

**POST-CABINET PRESS CONFERENCE: MONDAY, 20 SEPTEMBER 2021  
HANSARD TRANSCRIPT**

**PM:** [*Speaks te reo Māori*] Firstly, I want to apologise, everyone, for the slight delay in us joining you for this afternoon briefing. I'll be frank: my computer froze, something that happens to all of us at the best of times.

As you will have seen earlier today, there are 22 new community cases to report, three of which are in Whakatāwai, in the Hauraki area, and the remainder in Auckland. Just a brief recap for those who may not have familiarised themselves with the Ministry of Health's update here: of the cases reported today, the majority are household or known contacts. Five are unlinked—three of these, though, are within one family, and we already have a tentative link for this family. Interviews are under way, and we'll give you a further update on this tomorrow, but as you will have seen in the past, we do often link these cases in time.

A few more details on the Whakatāwai situation: we have tested in and around this case and continue to do so. Of that testing, which has included, so far, household contacts, Corrections staff, court staff, and Police staff, we still only have the three positives that were reported this morning. We are continuing with widespread testing in the community where these cases reside. Testing sites have been set up today to assist with that, and over 300 swabs have already been taken, in what is a relatively small community. At the same time, though, we do want to make sure we are keeping the community safe while we identify contacts, and so on. For more details on the steps we are taking in that regard, I am going to hand over to Dr Bloomfield.

**Dr Ashley Bloomfield:** Thank you, Prime Minister. Kia ora koutou katoa. So, in addition to the testing, contact tracing, and isolation that's already in place, I am going to put in place a section 70 notice which will place some requirements on people who live in an area north of Highway 2 and centred on Mangatangi, and that will, effectively, extend the road boundary just to the east of Maramarua and also just to the south-east of Miranda, on the Firth of Thames. So people who live north of those roads are required to do the following things: what I'm going to do in this section 70 notice is, essentially, ask people who work there or live there or who have visited households there since 8 September to remain at home and to monitor for symptoms. Some of those people will, of course, already be involved in the testing that is happening of the school community from Mangatangi School or the marae which is in the town where these people stayed.

So I'm asking those people, again, who live in that region or who work there or who have indeed visited it since 8 September to stay at home and monitor for symptoms. The only reason you should be going out is, effectively, to get food or other essential supplies or to seek healthcare. That is proposed to be for the next five days, no later than Friday, but it's just, as we get testing done, some of you may be asked to be tested as we find locations of interest. And so one of the things I'd like people to do who are in that region is to monitor the ministry's website for any emergent locations of interest and, if you have been at one of those, to follow the instructions. Testing will be available there, in that area, and we will, of course, publicise where that testing can be got. So we will put that section 70 notice up a bit later today, which will include a map of the region that is involved. Thank you, Prime Minister.

**PM:** Thank you, Dr Bloomfield. And my understanding is that the police will mirror that section 70 in the way the placement of boundaries around those areas. So, essentially, the approach that we have taken here is a bespoke level 4 lockdown requirement for an extended area around where those cases reside and where that community congregates around, including the areas where the school predominantly services. The reason we've used both a boundary approach and a section 70—that means that we're able to cover those who might not live in that boundary but who come in to work in that area. So we cover

both our bases by operating in this way. It gives us that extra layer of comfort for both the community and those service towns around that community that we are creating a level 4 environment for those most likely to be affected, for a period of time that allows extensive contact tracing and allows extensive testing across that community.

For now, though, I do want to thank everyone locally to date who has been involved moving quickly on this. Your help has been greatly appreciated. We have been thrown curveballs before in outbreaks, and this is one where a strong local approach will make all of the difference, so, again, my huge thanks to everyone in the region who's been supporting the response, which includes our public health team in the Waikato and the Auckland area.

Now, I'll come back to our status more generally. We're now one month and four days in from when we learnt of the first case in this outbreak. We now know Delta has been present in the community for a week to 10 days prior to that first case, and multiple chains of transmission were already established. With Delta, we knew we couldn't take chances, and the immediate move to level 4, initially to understand the breadth of the outbreak and then to get it under control, was the right move and has worked. Modellers tell us that had we waited just one more week to act, we would be sitting at around 5,000 cases by now. So to everyone, but especially Auckland, thank you for acting quickly and for persevering. We know that level 4 has been tough, but we also know it's made a difference.

Since the outbreak began, we've identified 39,637 contacts, carried out almost 670,000 tests, administered 1.43 million first doses of the vaccine, and provided a further 660,000 people with their second dose. Almost all cases in the last 14 days have been household or known contacts of existing cases, and we are confident, as has been conveyed to us from the local public health team, that there is no significant undetected transmission. But Delta does have a long, hard tail to it, and the question we discussed as a Cabinet today was, "What is the best alert level we can use now to continue stamping out cases?" In considering this decision, we looked at the details behind recent cases, and here are some observations. For the most part, we haven't had widespread issues with workplaces. Where we have had cases at worksites, these have generally been close contacts of existing clusters who have then gone on to infect work colleagues before they were a known contact. Workplaces for the most part had strict protocols in place, and have moved quickly when cases were identified within their worksite. This tells that this approach remains really important going forward. Another important observation is that of the cases where we've been able to establish a link, none have resulted from people accessing essential services. This tells us that infection prevention controls like masks, distancing, and limited travel have all been incredibly important and must continue to be used. And what everyone will have observed is the final point: that where we have had cases, they've been dominated by close contacts, mainly household contacts, and in some cases secondary households with other family members. That is why the next stage of our plan must continue to be to keep bubbles tight—this is key. And all of these features are part of level 3.

