

ALL-OF-GOVERNMENT PRESS CONFERENCE: SUNDAY, 12 SEPTEMBER 2021**HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa. Ngā mihi nui ki a koutou. Welcome and good afternoon. Thank you for joining us today. I'm going to get straight into it today and begin by handing over to Dr Bloomfield to give us an update on today's cases—Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Tēnā koutou katoa. So today, there are 20 new community cases to report—all of these are in the Auckland region. This takes our total number of cases in the outbreak to 922, and of these, 352 are now deemed to have recovered. Additionally, we have three new cases in recent returnees in managed isolation.

A quick update on Middlemore Hospital, where, as you know, there have been several cases recently identified. What I can confirm is, pleasingly to date, no staff or patients have returned a positive test following those three people presenting to hospital in recent days with COVID-19, or who have been found to have COVID-19. Most of these people will remain in isolation and be re-tested at the appropriate time, but to date, all have returned negative tests.

The total number of as yet unlinked cases in the outbreak is at 34, although I note that eight of these are from today's new cases. The three largest clusters in the outbreak remain the Māngere church event with a total of 379 cases; secondary community transmission from that initial Māngere church event, and that's got 164 cases; and then we have the Birkdale social network, which has a total of 76 cases. These three sub-clusters are part of a group of 16 sub-clusters or settings of interest, which we are using to aid our tracking of the outbreak. Of the 16, seven are considered to be contained, in a further six sub-clusters there is only household members or close contacts who are also in isolation who are becoming cases—so 13 of the 16 are either contained or the transmission is within known close contacts, and a number of those, the last cases were several days ago. So in just three sub-clusters there is concern about possible spread beyond households, and of course, these are the focus for intensive follow-up.

Across the system, we have around 350 very close contacts who are still in their 14-day isolation period, although most of them have already returned a negative test. Our experience to date shows that about 16 percent of this group will return a positive test at the day 12 test, and so this indicates both the importance of keeping people in isolation for the full 14-day period, but it also shows we could expect around another 50 cases just from our very close contacts across the outbreak who remain in isolation and are still to return that day 12 test.

Now, of yesterday's 23 cases, we know that nearly half—that is 11—are contacts of other cases, and this includes a third—which is seven—who are household members of a case. Ten were infectious in the community, with over 40 exposure events. Most of these relate to a small number of those people. We also want to know, of yesterday's cases, how many are unlinked cases. So at the moment, ten are currently unlinked, or were unlinked. However, through the course of the day, we were able to establish links for a further seven. So now, at this point in time, there are just three for whom there's not a clear epidemiological link.

Regarding the person who presented last weekend to Middlemore and was treated on a surgical ward, this person has nine other household members who have tested positive. This has been clearly linked to the wider outbreak now, and we know where the point of transmission occurred.

There are new locations of interest that continue to be identified—as I said, there were a number of exposure events from yesterday. Where those exposure events may have

involved wider members of the public, they will be published as locations of interest, so please do keep following that locations of interest web page on the ministry's website.

Today, in hospital we have 18 people—all in the Auckland region—and with four of these people in intensive care. One of our new cases identified in the last 24 hours presented late and unwell to Middlemore Hospital and is currently in intensive care.

I just want to emphasise the importance, therefore, of anyone who needs care for any reason to seek that care immediately, either through calling Healthline; if it's an emergency, call 111. But what I can reassure people is that our hospitals are safe. They have very strict protocols in place to ensure that anyone arriving—patients and their family, as well as staff—are kept safe. So please do not delay or hesitate seeking care.

Testing, of course, remains central to our confidence that the outbreak is under control and that there is no undetected community transmission. So, just to reiterate the message: if you have symptoms of any kind, please do go and get a test.

Yesterday there were 10,958 tests processed around the country, and there were just under 5,000 swabs taken across metro Auckland. That number's likely to increase as more are logged during the morning.

In particular, there has been good rates of testing amongst the geographical areas of focus, including Mount Eden, Massey, Māngere, Favona, Papatoetoe, Ōtara, and Manurewa. To everyone who has turned out to be tested, symptomatic or asymptomatic, where we have been seeking surveillance testing, thank you very much.

The sites of where that testing is needed is reviewed on a daily basis by our Auckland Regional Public Health and national regional health coordinating centre colleagues, and they are changed depending on where we think we need additional testing. Please do take up the invitation to be tested if you are an essential worker, and that invitation has been extended.

So far, since 1 September, more than 13,000 essential workers have been tested, with no positive cases to date. That includes over 5,500 DHB workforce across the Auckland region; 3,450 other healthcare workers—for example, those working in primary care or in our community providers—and over 4,000 other essential workers. This is great progress, and thank you to all of those people for being tested, which, again, helps us ensure there is no further transmission from those important places.

On contact tracing, we have just over 38,000 individuals in the system, and over 92 percent of those people have returned a test result. Active follow-up is under way across the country for any people who have outstanding follow-up test results.

And, finally, of course, with the current level 4 situation in Auckland, there's a very cautious approach being taken to granting exemptions for travel outside of Auckland, particularly for personal reasons. They are only granted in exceptional circumstances and only where this is consistent with the wider public health response. I just want to acknowledge and extend my gratitude and sympathy to those people who are affected by these very, very tight restrictions, especially those that may be wishing to travel for quite distressing reasons such as attending tangihanga or funerals or visiting terminally ill whānau.

