge them and all of the work that they've been doing to keep other young people safe.

Yeah, Marc, I don't think—have I taken one from you? Sorry, I did say I'd come to the front, as well.

Media: At level 2, whenever we do get there, do you expect masking to be required in a lot more venues than it previously was at level 2—you know, in schools for students of a certain age, or in offices?

PM: Perhaps because for young people there are some different calculations, I might ask Dr Bloomfield to comment on that.

Dr Ashley Bloomfield: Well, what I can say is, actually, our teams are working today and tomorrow to look at the current alert level 2 settings and to look at how those may need be strengthened, including mask use. They will of course look at mask use in children and young people as one of those things, and, you know, we have—our approach to date has been that school settings, it's hard for children, certainly under the age of 12. So, any younger than secondary school or high school, it's harder to be assured that they are able to use the mask safely, and we'll have another look at that. But we'll see what that advice says so we can inform the decisions by Cabinet about future alert level 2 settings.

PM: We've got updated requirements on mandatory record-keeping as well, but given that much of that applies at level 2, I've been saving bombarding people with that information. So we will give people a refresher on some of those changes, because they are particularly pertinent to high-risk venues.

Media: Dr Bloomfield, on your advice about how to reduce risk in Parliament while it's at these escalated alert levels, has all of that been heeded in the preparations for today, or was there something that you recommended that is not going to happen?

Dr Ashley Bloomfield: Oh, I'm not sure. We'll have to see how Parliament looks when it sits. But I trust the Clerk of the House to have taken on board our advice, having sought it.

PM: Speaking of—the bells are ringing. I'm having to—Charlie?

Media: Oh no, it's [*Inaudible*] up next.

PM: OK, OK. Yep, go ahead.

Media: There's some concern around parents that lockdown will run into the school holidays, which are nearing. Have you been giving any consideration to moving the school holidays so that they occur during lockdown—any thought around that at all—or is that time frame embedded?

PM: That's not something that we've discussed as a Cabinet, but I can't definitively tell you what advice may have been received by the Minister of Education. He will be on the podium tomorrow, so do feel free to put that question to him directly then.

If you don't mind, I might sneak off and get ready for the House now. Thank you, everyone.

conclusion of press conference