These observations, taken together, has helped inform the advice of the director-general and Cabinet's decision today. That advice explicitly stated that level 4 has done what we needed it to do: it has helped us contain the outbreak, and now, as we continue our zero tolerance approach to cases, level 3 still provides the really important and strict rules that help us keep up that important work. Therefore, we've accepted the Director-General of Health's advice and confirmed that Auckland will move to alert level 3 at 11.59 p.m. tomorrow night, Tuesday, 21 September. The director-general was also clear that given the long, hard tail of Delta, we will need time here, and Cabinet has accepted his advice for Auckland to stay at level 3 for at least two weeks, with Cabinet first reviewing those settings on Monday, 4 October.

As for the rest of New Zealand, as I outlined on Thursday last week, for so long as Auckland is at the higher alert levels of 3 or 4, a greater level of preparedness is needed elsewhere: in other words, level 2. You will have heard me signal last week, though, a view that with Auckland's move there is an ability to allow one more minor change for the rest of

the country around the number of people who can gather together at level 2, including in hospitality venues, from 50 to 100, and Cabinet has confirmed that decision today.

In terms of what level 3 means for Auckland, I can sum it up with one word: caution. You will have heard me say that when analysing where transmission has occurred, there are some strong themes and reasons why certain rules remain in place. They stop transmission at level 4 and are still in place at level 3. First, your bubbles remain. You are not allowed to visit friends or neighbours at level 3. You shouldn't join them for food, talk closely across the fence, or even have children play together. I know this is strict and it is hard, but it is there for a reason.

You are allowed to make very minor and small extensions to your bubble to bring in a person who may be isolated and vulnerable, such as an elderly relative. If you have care needs for children or the vulnerable, you may bring in another family member or carer to help. But, please, these are very tightly controlled extensions here. No matter what, your bubble must remain small and exclusive. These are the same rules that we have had in the past.

We have seen in this outbreak COVID being spread between households. Once in a household, everyone is at risk of getting Delta. So if you break your bubble, know that the consequence may be spreading COVID back into your house to your family and your loved ones. Please take this rule seriously.

It's not until we get to level 2 that you can essentially have contact with others. More businesses can open at level 3 but only in accordance with strict rules, and I do ask businesses that reopen to play their part in reopening safely. Put in place all of the necessary health and safety rules. Make sure you look out for your staff. If any of your workers show up with cold and flu symptoms, please send them to get a COVID test and support them to stay at home until they are well. And please encourage and make time for any staff member not yet vaccinated to get vaccinated. In fact, make time for them to do this this week. The best way to keep moving down alert levels and for businesses to stay open is for sick people to stay at home and for everyone to be vaccinated.

For everyone else, keep working from home if possible and keep children and young people at home with you where you can. Remember, schools are, broadly speaking, closed. They should only be going to school if parents must go to work and there's no other option available. You'll recall that this is the same setting we've always had for level 3. For the most part, schools and other learning centres are closed.

In the rare instances where children are in a school environment at level 3, Cabinet today agreed to make face coverings mandatory in all level 3 high schools in all indoor settings such as classrooms and assemblies. This is an added precaution. Again, this is for level 3 high schools. Again, it will be very rare that anyone is in attendance at these schools, but where they are, we have a mask requirement for them.

Events and gatherings still cannot happen, except for the extraordinary exception of 10 people being able to gather for a civil union, wedding, funeral, or tangihanga. Again, that is in extraordinary circumstances.

And a reminder: because Delta has changed the rule book, we have had to change how we manage it. Here is an overview again of those changes. Contactless delivery and pick-ups can occur but all staff and customers are legally required to wear a mask for outwardly facing businesses. So when you pick up something in a contactless way, everyone should be wearing a mask. In fact, everyone is strongly encouraged to wear a mask in any indoor setting with people outside your bubble. The latest science tells us Delta spreads very easily, often through the air, so masks make a real difference. I'd encourage all businesses to familiarise yourselves with all the level 3 requirements. Meanwhile, business owners and operators can now access their premises in order to prepare for contactless opening, including to meet the public health requirements.

I now have a particular message for those listening who are over 65 and especially in Auckland. For you, level 3 poses a slightly higher degree of risk, and that is why I'm stepping up my level 3 advice for anyone over 65 in Auckland. If you have not yet been vaccinated, please stay at home until you have been. This will give you an extra layer of protection in this outbreak. We have been doing direct outreach to all our over-65s who haven't had their first dose yet, in Auckland. That amounts to about 23,000 people. The vast majority of over-65s have been vaccinated, but for the smaller group we really do want to encourage you to take that next step.

Last week, a letter was sent to those over-65s who we had details for. Today, we're commencing an outbound call campaign. Healthline have started calls this afternoon to support our older New Zealanders to be vaccinated. These will average about 8,000 calls a day. If you get a call, please take the opportunity to ask any questions or raise any concerns. We have people on the end of the line who can answer them for you and help with a booking and support you to be vaccinated. If you have a booking that's a way off in the future, please bring it forward. There are plenty of spaces right now. We've only asked our oldest people specifically to stay at home once before. It was when we didn't have a tool to protect you. It was right at the beginning of lockdown. Now we do have a tool, and I'm asking that you please use it. If staying at home makes you feel anxious or distressed, please reach out. Many pharmacies are doing medication deliveries, and the Student Volunteer Army grocery delivery service can help you access food. Age Concern can be contacted for general advice and support. Their number is 0800 65 2 105. If you just need someone to talk to, and this message is for anyone, please at any time use 1737.

Finally, quick reminder on the boundary rules, and then we'll open up. These are tight for a reason. Most people are not permitted to travel. If you have permission to travel regularly, such as for work, you need to have evidence of having a test in the last seven days. Again, this is for travel over the boundary. The rules are different for people permitted to travel for personal reasons. You must now carry evidence of a negative test result within 72 hours before you travel. There is an exemption process for emergencies, through the Ministry of Health, and this is work we've been signalling for some time.