But the ongoing public health risk of transmissible Delta variant is high at the moment in Auckland and these restrictions are designed to keep everyone safe around the country and prevent any potential onward transmission.

Thank you, and back to you, Prime Minister.

PM: Thank you, Dr Bloomfield.

I want to acknowledge how hard it is when numbers jump around as they have been doing in the last few days. And that is not a sign of failure. It's not a sign that what we are doing isn't working; it just means that Delta is harder, and the tail, therefore, is harder. But it's not impossible. Every day before Dr Bloomfield and I come down to the theatre, we have a

call with the team who are working on this outbreak on the ground. Today you heard a lot of detail from Dr Bloomfield on the clusters that they are managing and where we are still seeing a bit of onward transmission, particularly within households—where they're looking good and where we have some more work to do.

But something that one of the team on the ground said stood out to me as something I should share with all of you, especially those of you in Auckland. They said that we have to remember we still know where the vast majority of our cases are coming from. This is a simple and important reminder because it's an indication of the general control that we have with this outbreak.

With Delta, there is an element of some steps forward and some steps back, and I know how especially hard this is on Auckland who are experiencing the anxiety of the case numbers every day and the reporting of some of those details. And I'll remind people that what often might be reported as a missing or unconnected case very often will be linked back to our outbreak, often with the help of science and genome sequencing, that can take just a little bit longer. But we feel all of that anxiety with you as well.

But our general direction is positive, and our goals remain the same: beat the virus, get out of these heavy restrictions, vaccinate.

On that note, I have an update. You'll recall that this week we announced that we have finalised a deal for more than quarter of a million Pfizer vaccines from Spain. These are now in the country.

Today, I can announce that we have also finalised a deal with Denmark for the purchase of 500,000 doses of the Pfizer vaccine. This will bolster our roll-out throughout the remainder of September, where we had some constraint on the amount of supply we had before the big batches we already had on order arrive in October.

The delivery will be split evenly in two, the first leaving Denmark early this week and arriving into Auckland from the middle of the week. I'd like to express our appreciation to Prime Minister Mette Frederiksen for making the doses available for purchase. Thank you to the Danish and European Union officials and to the team at Pfizer for their work helping finalise the deal, and thank you to the incredible work of our teams at the Ministry of Foreign Affairs and Trade, the Ministry of Health, Medsafe, Crown Law, Treasury, and to many others who have been working behind the scenes to negotiate this agreement; it has been a real team effort.

Combined, the Denmark and Spain deals leave us in the strongest position possible to vaccinate New Zealanders at pace, protect our population, and begin to move beyond life with tough COVID restrictions.

There is a vaccine there for everyone who wants one, for free, and it's available now. So please: get booked, get vaccinated, and be safe. It could literally save your life. You can see the difference vaccines are making in this current outbreak, but we're seeing it in even much larger scale in places like the United States, where hospitalisations are so heavily dominated by those who are unvaccinated.

But if your own health and wellbeing isn't enough to convince you, then do it for those around you. We know the vaccine helps break chains of transmission. It can make it less likely that you'll become infected and that you'll infect someone else, and indeed, that's what we're hearing from the tens of thousands of Kiwis getting vaccinated every day. People are being vaccinated for those around them, those they love, and the wider benefits it brings.

And what a difference that is making. On busy days, we've been breaking daily OECD records for doses administered, and over this weekend new drive-through and walk-in vaccination sites in Tāmaki-makau-rau saw the city reach an impressive milestone: half a million Aucklanders are now fully vaccinated. In the next couple of days, we are likely to

reach 1 million first doses in the region. Thank you, Auckland, and keep it up. You are doing the very best thing you can do right now to avoid future scenarios like the one we're in.

And so, if you're watching this and have not yet been vaccinated, here are a few options for you. There is capacity for 10,000 vaccinations a day at drive-through sites. These are the Park & Ride at Auckland Airport and the Trusts Arena in Henderson. Please make use of these. If you're not yet booked for a vaccine, go this afternoon.

There are well over 100 GP clinics in Auckland alone offering vaccination appointments; check in at your local doctors' clinics for availability. Pharmacies are also available for vaccinations. If you jump onto bookmyvaccine.nz, you'll see that we have a new function which tells you the closest sites with available appointments, so you can assess where to go in order to receive your vaccination the fastest. Please book your slot today, or, as I say, drop in to one of the drive-through appointments or drop-in centres and get it done as soon as this afternoon, no matter where you are in the country.

We're now happy to take your questions. Benedict?

Media: Do these deliveries coming in from Denmark—does that mean it's full steam ahead the whole way until we get to the October—

PM: Absolutely.

Media: —the first deliveries in October?

PM: There is nothing holding us back. We now have the supply that we need to keep up what has been record-breaking levels of vaccination in New Zealand. So my message to everyone: there's no reason not to come and receive your vaccination today.

Media: On these case numbers, you're talking before about them jumping around, when last week they were trending down. People were getting excited about maybe a move out of level 4 for Auckland—and then back up into the 20s. Professor Michael Baker, Rodney Jones, telling us they're kind of gutted with that, those higher results coming in. Does this kind of rule out a move down?

PM: So what I don't want to do today is speculate on advice that we haven't received yet, because literally our public health teams use all of the data they receive right up to the minute that we make the decision, so we're making it based on the best information possible.