My final word: we are not stepping out of level 4 because the job is done, but nor are we moving because we don't think we can achieve the goal of stamping out COVID-19. We are moving because level 3 still provides a cautious approach while we continue to stamp out COVID-19. It means staying in your bubble, it means contactless transactions and keeping your distance, it means we say thank you to Auckland for their tireless work, and we collectively keep going. Happy to take questions.

**Media:** Prime Minister, if you are comfortable with this number of cases, and you say that we're still restricted enough under level 3, why not go to level 3 earlier?

**PM:** Well, essentially, the decision we made at that time was that doing that extra piece of work gave us that extra time to continue to assess whether indeed we had that containment we believed we do. The public health team has given us their view that, yes, that continues to be the case, that we do not have widespread transmission or uncontrolled transmission in Auckland. That was why we made an in principle decision last week, and why we've followed through on it today.

**Media:** With the number of new cases, 20, 24, and, today, 22, is level 4 really working?

**PM:** Look, level 4 has done the job we needed it to do, which was, right at the beginning, when we had only that one case, getting a sense of the degree of the transmission we had and then establishing as much as possible a ring around it, and ensuring we did not have widespread undetected transmission. Level 4 has done that. Now we need to keep going. Level 3 is not a situation where we are broadly opening up. You stay in your bubbles, distance is kept, schools remain—broadly speaking—closed, and we keep doing the job of stamping out COVID.

**Media:** Can you elaborate on your closing comments: do you genuinely think you can still eliminate COVID, eliminate Delta, under level 3?

**PM:** I think it's important to remember that, actually, level 3 has been the place we have moved to first for every other outbreak that we have had to date, other than the first one. The reason we went to 4 first was because we saw in other states, in Australia, how quickly Delta moves. So we moved quickly to establish how widespread it was, get that broad containment, and now we need to keep going. I'd really highlight, again, 3 is a continuation of "stamp it out", not a cutting loose of those restrictions.

**Media:** Despite those heavy restrictions in level 3, people are still going to be concerned that this is going to—the outbreak's going to potentially blow out under level 3. What assurances can you give, and can you also commit to not yo-yoing back up to level 4?

**PM:** Well, you will have seen from the observations of where we've had transmission to date that, ultimately, all of the protections that level 3 provide will continue to be important for us, and were important in level 4. And they're all still there. We don't want people intermingling with others. We want those protocols of infection prevention—masks, distancing—all to remain in place, and level 3 does that. And we still restrict people's contacts, schools don't open, you can't go into eateries, it's all contactless deliveries. That remains critical, and we ask everyone to play their part, because that will continue to help us with case management.

**Media:** But are you ruling out a yo-yo back up to level 4?

**PM:** Look, we're moving now because the advice we have is we do not have widespread transmission across Auckland. If everyone continues to play their part, we can continue stamping out. Dr Bloomfield, you might like to give your comments there, though; it's ultimately your advice.

**Dr Ashley Bloomfield:** Thanks, Prime Minister. I mean, two comments I would make. First of all, as the PM has said, good evidence from a range of sources that we don't have widespread undetected transmission in Auckland—wide testing, we've done some modelling, we're very confident there's not a pool of undetected transmission happening there. We are still getting cases come up, and often they are unlinked initially but we are then able to link them back to specific cases. They're also centred in a—geographically, they're much more confined to that South Auckland area. So whereas when we gave the advice to remain in level 4 most recently, we felt we had some still quite rough edges of the outbreak. We think those are not totally smooth yet, but much smoother than they were.

The second comment I would make—and, again, this reiterates what the Prime Minister has said—you know, elimination is about "stamp it out"; it's about zero tolerance for the virus in our communities. And that's what level 3 is about. The difference this time is it's level 3 with high and increasing rates of vaccination, and so it gives us further opportunity to get those vaccination rates up even higher.

**PM:** The vaccination rate element is important. We haven't had that tool in behind us supporting our alert level restrictions before. We do now. We just need as many people as possible taking up that vaccination opportunity, and, in particular, our most at-risk New Zealanders. It is a crude way to identify those individuals, but we do know the risk is higher for our older New Zealanders, which is why I have singled out our over-65s in this announcement today. A small number have not yet been vaccinated. We're asking them: please, be vaccinated, and until that time, keep yourself safe.

**Media:** Just to clarify, that means stay at home, no access to essential services—

**PM:** It's exactly the same call as we made when we very first went into restrictions. At that time, we did ask our older New Zealanders to keep themselves particularly safe and, if possible, to use others to access essential services like food and pharmaceuticals, but of course to continue their health appointments. Here, what I'm asking again is, until they have sought and received vaccination, to take up a similar approach—to utilise those around

them who are able to support them with access to food and medication, but in person they should of course still attend their health appointments, and, of course, be vaccinated.

**Media:** Why was that move not made at level 4?

**PM:** Well, we've actually, in level 4—essentially, everyone's staying at home except going out for groceries. What we're acknowledging here is that with level 3, we will have a bit more movement, and so with that more movement we are asking our over-65s who haven't been vaccinated to be particularly cautious. And the best way to be able to move in a level 3 environment safely is to be vaccinated. So this is a very specific call to the roughly 20,000 who have not been yet to please be vaccinated.

**Media:** Dr Bloomfield, epidemiologists say there's a good argument for primary school children to wear masks. Can you clarify the current rules around that, and would you be willing to make it mandatory for those younger schoolchildren?

**Dr Ashley Bloomfield:** Well, it would be Cabinet would make it mandatory. At the moment, our advice is to encourage it in primary school children, and for alert level 3 in Auckland, where there will be a small number of students going to school, to require it for secondary school students.

**Media:** I guess what we've seen with the children in the level 2 environment at the Waikato school, does that give you pause for thought to make it more widespread among younger schoolchildren?