I would just remind people that within some of those numbers you'll see that often we are still seeing household contacts coming through, and, as Dr Bloomfield has said, we've even gone out and looked at how many close contacts we have who aren't yet required to have their day 12 test, and we do still expect a proportion of them to come back with COVID. Now, they're all safely isolated, but it does give you a bit of an idea that we do still expect to keep seeing those numbers; we still expect to keep seeing that tail.

Media: Are you going to give a bit more detail about those three sub-clusters still causing problems, just in terms of is there anything people should know about those locations that might help you get that under control, and is there any problem, you know, with these people still infectious out in the community in terms of the response that you're getting?

PM: Yeah, I'll give you a very quick response and then, primarily for the answer, I'll hand over to Dr Bloomfield. But all of that analysis is feeding into where we are particularly picking up targeted testing in communities where we still want to make sure that we pick up cases early that may be linked to some of these clusters. So we're already acting on what that information is telling us. You're seeing a really big push. We have high testing rates in those suburbs where we do have some concern that we might have cases we've not yet found. But one of the things that I'm noticing a big difference around is that even if, when a case first presents, if we're having a bit of a hard time connecting it, the genome sequencing is often telling us where it docks in and telling us whether or not there's much

we've missed in between, and that has been a real game-changer for us and is also helping us as we continue to narrow down the mystery links.

Dr Ashley Bloomfield: I'd agree with what the Prime Minister said, and two additional comments. First of all, excellent engagement from the groups who are involved in these clusters. So we got quite a lot of detail today from the team in Auckland about the nature of the engagement and what's been going on around testing and follow-up and also, of course, people being moved into quarantine or managed isolation if they can't isolate safely at home. The second point I would make: whilst yesterday there was a number of exposure events in the community, over 40, only four of those occurred after someone had been asked to or should have been isolating. So the vast majority of these were just where people hadn't known—

Media: Isn't—

Dr Ashley Bloomfield: —they were either a contact or a case.

Media: Sorry to interrupt. Isn't four a concern given, you know, where these clusters are at in Auckland or where the outbreak is at? Wouldn't you expect people to be—

PM: Compliant.

Dr Ashley Bloomfield: Well, it's one piece of information. Remember, this is retrospective, and what's important now is the degree of engagement and cooperation there is to make sure that we're getting to the bottom of whether there are any other contacts there—and, as I say, very good engagement around that—and preventing any further onward transmission. So hence they're the focus for a very intensive effort.

Media: Because when Cabinet looks at the criteria on the day, and tomorrow for Auckland and the rest, you can't really say at the moment that there's no undetected community transmission—that there's not a question—

PM: So we are still—and you'll see, we are still reporting what initially are unlinked cases, and sometimes those unlinked cases might be several, all in one household, and then by the end of the day, often by the end of the day, we are establishing links. And where we aren't doing it at the end of the day we're often able to through genome sequencing that takes a bit more time. The issue, though, continues to be that over the course of that period, those are people who may have popped out to a supermarket because they've been allowed to, have not known that they are a case, and do present some exposure events. The vast majority of those have been those things that you'd expect people to be doing. But because it's Delta, anything like that does give us cause to be concerned and to constantly contact trace around those as well.

Media: Is it your feeling that there is undetected community transmission that isn't quite under control or that there is the outbreak, but it is the lag in terms of contact tracing and testing as fast as that is moving? That's where the—

PM: Yeah, I'll just repeat again what came from our team on the ground and that was, you know, the vast majority of these cases we know where they are coming from, but you always want to do more to assure yourself, because we are still seeing some that are coming through that are unlinked that are taking us time to make a connection, and that presents risk.

Dr Ashley Bloomfield: So the only additional comment I would make is, and what is really clear, there is no widespread community transmission in Auckland. And, yes, we have seen a few cases over the last week or so which, as the Prime Minister said, have taken us a bit of time to link, therefore we're assuming there may be other undetected cases and hence why for the last six days or a week there's been very targeted testing in communities not just of symptomatic people but of asymptomatic people. And that's really important for us just seeing if there are any other cases out there. The volume of testing is reassuring, but we need to keep that going over the next few days.

PM: And the one, final thing I'll just say on that. Although we've got, you know, roughly 30 or so unlinked, there are actually a handful that we're really honing in on, and that's because they might have been later on, the number of possible links to the case are a bit more difficult for us to immediately identify. And so for earlier on you can make some assumptions about people having been exposed pre-lockdown. So within the group that we're really honing in on, it is a handful that we're really quite fixated on, and one of them you will have heard a bit more about on Friday, for instance. So where we've got those concerns, we are going out and doing extra testing and all of the things to give assurance, even if we can't quite nail how it happened.

Media: I would just like to follow up with that. Do you have a sense, of those 34, how many that you are concerned about, and do you include in that number that you are concerned about all the cases that presented to Middlemore in the last week, besides the one that you mentioned from last week saying that's now been linked?

PM: Yeah, so we've taken immediately out eight as a result of that linking—sorry, eight of the totality of the cases, but one unlinked.

Dr Ashley Bloomfield: Yes, so some of them are old, and even though they remain unlinked it's not material in terms of outbreak management and concern about onward transmission—so they're more than 14 days. And some of them we may well never link. Yes, those Middlemore cases are ones that we have been following up, or that the public health unit has. I talked about the gentleman from last weekend, and they've now made the link there very convincingly. Likewise, the one that we talked about on Friday, they've found through the genomic sequencing a link back to the original Māngere church cluster. And then it's just trying to find out exactly what the person-to-person transmission was from that.

Media: But of those 34, do you sort of have a sense of how many among them that are, as you say, that you're trying to hone into?

PM: Yeah, it's a—I would describe it as a handful.

Dr Ashley Bloomfield: Yeah, a handful.

PM: It's a smaller number than—well, obviously it's a smaller number than 34, but I'd describe it as a handful. And some of those you hear us canvas a bit, where we need to really test some of this, that help with the source investigation through some wider testing. And you can see the suburbs that we're honing in on, that's where we have a bit of a connection to some of those areas where we might have concern, too.

Media: And you seem to suggest there, Dr Bloomfield, that there might be contacts who were not staying at home when they should've been. Has that been what's been happening in the last week? Or even if it's just been a minority.

Dr Ashley Bloomfield: Look, I don't have the detail, but very often you'll have more than one exposure event associated with one person. So it may have just been one person, and there may well be good reasons for that, or it may well be that that is then identified and hence it informs the decisions around who needs to be contacted. Of course, the imperative thing here is that we get accurate information and honest information, and if people have been out and about—and it's been very unusual, actually—

PM: It has.

Dr Ashley Bloomfield: —over the last week or two—then it's important for us to get that information so we can find any potential contacts.

Media: Just on vaccinations, you've made quite a deliberate push this afternoon for people to get out, in fact, I think you said, "If you've got time this afternoon, get out."

PM: Yeah.

Media: Are you looking for—just at one point, our record vaccination was about, I think it was, 90,000 a day. Are you looking for just day after day after day of about 90,000 or are your ambitions even higher than that from now on?

PM: I haven't set a figure for daily numbers. I just want us to get it done. I want people to be vaccinated as soon as possible, because that's the best way that we can protect them. And it's also the best way that we can build in an extra layer of protection that means that we don't have to use things like lockdowns in the way we have in the past. So that's why I keep pushing; I want us to get it done.

Just some stats for you: as at 11.59 p.m. on 11 September, roughly 68 percent of people aged 12 and over have had at least one dose, and we have 34 percent of people aged 12 and over who are now fully vaccinated. Just to give you a sense of how we're tracking with some of the age brackets, 89 percent of people aged 65-plus have been vaccinated with one dose, and we've seen very good follow-up on second doses, so you can assume that we'll hit that for fully vaccinated for our over-65s. So really good signs that we have it within our power in New Zealand to get very high rates of vaccination.

Media: And just changing tack just a little bit, when New Zealand moved—or to the rest of New Zealand outside of Auckland moved into level 2, you revealed that there was sort of a pseudo - level 2 restriction period. Are you able to tell us that when we eventually move into level 1, if it's going to be the same level 1 that we've experienced before or is this level 1 going to be, essentially, a level 1.5?

PM: So we've asked our public health officials to make sure that they provide us with their assessment on, you know, current level 1 restrictions with a Delta lens. And, of course, as we do, we'll provide that information as soon as we've received that advice, as well.

But, you'll see, even with the 2 changes, we've stayed within the framework. So what was changed was just that the number of people that were able to gather and a bit of extra distancing for some of our public facilities. So, generally, we stick to those frameworks.

Media: So if there is a change, you're going to have a big lead-in time to give enough time to let businesses and people know that if there are going to be significant changes?

PM: That's always our endeavour, but, of course, we also have to use the best available information and advice when we receive it. But, I hear people: they want to know as early as possible. One thing that you can expect, of course, is that the scanning requirements—they keep ticking along.

Media: What more do we know about the three Middlemore cases that were announced last night? Is there any connection to a sub-cluster, linked or unlinked?

PM: If you don't mind, I'll pass to Dr Bloomfield on those. Forgive me, I always—not sure whether or not I have all of the information that's in the public domain.

Dr Ashley Bloomfield: So I'm assuming that the three Middlemore cases include the gentleman from last weekend, the one we announced on Friday, and then there's been some publicity over the weekend about someone who was seen on the maternity unit there—during the week now. Just to confirm, that person went in and was assessed, they didn't go in and give birth. I've commented on the first two of those already. On that third one, we're just collecting further information. There's nothing more to say around the possible link to the wider outbreak, but that information will come through over the next day or so.

Media: And are there any locations of interest where there have been high levels of transmission where you'll be particularly encouraging people to and get tested?

PM: Well, for Auckland generally we will keep asking people if you're symptomatic, please get tested. But as you've heard Dr Bloomfield say, there is not a view that we have widespread undetected transmission going on across Auckland. We do have a few clusters where we continue to want to really focus on those communities. Those are the areas

where we have already stood up good testing, surveillance testing, and we have some good numbers coming through. But, anything further, Dr Bloomfield?

Dr Ashley Bloomfield: Just to pass on one of the comments our public health colleagues in Auckland made this morning is that we don't seem to have seen transmission from people who are judged to be casual or casual-plus—casual contacts rather than those who are known close contacts. So that hasn't been a feature. So we have seen high transmission rates in households—again, that's replicating the experience we've seen in other countries—and some transmission to other close or very close contacts, but not so much that casual, fleeting transmission. We haven't really seen any cases arise from that.

PM: Dr Bloomfield mentioned some of the areas where we're doing quite high rates of testing earlier on in his script, as well.

Media: Absolutely. And are you aware of any essential workers who've tested positive in the last few days?

PM: Not from our surveillance testing. I believe our essential workers are coming through well.