**Dr Ashley Bloomfield:** Not at this point, no.

**Media:** Prime Minister, Dr Bloomfield said that under level 3, there's still a zero tolerance approach to COVID-19. Are you saying that Auckland can't move into level 2 until there is zero cases in Auckland or a prolonged period of zero cases?

**PM:** Of course, the whole point of the zero tolerance approach is not that you'll have zero cases but rather you'd take an approach that wherever those cases arise, you are aggressively contact tracing and seeking to stamp them out. And that has been our approach all the way through, and continues to be the approach that we are taking at level 3.

**Media:** So does that—what, does that mean, in essence—

**PM:** It means that there's no change. We've always said zero tolerance does not mean zero cases; it means stamping out cases where they are found. You'll also see in the level 2 framework—essentially, what we're looking for there is greater containment. That's always been the description down the side of the alert level 2 framework. We would want a level of comfort that we had those cases well under control in a level 2 environment, so that's why we've said, "Look, we don't believe we'll be there anywhere within two weeks." We're giving the certainty for Auckland that it will be at least two weeks.

**Media:** So can you expand on that level of comfort, because there will be people watching this looking for some certainty. Does that mean four days in a row of under five cases, or just some inkling of—

**PM:** No, because, as you've seen, Jason, today, I mean, the vast majority—a larger number, but the vast majority, again, household and close contacts. One of the realities we're facing is that some of the households affected by COVID-19 have been families—larger families. And that's been devastating to see, but it's also, again, why just taking a raw number approach doesn't tell the full picture, and I've said that repeatedly at this podium, so you know that rant well.

**Media:** So Auckland can go into level 2 if there is still COVID in the community?

**PM:** We would want to be of the view that we were in a situation where we were well contained. At the moment, we continue to see mystery cases that are cropping up through community testing. Rather than us getting out in front of those, we'd want to see a

turnaround in some of those situations, because that gives you cause to consider that even while we've retrospectively been able to link, that does pose some risk that individuals have been infectious in the community.

**Media:** Is this the last level 2 lockdown?

**PM:** Well, that's been certainly our goal all the way through, and if every single eligible New Zealander goes out and takes the effort to be vaccinated, that's the best thing we can do to ensure that it will be.

**Media:** So if vaccination rates are high, you think Aucklanders and, in fact, New Zealanders, that is the last time—

**PM:** High vaccination rates will undoubtedly be a game-changer for New Zealand, but the key there is "high". You will have seen a lot of discussion overseas at the level of restrictions that are still in place and the level of hospitalisations where we have lower numbers. You will have heard Dr Bloomfield say he's aiming for 90-plus of eligible New Zealanders, so that's the range in which we want to see people aspiring to. That's the kind of range that means we have fewer restrictions. We will take the opportunity over the course of the week to delve into a little bit more detail as to what that modelling is showing us about what vaccination rates mean for restrictions in the future, and that will give everyone a bit of insight into the information we are receiving. So we'll look to do that over the course of the week.

**Media:** Just on the prisoner, when he was released on bail to the residence in Firth of Thames, how did he get down there, and is there any—basically, did he go straight there, or are we not confident that they didn't stop on the way?

**PM:** Well, so the first thing I would say is that we have knowledge of every stop and movement, because this was someone who was on bail who was being GPS-monitored. So that's the first thing, and that's useful information for us as we contact trace. One of the bail conditions was that, essentially, they needed to be transported by a specified person to their residence for their bail to be carried out, for the period on which they were on bail, and that they more or less needed to take a direct route to that environment. What we're trying to ascertain is whether or not that person who was directed to take them there did follow through all the way in taking them to their bail address, but what I can tell you is once they arrived on that same day, they did stay there for the duration of their bail.

**Media:** So, really, the germane bit to this case is the "more or less" part—

**PM:** Ah, so the germane bit to this case—

**Media:** —whether they were more direct or less direct?

**PM:** Ah, yes, and also whether or not the person who is linked to the cluster actually was involved in transporting that prisoner, so that's the part that we are working on the detail around. So, just to be clear, someone is able, once they are bailed or released from prison, to go back to their home residence, for good reason—we treat them like MIQ. They've been in an environment where they've not been exposed to COVID and, of course, Mt Eden is a remand prison. It will have a number of people from outside that region, and they need to get back to their place of residence. Bail conditions are set; basically, say you have to go back to that address. What we're working through is whether or not that person fulfilled their conditions in the time it took for them to get there that same day and fulfilled their conditions by the way that they were transported there. There was a small number of people that took them to their place of residence, and so that's what we're working through.

**Media:** And who's doing that work? Is it the Minister of Corrections, Police, MOH?

**PM:** Yeah, Corrections—across Corrections and Police. Ministry of Health are only interested for the purposes of contact tracing those involved. But we have a reasonable picture of what's occurred here.

**Dr Ashley Bloomfield:** We do, and one thing that is material is that during that journey—that pre-dated this person's infectious period.

**PM:** Yeah, so they weren't infectious at the time of their trip back to their bailed address.

**Media:** So does that tell us that the prisoner perhaps got infected from others living in—

**PM:** No.

**Media:** —his household?

**PM:** No.

**Media:** Have you established that yet, Dr Bloomfield? Was it the prisoner who infected his household members—

**PM:** Yes.

**Media:** —or their household members?

**Dr Ashley Bloomfield:** Yes. It seems—well, we're still waiting for the whole genome sequencing on all the people involved. But it seems likely that the person who was on remand was infected by someone who had been in Auckland—probably one of the people who transported him south and then as a result of—as he was required to—remaining at home with the other members of the whānau, he's infected other members of that whānau.