Dr Ashley Bloomfield: None of the asymptomatic surveillance testing. I think from the cases we're announcing today—20—my recollection is there were two who were essential workers, but we don't have any further information about that. We'll obviously publish any locations of interest from those as they come through during the day.

Media: Middlemore Hospital is quickly becoming a hot spot for new cases. Should officials be considering surveillance testing for some or all of hospital presentations?

PM: So the first thing I would say is, of course, people who have COVID-19 and who are unwell will, of course, be in our hospital system for care. And it just so happens that, of course, Middlemore is in the area where we have had a number of cases. So, for instance, you've heard today that someone has presented with COVID, and has been immediately admitted into ICU. My plea would be to people who are unwell, please present to ED, report your symptoms, and get the care you need. The last thing we want is people to not come forward if they are unwell. The best place often for those cases will be in hospital care, and the last thing we want is people not presenting because, unfortunately, they have a perception that that will be wrong. It is safe.

Media: Can I find out: how many Middlemore staff and patients have had to isolate, and, for the workforce, how much pressure is it going to place on the hospital now and casting forward for any future exposure events? What's the sort of contingency planning around that? OK, so we don't have an infinite amount of nurses.

Dr Ashley Bloomfield: So there's obviously planning that was already in place, and from the events earlier—last weekend and during the week—there were a number of staff isolated from last weekend's exposure event. From the one we spoke about on Friday, there were no staff required to be isolated, just some of the patients who were in that area.

And just on our call this morning, we raised whether there was any support needed following the case that was seen on the maternity ward during the week. At this stage, not required. But we do know that, of course, we've now got a process in place—and, I assume, we had that in place. If they do need additional staff, they can be got from either across the Auckland region or from around the country.

Media: Just on rules around COVID, on the extreme end of rule-breaking we've seen images over the weekend of Bondi Beach being packed with people. Are you worried—you know, we're getting to a stage where COVID's been around a long time, are you worried about people potentially not following the rules, or is there any thought gone into additional ways to make people follow the rules?

PM: Yeah, I absolutely believe that New Zealanders understand that the reason that we're in these restrictions is so that we can get back to a place where they have their

freedoms again, and that the restrictions are also being used to keep people safe. And I think, generally, there's really good appreciation of that, but I also acknowledge it's hard. I know in particular we are all aware of how tough it is for Auckland and the extraordinary load that they are carrying for us, but the constant reporting I get is that, by and large, the compliance is still really good because people understand why it's happening and what the goal is.

Media: And last week—oh, this week, you spoke about the additional rules on the boundary between Auckland and New Zealand in level 2. If the country were to move to level 1 and there to be a level 1 - level 4, perhaps, split, would that be even—have you considered rules around boundaries with—

PM: It's really the level that Auckland is at that's determining the justification for movement. And because that's remained static, even with other parts of the country changing, it hasn't meant that there are any additional reasons why Aucklanders can leave. Right from the beginning, it's been the case that you've had to get that exemption to move through. And, for instance, you've only been able to do so if you've been able to work as an essential worker at a level 4 environment. So if you're not allowed to work in level 4, then you're not allowed to cross that border. Aside from that, there's a personal exemption process which sits separately with Health.

Media: So it's looking to be quite similar between 1 and 4—

PM: Yes. It's actually what's happening in Auckland that determines your ability to cross, as opposed to what's happening in the rest of the country.

Media: So there's no public health reason to have a 4 - 1 split—to not have a 4 - 1 split?

PM: No, the only issue, of course, continues to be just generally the risk presented whilst you have an outbreak in one part of the country, and acknowledging that borders are there to do a job. But, you know, they aren't iron-clad. So that is a consideration for any decision making at any time.

Media: [*Inaudible*] I think you've mentioned 3,000 essential workers in Auckland are approved to cross the boundary?

PM: The numbers are larger than that. Yeah, we do have quite a few numbers—so there are people—I don't have the precise number, but I know that the number of employers and then they have employees sitting within those exemptions. So we have a number of people who, for instance, work in utility services, who need to service utilities across the boundary. And in some cases, businesses or entities will apply for exemptions but not necessarily use them. So they're using them in emergency scenarios and so on.

We also have a number of people who commute to either side who are working in primary production, and we have processing facilities that are on the other side of the boundary who often source their labour for within Auckland. So quite large-scale employers who have people crossing over.

Media: Do you also have any sense of how many of those go to the South Island?

PM: Predominantly, my understanding is the larger portion is in the freight and logistics space, and, of course, we have put in place testing at where we think is the most appropriate place to try and check that we've got a regular regime. We did consider whether or not you would put that closer to where people are transitioning over the border, but the view was that to, actually, do it in a timely way, you'd do it in advance of them reaching the South Island.

Media: Do you have any sense of how many of those workers are fully vaccinated?

PM: No, I don't. But to give you an example, in the early workplace—MBIE may well have some suggestion of that. Early on, when we were working through which workplaces we would try and work alongside for the purposes of workplace vaccination programmes, Fonterra was one of the early adopters, as was Mainfreight—Mainfreight quite early on in

the piece, for instance, because of their acknowledgement that they were involved as an essential service. And I believe we're reaching out and working with a number of other freight companies now for similar reasons.

Media: How low does that number of, sort of, unlinked cases that you're particularly concerned about, that you're looking at, how low does that need to go for Auckland to move to level 3? You know, if there are still a handful of those potential red flags of undetected transmission out there, do you feel safe putting Auckland to 3?

PM: For me, it's always about the—look, I'll let Dr Bloomfield answer, too—but for one of the things that I always look for is, of those cases, even if we can't immediately link, do we have a sense of where they may fit into the picture? And regardless, do we consider them to have been a high-risk case? Were they an essential worker and, therefore, someone who may have other exposure events? As an essential worker, what level of PPE was involved with their job? Are we easily able to contain those who they had contact with? All of those questions, and we really get into that level of detail with every single case.

Dr Ashley Bloomfield: Thanks, Prime Minister. The other thing is, and by including that information about the sort of the number of sub-clusters—and of those 16, there's only three that we think there may be ongoing transmission outside of the known household or other close contacts. So it will really be seeing the extent to which—and even just in the last 24 hours there's been a lot of information gathered, a lot of progress made. So we're at that point now in the outbreak where we really can focus down, and as long as we maintain that good testing, especially of symptomatic people, but in those suburbs of interest, which has been very good over the last week, then that will help us just confirm that there's not those ongoing chains of transmission in the community. So that's important, but we knew a lot more this morning than we knew yesterday morning, and we'll know a lot more again tomorrow morning.

Media: Of those three sub-clusters, how big are they? Can you give a rough or exact number of how many cases are involved in each of them?

Dr Ashley Bloomfield: So, yes, I can give a—so one has got 51 in it, and the last reported case from that cluster was actually on 8 September. So that's quite material as well; it's described as that there is still some spread within the close household and close contacts, but it's clearly slowing down—that's a wee while since the last case. There's one that is a broad cluster that's got a 164 in it, and it's a bit of a medley, but it's broadly called community transmission secondary to that initial Māngere event. Again, the last cases were on 10 September, which included four household contacts and two contacts that were identified through a source investigation. And I'm just looking down through my notes. Then there's one—the third one is a group of households in the Māngere/Manurewa area. That has got 28 at the moment, but a really good understanding of the number of close contacts that are associated with that one, and the last reported case was, again, on 10 September.

PM: That one had a number of close contacts that we may well yet get known cases from that one.

Media: So what leads you to think—you know, it sounds like some of those are quite well contained, actually; what leads you to think that they might be leading to more outside of household spread?

PM: Well, the one where we have some secondary transmission, actually, some of that secondary transmission has been in workplaces that you'll know about as well, and that's where it's stemmed back to. You know, in part for us, it's a little bit where we're picking up mystery cases and eventually are linking to them. Sometimes they're linking into these clusters, and so that just gives us a bit of a sense that we may not have completely got that ring around it. So that's one of the signs, and as I say, the other is, you know, where we know that we've got some close contacts that are still yet to test—you know, even while you're in that space, you get a bit of anxiety based on that.

Media: Prime Minister, I have three questions for you. On Auckland, this is day 108 in lockdown through the entire pandemic, and you very regularly say they're doing it tough and we all appreciate that.

PM: Yeah.

Media: Is there any sort of cap or just a point in time you might say, "Look, that is just too much for this beleaguered city"?

PM: I think if it were the case that it was just a choice between lockdown and not—but it's not. Because, actually, we do only need to look across at Australia at some of the alternative scenarios, and those alternative scenarios still involve lockdowns, but they're lockdowns with a large number of cases attached to them. And so, I think we all know why we have this goal of winning the battle against Delta in this scenario and that is so we can get back to a place where we have those freedoms again, where we focus on vaccination, and then when we start thinking about what the next stage of our COVID battle plan is, and what that looks like for New Zealand. We've always been very good as a country and as a team at adapting. Every time Delta has thrown us something new, we adapt.

We know, though, that here and now the best thing we can do is stick with the strategy we've had, vaccinate, and then look at what the next stage with vaccination looks like for us. And when we do that we will remember how hard it has been to use lockdowns.

Media: Thank you. Just to be clear, tomorrow's review, does that also include the possibility of the South Island going to level 1?

PM: So everyone gets reviewed at that point, yep, so everyone's under review.

Media: And just finally, on Siouxsie Wiles, is she fair game for criticism, and what did you make of the personal attacks on her character over the last few days?

PM: The first thing that I would say is, as a general rule of thumb, I see politicians in a particular category. We put ourselves into this space. We know what's going to come our way, and I hope that over time that changes a bit, but for here and now that is the way it is, and we accept the rules of the game. And we come into it with eyes wide open. But for the most part, many other people are in the roles they're in just to do the very best they can by their communities and by their professions. And so I don't believe what has happened in this case warranted the response that was received by Siouxsie Wiles.

Media: The Employment Relations Authority has ordered the Auckland DHB into mediation with the New Zealand Nurses Organisation over its visitor policy. What's your message to nurses who feel unsafe working in our—

PM: So my understanding is that is the natural order of things when a concern like that is raised in that way. And, you know, my view is that when it comes to things like infection prevention control and policies that are designed to keep staff safe and visitors safe, that actually one of the best things we can do is listen to the feedback of those who are at the front line. And so we should not shy away from that. This will be a valuable process for us to make sure that we have all of our settings right.

Media: Are you comfortable with what Auckland Hospital is doing? It does sound like they've got the most relaxed visiting policy in level 4.

PM: Yeah, and it's not for me to determine a hospital's infection prevention controls, so I'll come over to Dr Bloomfield.