**Media:** Is there a potential epidemiological link to the person who discharged themselves from Middlemore Hospital?

**Dr Ashley Bloomfield:** Not at this point, no.

**PM:** No, but we believe, from genome sequencing and others, that we have a reasonable understanding of what has happened. What we're trying to do is place this individual in the time line. So it was within the bail conditions of this person to be supported to travel to their bail address. Someone needed to drop them off. So what we're working through is which of those individuals involved in that drop-off was the infected person, at what point had they joined the journey, and whether that was outside their bail conditions.

**Media:** Why did you not know that this person's household was in a level 2 environment when answering questions yesterday?

**PM:** Because there were two sites that we were given involved for this bailed person. One was inside the boundary and one was outside the boundary. The important point being, however, it would not have been against the rules for someone to be bailed to an address outside level 4. What's critical is to restrict the movement of coming and going for that individual.

**Media:** Did they return a negative test before they were sent out into level 2?

**PM:** No, but they had been in prison for well over 14 days and there was no COVID in the remand prison. It's very clear that this person has become infected with COVID from someone that's been involved in their journey to their bailed address.

**Media:** The person who transported them, did they break the level 4 boundaries?

**PM:** Well, if they were involved in transporting a prisoner, not necessarily. And this is the level of detail that we're working through at this point.

**Media:** Why did Corrections not just transport them?

**PM:** I'd need to ask that of Corrections. I don't believe it's necessarily the case that every prisoner, once they're bailed and GPS tracked, is then individually dropped off by Corrections.

**Media:** In Delta? In a Delta level 4 outbreak—



**PM:** But it is part of their requirements. It's set out in their bail requirements how they are meant to behave as they—and the rules were that they were meant to be directly dropped off. So we're working through some of that as well. Keep in mind, the primary consideration for us here is contact tracing. We need to make sure who was in contact when, who was at risk of having COVID when. Secondary to that, we want to see whether or not rules were broken and if we can tighten up the procedures there, and we're doing that at the same time.

**Media:** Prime Minister, you say that it's contained, but why are we still getting these mystery cases that are linked after the fact? Surely, if the contact tracing's doing its job, they shouldn't be surprises.

**PM:** We've said that we haven't got large-scale undetected transmission, and so, essentially, what that means is we are still seeing cases emerge where someone may not have identified contact with someone but which we are able to link them. So we know that, basically, we've already identified, for a large part, where the cases exist, and then are able to connect those individuals to those cases.

**Media:** But how can you be confident that it's contained when there are contacts which you don't know about—

**PM:** We're confident there is not widespread undetected transmission. There is ongoing work to do to stamp it out, which is why we're at level 3. You might see another decision if we thought we were further ahead than that.

**Media:** And to Mr Bloomfield, what is the R level at the moment? Is it the 0.4 percent referred to by Shaun Hendy?

**Dr Ashley Bloomfield:** Zero point four? It's still well under one, and we can see that, again, just to point out that the vast majority of our cases each day are known household or other contacts. And for example, ten of the cases that are in today's number were already in an MIQ facility. So they were tested because they were symptomatic or it was their day 12 test.

**Media:** Prime Minister, what's your modelling saying in terms of where do you expect cases to go now over the next fortnight?

**PM:** That would be a question for Dr Bloomfield.

**Dr Ashley Bloomfield:** Yeah. To continue to—my colleague in Auckland uses—rumble along a bit, but we're just expecting them to decline. One of the things we're going to do is to give an estimate, and I did it at one point last week, of the sort of expected number of cases that may still come through based on the size of the households where we're getting new cases, and the conversion rate that we see, so the number of cases we would expect. And that will change each day, but we will give a range of cases that we're expecting still to come through from our known contacts, particularly known household contacts.

**PM:** I said I'd come to Mark. Oh, sorry, I said Ben and then Mark, didn't I? Forgive me. Ben.

**Media:** That's alright. The level 3 lockdown is obviously still a lockdown, as you say—

**PM:** It is.

**Media:** —and it will take Auckland to seven weeks of lockdown. Are you of a mind to offer more support from central government, whether it's handouts or for mental health support? What more can be done, because people up there are in, obviously, so much—

**PM:** A good reminder for me to again mention the—of course, a lot of the mental health support that's provided at this level is often remote, but a reminder of 1737, Youthline for our rangatahi, and we do have particular support offered to our businesses and small businesses through Business Connect and often through our chambers as well.

So please, anyone needing support, either practical financial support as a business or just support to get through, please do reach out to those services. You will have already seen that we made a move that is a big step change from our original lockdowns around the way we're using the resurgence payment. That in the past had tended to be a one-off payment. We've now put it on a regular cycle. Every three weeks, the resurgence payment, which can be used for fixed costs like, for instance, lease arrangements or rentals, is able to be drawn down every three weeks. And, of course, the wage subsidy continues to be available for those who are affected by some part of the country being in those higher alert levels, and that allows some of those businesses who might be outside of Auckland but affected by Auckland—so it will mean events or tourism businesses are able to access that support if they can meet that criteria.

We do, however, constantly keep under review the needs of those particularly affected by these restrictions, and that's something the Minister of Finance is constantly assessing where our supports are hitting, if they're reaching those where needed, and if there's anything else we need to do.

**Media:** And just in the same vein—thank you—what would you say to businesses majorly impacted in the South Island by these level 2 restrictions when they haven't had a single COVID case there for so long now?

**PM:** So you'll know that the reason that we keep that cautious approach going is that you have seen, despite best efforts to put up a solid boundary and put testing at that boundary, we do sometimes have people who are using legitimate means to travel for what are, essentially, rule-breaking purposes. So that's why we're being cautious throughout the rest of the country. So long as we have cases in Auckland and are at level 3, we want to protect the rest of New Zealand, and we've seen a good reason for that in recent days. So for those businesses, we have made a move on the 50 limit to 100. That's a reflection of our view that we do have a better state of affairs in Auckland, so we've made that lift from 50 to 100. I do think that will make a difference, but other businesses directly affected by level 3, they can still access the wage subsidy.