Dr Ashley Bloomfield: Just one additional comment. I mean, Auckland Hospital is a large hospital, and I've just been looking through the revised visitor policy, which was sent out to DHBs and discussed with unions late last week, and I know there's going to be an ongoing process set up to keep revising that. What I do have confidence in is that the DHB will be talking to the union and other staff to make sure that the implementation of this policy on the ground keeps staff and patients and visitors safe.

Media: How's the picture looking for the rest of the country, and I think just probably a clarification from an earlier question: is level 4 in Auckland any barrier to the rest of the country moving out of level 2?

PM: So I'll just come back and, look, again, in the same way that we haven't received the final public health advice for Auckland, we're yet to receive the final public health advice for the rest of the country as well. But one thing I'll just generally say: I mean, we've actually done a lot of work to try and refine down our border policy and our boundary policy for Auckland and the rest of the country, but no policy is going to be iron clad, so I do think that we just need to look at generally the tolerance for risk while you have an outbreak that is still producing cases and is still producing mystery cases, which means people who aren't necessarily quarantined yet, and our risk tolerance for the ability of that to move through the country. And I just look, for instance, cast my eyes, at other places that use border policies; in Australia, for instance, Queensland is now dealing with cases out of New South Wales. When you have a country that is battling cases within its own borders, it is tough and so we need to just factor that in when we think about our decision making.

Media: So the risk for Auckland could still be increased if, for example, the rest of the country moved to level 1, just because of the movement that that would bring?

PM: Yeah, so it's just that so long as you have an outbreak in any part of the country, there exists a risk that it could spread. So we've done our very best through the boundaries that we have and the checks at those boundaries to reduce that risk. But you look around the world—you know, no boundary is iron clad, and so it is worth thinking about that when you think then about the settings you have across the country.

Media: So is then an option that you would look at—would this be in the mix: keeping Northland and Waikato or surrounding regions, for example, in a higher level to provide a second barrier and the rest of the country may shift differently?

PM: So I expect that we'll consider everything when we receive—and, again, we haven't received the public health advice, but I just wanted to give a sense of some of the things that I've been thinking about, particularly as I look at other countries' boundaries and what people are able to keep in or out.

The other thing I'd say is, New Zealand is a place where we have a large amount of movement. Every time we move alert levels and we need to give people a chance to get home, it took us 48 hours to put on enough planes to get some people out of parts of the country that they were in. We have a lot of freight movement, we have a lot of essential workers, who, for very good reasons, have an ability to move, and it is not just into the immediate surrounding area.

Media: So is your message then don't just presume that the rest of the country is going to track how it normally would if everyone was in the same level, no community cases, testing not showing up anything, that's not necessarily going to signal a shift?

PM: The message that I would put out is one of the things that I will be considering when we receive the advice is just the relative risk to the rest of the country when we still have an active outbreak in Auckland—yes, one where we know the majority of where those cases are coming from, but an active outbreak nonetheless. Again, we've received no advice, but that will be in my mind.

Media: Would there be concern that if level 2 is kept for the South Island it won't be followed because people there must be saying "Look, we think we haven't had cases for more than 300 days. I want to be in level 1."

PM: We haven't had cases for long periods of time in the South Island. But, again, I think a large part of that has been because people have followed some of the guidelines and levels that have been used to try and ensure that that's been the case. So, again, no decisions have yet been made, just sharing what I'll be thinking about as we consider some

of these decisions, but literally it will be tomorrow. We haven't made any decisions at this stage.

Media: So just back to Middlemore cases, so one of Saturday's new cases developed symptoms after an antenatal assessment. Does this suggest anything about spread within the hospital, and is it possible she contracted the virus at the hospital at all?

Dr Ashley Bloomfield: The information I've got on this case is it was the day after that this person had been in the maternity unit, so that would be too soon for the person to have been infected while she was in hospital. But, when she was assessed at the maternity unit, no symptoms at all at that point in time through the screening questionnaire that's done routinely. But there's no suggestion that the person was infected during that visit to hospital. And just to reiterate that, our hospitals have got really strict protocols in place—they are safe places for people needing care.

PM: Of course, things like genome sequencing will help us try and identify what's happened in this case as well.

Media: This is a question for a colleague and I apologise, there's bit of context that I just need to give you. *Newshub* has interviewed an Auckland woman who was a fully qualified dentist in India but needs to sit an exam here to have her qualifications recognised in New Zealand. She's given us permission to talk to you about her case. The exam is taking place in Wellington tomorrow and doesn't happen again for another six months. She's been fully vaccinated for months, provided a voluntary negative COVID test on Friday, but her exemption to travel from Auckland to Wellington for the exam was denied, despite the fact that she says there is a special section for exam exemptions. She gave up her job to study for this, has been studying for months, and says this isn't fair. She believes she met the criteria for an exemption—why was she denied?

PM: I'm not sure that either of us will necessarily be in a position from the podium to be able to answer that question in full, and so I appreciate all the context you've given us. Would you mind if Dr Bloomfield took that away to the team who works through though—I know that team works diligently through a large number of applications, so it would probably be helpful if we don't do a disservice by just jumping in on it without knowing the full story.

Media: So if we look at the exemptions then, what do you base those exemptions on, and what criteria needs to be met?

PM: Yeah, and again, I can't answer why it is that that person hasn't been deemed to have met those exemptions.

Media: But for exemptions more widely, what criteria needs to be met—you said there were very few.