**Media:** So if it weren't for the risk of rule breakers, the South Island could be in alert level 1?

**PM:** No, no, just generally we have to accept that, unfortunately, we're not a country where you can easily build a wall around one part of our country. We're a very mobile nation, and we've done everything we can to restrict that movement, but you will have seen with the case we had with someone who was a truck driver, a legitimate purpose, where they were infected with COVID. So by them working in a country which has level 2 restrictions, that gives an extra layer of protection to all our communities when we need it most.

**Media:** Do you have a sense of when this remand prisoner might have been infectious from and, you know, how many cases there might be downstream—

**PM:** Yeah, so we've set the date of interest from 8 September, is my memory—Dr Bloomfield?

**Dr Ashley Bloomfield:** Yes, that's the date that he travelled there. However, his symptom onset was the 11<sup>th</sup>, so two days prior to that. But we've set it from the 8<sup>th</sup> because that's when the person—possibly one of the people who transported him or the person who transported him may have been infectious in the community. So that's adding a little bit of extra caution.

**Media:** And do you have a sense of how many—or have had any modelling about how many cases there might be downstream if you have a case introduced—you know, it would be about 10 days of undetected transmission in this area.

**PM:** Well, so far we've got the testing to date, which we've got a number of people who've been tested across corrections, courts, police—keeping in mind they've used PPE,

so that makes a difference—then the households. So far, three back; majority tested, one yet to have a result.

**Dr Ashley Bloomfield:** Yeah, so I think there were nine people in the household; one's just been tested today; three others have returned positive tests, but the others have returned negative tests.

**PM:** Yeah, and so now sweeping through the community.

**Media:** And if you get in level 3, in Auckland—you start finding more undetected cases and undetected chains of transmission, how confident are you in your ability to control that transmission and to stamp it out? You know, at what point would you need to move back up to level 4?

**PM:** A good entry for me to just highlight again that vaccination is one of our key messages, and the other is testing. You'll remember the seven suburbs that we identified that we want to see testing continue with. Those remain our sites of interests. We have added an additional suburb of interest, but it essentially—for many of those who are local will know that it overlaps with a number of those existing suburbs. It's identified as Clover Park. It does overlap with most of the ones that we have on—many that are already on this list, but we wanted to be explicit that Clover Park is another suburb where we do want those testing rates up.

So what we'll do over the course of this week and next is come down and just report on the number of tests we're having come through those communities, and initiatives we'll be undertaking to keep those numbers up. We believe that will help us get in front of some of those cases that we are linking retrospectively, because we're tending to see them come through those specific suburbs, and this will help us get a bit of earlier signal and earlier surveillance in some of those areas.

**Media:** Do you still think you can get to zero cases again, and is that still your goal?

**PM:** Yeah, well, we are in level 3 because from level 3 we have done that before. And so our belief is this still is absolutely a legitimate tool in our "stamp it out" strategy. And that's why we will be there for that length of time, to continue to try and do that.

**Media:** How many people transported the prisoner from Mt Eden prison back to their bail address, and why did so many? It seems as if there were multiple people. Why did multiple people take them there?

**PM:** Yeah, and so, look, that is one of the questions that we're working through with Corrections on. So there was a specified person who was meant to take them back to their bail address. So we're just working through whether or not bail conditions mean that that must be an exclusive arrangement or not. So that's one of the issues we're working through there. But to keep in mind, again: someone is able to be transported, but those involved with transporting are then meant to be back in their level 4 environment.

**Media:** On the section 70 order, how long exactly is it going to be in place, and, I guess, if cases pop up in the community there, will you look at a different response, whether that be a different alert level—

**PM:** Yeah, so five days initially, and that's so that we can get that testing under way, get the returned results, do that rigorous contact tracing, and then we'll revisit.

**Dr Ashley Bloomfield:** Yeah, so it's initially for five days; it could be shorter. So it's five days or until a medical officer of health says that people can be released. That, we think, will give us a good amount of time, and we can adjust it as well. That's the good thing about a section 70 notice; we can just adjust it as we go if there is new information that emerges.

**Media:** Just very quickly on a different topic, for a colleague: the counter-terror legislation is up for its second reading tomorrow. Critics have said that there is no need to rush it through and that you should take your time to work through the bill. What's your response?

**PM:** Yeah, my response would be: we have taken our time. This policy was first proposed to us by officials in 2018, and we asked for the work to be undertaken. It's then subsequently gone through a full Cabinet process, been introduced into Parliament, referred to select committee, received submissions from the public, and reported back to select committee. What I'm happy to indicate here is that there will not be any surprises in what is reported back to Parliament. We had consensus recommendations from the select committee over changes that should be made as the result of submissions which have been heard by the Cabinet, and we've not made moves beyond the scope of the original bill that went to the public and that originally went to the select committee.

**Media:** Can I just ask your response to comments made by the Māori pandemic group earlier today that they were worried about anything less than level 4 for Auckland and the Waikato, saying that they were worried that the North Island is on the brink of a big outbreak otherwise?

**PM:** Well, the first thing I would say is you've seen that we've actually created an arrangement that, essentially, for this newly affected community, does put them into a level 4 environment, but we've added a section 70 so that we can actually cover off those who might work in the area but live outside or may have had contact with anyone in that area. So we've tried to go a bit broader than what would otherwise be a simple boundary change. So we've taken a very specific approach there and, I think, really met the needs of what those have been calling for for that specific area. More broadly, I would again just highlight that every other outbreak we've had to date, bar our first one, has been, firstly, managed and stamped out at level 3. Level 3—no one should be under any illusion that it is an unrestricted environment. It is very tightly controlled, and everyone in Tāmaki-makau-rau has a role to play in continuing to ensure those most important parts of level 3 are upheld—and that includes just not mixing and mingling with others.