Dr Ashley Bloomfield: The criteria are very explicit on the website, and we've—our team—has assessed several thousand. The approval rate is under five percent, so it's very, very tight, and as I mentioned during my opening comments, that includes people wanting to travel to funerals, tangihanga, to visit dying relatives; I know the team work really diligently on each one of those exemptions and requests, and assess them all on their merits. In this particular case, I'd need go back and check—

PM: Yeah. We can do that for you though.

Media: What would your advice be to that woman?

PM: I wouldn't necessarily want to give advice until I know, just really, what happened with that application and some of the reasons for that. Again, I don't like to second guess the job of the people who have everything in front of them.

Media: One last question, sorry, for one more colleague. Has any consideration been given to helping the New Zealand Warriors support staff get home?

PM: That would be a very good question for our Minister for Sport and Recreation, who's sitting in the third row of this theatre, who is not miked, and I'm sure that he could probably give you a response straight off the bat after this.

Media: Is there anything in response to the terror attack, Friday week, in terms of Cabinet and consideration tomorrow, whether it's legislation before the House or anything else that might be looked at?

PM: So there are some ongoing decisions that need to be made. You'll know that the legislation has been reported back, it went through its consultation process, and of course there'll be a few outstanding matters that will need to be resolved, some of those that were actively considered and really canvassed by the select committee. So I don't have anything to report yet.

The second question that we are still yet to make a final decision on is the question of an inquiry. In part, that will need to wait until those agencies who have powers of inquiry over this area or jurisdiction provide a bit more information over what they intend to inquire into, because it could span, for instance, even as widely as the Ombudsman—given the role of Corrections—the IPCA, the coroners, and the IGIS with the security agencies.

Media: But are the elements of the Counter-Terrorism Legislation Bill that you're looking at tomorrow before it comes back to the House, is there more work that's needed, apart from expediting—

PM: We've already had some initial conversations and sought some additional advice. We'll continue to consider that and use the time we have between now and when the House comes back to consider the legislation.

To anyone who has concerns over changes being made and what has been characterised by some as a rushed process, I would push back against that. It has been at select committee for a number of months, public submissions have been made, the department have reported back on those, and now we're going through the process that you'd usually see with Cabinet giving a view on any changes that might need to be made as a result.

Media: Just on the number of babies who have contracted COVID during this outbreak, it's—

PM: The number of?

Media: Babies—of children and babies.

PM: Yeah.

Media: It's continually quite shocking every time we hear about this. Do we have any latest numbers of the amount of under-fives, perhaps, or under-ones? And also have they been exhibiting different symptoms, or what's the level been for them?

PM: My recollection is that we had, a couple of days ago, 120 under-nines, but that's off the top of my head. For any additional symptoms or other issues, I'll pass over to Dr Bloomfield. But one of the big takeaways for me is that vaccines aren't immediately available for children, and look, we hope in the future that that will change, but for now the people who have the greatest responsibility to keep our children safe are us. By being vaccinated, we protect them.

Dr Ashley Bloomfield: The only information I've got at the moment, just in front of me here, is zero to nines is 141. But we can come back to you with the under-ones and also any information about symptoms and presentation.

PM: I was 20 shy.

Media: There are—for the last number of days, the number of contacts yet to be formally reached just is sort of left—

PM: Seem to be?

Media: Yet to be formally reached are still around about 5,000 contacts, of the 38,000. Is there a concern or big question mark over that or are they just, sort of like, the stragglers who are just not—

PM: Yeah, and so whereas, for instance, for the reporting for our close contacts—the ones that we actually are tending to see the cases in—we are still well within the metric that we use, our target metric, for reaching those individuals, and they're a much smaller number, of course, too. But some of those 38,000 will be some of those much larger events.

Director-General Ashley Bloomfield: So two comments. One is the team actually had a look at that about 5,000 partway through last week. I think well over 3,000 there was a test result, even though there hadn't been an outgoing phone call. And the ones we're most interested in is the very close and close contacts where there's a test result overdue. In the very close contacts, there were nine this morning, and the team went and had a look at each one of those, and they had either, a testing team had gone out yesterday or was going today or they had subsequently become a case and it was just a matter of catching up on the data to exclude them. So it's now down to really focusing on those ones where there's a test result overdue.

Media: And what's going on with those 1,000 who haven't been, like, haven't had the outreach call yet? Are they just not—don't have their phones on, or?

Director-General Ashley Bloomfield: I'd just have to come back to you with a bit more detailed information. Happy to do that.

Media: And finally, there's, like, a number of websites have been—not like mainstream media sites, but other sites—have been talking about deaths among teenagers after getting vaccinated. Are you aware of this and can you speak to that and whether there's any validity there or a warning for the public not to take notice of it?

PM: Yeah, so we've been advised that in that particular case that there is no link. And all I would say is that those who seek to make those links, I just can't imagine how distressing that would be for family members. So you'll have seen that if there is information that needs to be shared there, it's reported to us and we proactively share that. So I would just advise caution on believing some of the information that is shared by those who ultimately are seeking to undermine people's decision around being vaccinated.

Media: This is—just to be clear, there's been no death [*Inaudible*] a teenager due to a vaccination?

PM: Yes, that's what we've been—we've received no reports through any of our adverse event reports

Dr Ashley Bloomfield: And even if there's a possibility—of course, because if there's any possibility, a health professional notifies our system, and in those ones where there'd be a lot of interest in that, I get an email on the day, and I haven't had no emails about that.

PM: And we've separately been advised that it's unrelated. Thank you, everyone.

conclusion of press conference