**Media:** Just in terms of this bespoke arrangement, is this what the country can kind of look to from here as [*Inaudible*] boundaries, putting orders in place, and making it more manageable from a—not even a regional but a much smaller perspective to manage with?

**PM:** Yeah, I mean, that's something that some countries have used in post-vaccine environments, for instance, where you have, you know, perhaps an outbreak and lower vaccination rates, and it's actually the way I'd describe our public health units dealing with issues like measles. What we probably may not have registered is that in the past, before COVID arrived on our shores, our public health officials, if they saw a flu outbreak in an aged-care residential facility, have the ability to close it down and manage it. Likewise for other areas of work, if they see outbreaks of other infectious diseases, they have the ability to take those local approaches. And so those are the kinds of things you want to have available to you in managing outbreaks in vaccinated environments too.

**Media:** Just on that, Dr Bloomfield, do you see this, I guess, even as a bit of a test to see what compliance is like with such a bespoke, smaller arrangement like that?

**Dr Ashley Bloomfield:** Well, it's certainly—we've used our section 70 notices in a range of ways, actually, right through the pandemic here, including, for example, to require people flying back from Australia to do certain things, and this, I guess, is just extending that to requiring people in a geographical area or who have access to that geographical area. So it gives us another tool in the tool box, and actually, at the moment, it's being used sort of in a complementary way to the alert level boundary that's there. But it does show that we do have not just the ability to use an order under the Act but also a section 70 notice.

**PM:** On the basis of my computer malfunction, I will continue to take questions.

**Media:** Can you give us some indication of what would happen to—sorry, what the prompts would be for you to have to move back into level 4 again, and also what factor lockdown fatigue had in your decision to move down to level 3 this time?

**PM:** Well, if I may, I might start with Dr Bloomfield, because he gives us the initial advice that we then consider. So I'll take it in that order.

**Dr Ashley Bloomfield:** Well, I think, just to go back, you know, alert level 3 is highly restrictive, and we're confident that the alert level 3 alongside the testing, contact tracing, isolation, putting our cases in quarantine facilities, and, indeed, continuing to vaccinate as fast as possible gives us all the tools we need to continue to contain and indeed try and stamp out this outbreak. So I'm not planning any time soon to give advice that we need to go back into alert level 4. We wouldn't have given the advice unless we felt we could keep things contained in alert level 3.

**Media:** But what would prompt that advice, basically? Like, I mean you need Aucklanders to abide by level 3. If they don't and something starts happening that pushes it back to level 4, what would that take?

**Dr Ashley Bloomfield:** Look, I'm confident, first of all, that Aucklanders—as the vast majority of them have already—will continue to support the effort, and they're just as interested as we are in stamping the outbreak out. Secondly, we will see ongoing vaccination in Auckland, and we're very close to hitting 80 percent of people in Tāmaki-makau-rau who've had a first dose, and, of course, our aim now is to intensify our efforts to get that even higher as quickly as possible.

**PM:** And look, I would really just share the sentiment from Dr Bloomfield. In terms of compliance here, we've actually seen, despite the length of time that Auckland has been in these alert levels, by and large really good compliance. Those times we've had exposure sites or locations of interest, by and large they've been people going out and doing the things that they're permitted to do and need to do to survive. What I would continue to just enforce, though: no contact is trivial. So you might think that a conversation with a neighbour is not serious, or your children playing together in the street is not something to worry about. A significant proportion of our cases have been young people, and so, actually, we do need to worry about them as vectors of transmission, and we do need to make sure that we look after them by keeping our bubbles tight and not mingling with any other households, and that includes family members in other households. I'll come across the back there. I had Jenna, Benedict, and then I was going to finish with Jason.

**Media:** So just a question for Dr Bloomfield on what the—

**PM:** I don't recall saying your name, Bernard, but I'm going to let you off. I don't want to reward bad behaviour, though, so I'm then going to stick with my loop-round.

**Media:** I was in the sweep of your [*Inaudible*].

**PM:** I'm sure my hand gave an incorrect indication. I'll sweep to you, Bernard.

**Media:** Thank you. Dr Bloomfield, what's the trajectory of the vaccination rates which would get us over 90 percent in Auckland? What does your modelling say?

**PM:** Early October, I believe.

**Dr Ashley Bloomfield:** Yeah, our modelling says in the first half of October. However, I'd be keen to do it as soon as possible. So we have the capacity there, all the systems are in place, and now is a good time then—this next two weeks, during alert level 3—for anyone not vaccinated to get out there, and we will continue to provide an increasing number of opportunities for people to get vaccinated.

**Media:** And when you say over 90 percent is the sort of range you need to be free of restrictions, is that 90 percent double dosed or just single dosed?

**Dr Ashley Bloomfield:** Well, ultimately, it's fully vaccinated, but even a single vaccine is quite protective. With the Pfizer, we've seen that, including against Delta, and, you know, 90 percent minimum. Right from the start, my position on this has been as high as possible, which means, ideally, every single eligible person.

**PM:** What's encouraging, though, is the uptake rate between first dose and second dose is really close. So the vast majority of people who are getting their first dose are then following through with their second. And, yes, one dose matters, but two doses is where you get that really protective factor for hospitalisations and serious illness. So we really want to keep encouraging everyone: do the job right, get both doses to get the full protection. And, encouragingly, we're modelling, basically, off full vaccination rates because, for the most part, people have been. It's a very small percentage who haven't.

**Media:** Do you then have the capacity to—instead of doing the six weeks in Auckland, bring it back forward to the three weeks, and have you considered doing—

**PM:** Yeah. So you'll see that when you go to the booking website, you have the option of the six or the 21 days. It still sits there. And for those who have vulnerabilities, so for those who might have comorbidities or illnesses that might make them particularly vulnerable, particularly the over-65s, they should consider a shortened time frame. Dr Bloomfield?

**Dr Ashley Bloomfield:** Yes, that's true. And still, though, our standard interval we are recommending—and what the booking system is set up to do—is the six weeks, and there's no reason for us to change that at this point.

**PM:** Yeah, but it's available to individuals on the site; they can take that decision. Yep.

**Media:** Last time Auckland was at alert level 3, there was a lot more traffic crossing that southern boundary into level 2. Have you put extra resource into that border and also into the testing of people needing to cross that border, or will there be less of it this time?

**PM:** Yeah. So we've got—the difference being, of course, last time there were some people who were travelling—remember, that was the first, we went 3, 2, we didn't have a 4, so we've actually already had the ability to set up what we need at that boundary. So it's not the big jump that we had last time. The second thing I'd say is that the reasons for travel essentially remain in place from the 4 environment for the 3 environment. So we are not expecting a big change in the way that that boundary looks and feels. There is still no regional travel, you still have to have permission from MBIE to travel for essential work, you still have to be tested on a seven-day rotation, and if you're travelling for an exempted personal reason, you must have a test 72 hours before—within 72 hours of travel unless you have an emergency exemption from the Ministry of Health.

**Media:** And just back on the prisoner, is the working theory that he caught it in the car ride, or did the person transporting him then stay in the household in a level 2 environment from level 4 to level 2?

**PM:** Yeah. So he was transported by three people; we believe the person who infected him was in that car. We're establishing the length of time that that person then resided with that individual.

**Media:** What did you make of that phenomenal demand for the MIQ places this morning, and did it give you any sort of reason to think about perhaps putting on more supply into MIQ?

**PM:** What I can report is that there is more supply. That was a first release of vouchers. So we had 5,364 people from 117 countries who secured MIQ vouchers today, and we will be doing another release of a few thousand vouchers again early next week. What's really interesting to see, though, from those who were seeking vouchers today is the most popular demand were around those vouchers closest to Christmas and the New Year, with some lesser demand for those vouchers—not as great a demand for those vouchers that were a little more close, so September, October. So that tells us that generally the high demand are people coming back for particular reasons at certain times of the year. So that just gives us a bit of a sense of the reasons for return for some people. The majority of passengers looking to come into New Zealand—vast majority Australia, and then Great Britain, and then it progressively spreads across a number of countries.

**Media:** Did you have any update on whether they've been able to get a support person into MIQ for the father of the three children who were killed in Timaru?

**PM:** Forgive me, I'll come to another question while I quickly check. I did have some advice on that, and I'm going to see if I have it in front of me. But I'll ask just if someone else had a question in the back, I'll come to you while I—

**Media:** I've got one for Dr Bloomfield. Dr Bloomfield, the R value—and, also, the seven-day rolling average of cases is, I think, 21 today. It's been in the twenties for some days now. How is it that the R value is below one when the number of daily cases seems to be roughly the same?

**Dr Ashley Bloomfield:** Because the majority of those cases are not arising de novo in the community; they're amongst household and other known contacts. So people who are already in isolation and, indeed—nearly half of today's cases—actually in a managed isolation and quarantine facility.

**Media:** So you—if there are household contacts or known contacts, they do not contribute to the calculation that produces the R value?

**Dr Ashley Bloomfield:** Well, they contribute, but it's taken into account in the modelling, remembering that, of course, it's the counterfactual you're looking at here. So an R value over one means every person is infecting at least one other, whereas in this case we are seeing a small number of new cases emerging, and then the other cases that they're infecting are people who are already isolated, so they're not then infecting others.

**PM:** Just on the Timaru family, police are liaising very closely with the family, and we are providing space within MIQ to urgently allow family members to come into New Zealand to support the family. While I don't have details on whether or not that means people will then come into MIQ to be joined to have that family support, we are able to be flexible when it comes to MIQ and the way we arrange it to provide for urgent needs for people. But I'll leave that up to the privacy of the family to work through what's going to be best for them.

**Media:** Can I just ask you, also: a group of Afghan translators have travelled down from Hamilton today. They're outside the front of Parliament, they're desperate to talk to the Minister, someone, about what's happening to their families back in Afghanistan. No one from the Government has gone out and spoken to them all day. Why is that?

**PM:** Well, first of all, I wasn't specifically aware that they had done that, but I'd say that, actually, on the very day that we moved into lockdown, I met a group of translators who came to meet me at Auckland University, just knowing I was there. We had a conversation about the plights of—in many cases it's their extended family that they were looking to support, to bring into New Zealand. Of course, you'll know that what we were working urgently to do was to support those in Afghanistan who had existing citizenship or visas, in many cases to join family members, to be able to arrive in New Zealand. We know there was more demand than we were able to meet in the time that we had available, and that's why we're working through next steps.

**Media:** My understanding is that the rooms that were left to last this morning were the ones for the week starting tomorrow. How unrealistic is that in terms of the time left—we're talking about people lining up flights, getting pre-departure tests, all that sort of stuff?

**PM:** So whilst they were last, I do believe they were still taken up, and people do have a period of time then to be able to then go and subsequently go and book their tickets, but we always take into account, on release, people's ability to then meet that room availability. I would mention that 1,352 people seeking to come in are from Australia, so it would be possible for them, potentially, to meet some of those requirements before entering in for those earlier dates. OK, I did call time. And one final reminder: those who were not able to access vouchers, we do have ongoing release of vouchers throughout the year. It wasn't the case that it was one release and done. OK, thank you, everyone.

### conclusion of press conference