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HANSARD TRANSCRIPT

PM: [*Speaks te reo Māori. Translation to be inserted.*]

Good afternoon, everyone. I want to begin by acknowledging Te Wiki o Te Reo Māori / Māori Language Week, a chance for us to celebrate te reo Māori. As you will have seen earlier, today there are 33 new community cases to report, all of which are in the Auckland region. While this is a high number, it's important to note that only one case is currently not yet linked to our known clusters. So virtually all of them are, in a way, expected cases, including, for example, seven in just one household. Likewise, of the cases reported yesterday, just one remains unlinked to the wider outbreak at this point. And that is one of the hard things about Delta: every time we get a new case, if that person's family members don't already have the virus, they are likely to get it in due course. That means numbers do and are rumbling along, and this has been evident in the last three days.

This doesn't mean that our collective efforts in Auckland are not making a difference. Testing rates have been very good across the last week, especially in suburbs that our testing teams have targeted. So huge thanks to people in Māngere, Manurewa, Papatoetoe, Ōtara, Henderson, and Massey, among others, who have done their bit and been tested, even if asymptomatic. Likewise, our surveillance testing of healthcare workers and essential workers has not identified any transmission, which helps give us increasing confidence that control measures are working. It's also clear there is not widespread transmission of the virus in Auckland. I'll repeat that again: it is also clear there is not widespread transmission of the virus in Auckland.

But as we outlined yesterday, there are two key features of recent cases that are of the most interest. One: we still have roughly three clusters that continue to produce cases, not in an uncontrolled way, but so long as we have cases emerging, there are risks. Two: the ongoing emergence of cases that are at least initially a mystery, or what we often refer to as unlinked. The number of these case is not large—in fact, as of today I can report that of all the cases reported in the last two weeks, only 17 remain unlinked, and, of those, only a handful have been highlighted by our public health team to be of particular concern. So that's really positive, but mystery cases are still coming through, and the fact that we are finding them through surveillance and community testing rather than through contact tracing—that is what we're concerned about, because that does present risk. It means that those cases, until we find them, are out and about in the community and may be the source of other cases or themselves have been sourced through cases we don't yet know about.

So that leaves us two very clear tasks ahead. The first is to continue with what we call active cluster management. That's the job our public health team are doing and are working day and night on. The second is more surveillance and community-based testing, and I'll talk a bit more about that soon. But there is one extra tool that continues to support our efforts to stamp out Delta, and that is the use of restrictions. Cabinet met today to consider the role that level 4 has played to date and what role it can continue to play at this stage of the outbreak. We also discussed the settings for the rest of the country. What we saw in terms of evidence and advice is that alert level 4 is working. The start of the outbreak, the R value of the virus was 6 or higher, meaning one infected person was likely to pass the virus on to six others. Alert level 4 has reduced the R value down to consistently below 1. It has helped us get the outbreak under control, but as you will have seen in the last few days, we haven't quite finished the job yet. Level 4 remains our best option to beat Delta and contain the virus at this stage of the outbreak, and we don't want to risk the sacrifices everyone has made and all the hard work you've put in by moving to alert level 3 too quickly.

On that basis, and on the advice of the Director-General of Health, Cabinet has agreed that Auckland will remain at level 4 until 11.59 p.m. next Tuesday, 21 September. Cabinet has made an in principle decision that Auckland will, at that point, move to alert level 3. We will

continue with weekly reviews at Cabinet to confirm these indicative settings. But we wanted to give people a sense of our direction of travel.

That then brings me to the rest of New Zealand. I know that for many, the risk to the rest of the country may feel low. While it's true that there's nothing to indicate that there is COVID anywhere outside of Auckland, there is still reason to be cautious. If COVID were to travel over the Auckland border, the impact of that happening in a level 1 environment would be far greater than if a case emerged in a level 2 environment. It would mean far greater chance of spread if it were level 1, and a far greater chance of a return to lockdowns. Nobody wants that. It's for that reason that the Director-General has recommended and Cabinet has agreed that the rest of New Zealand will remain at alert level 2 until Tuesday, 21 September. Cabinet will review these settings next Monday also. As we've said many times before, we can only move down alert levels when we're sure we can do so safely and without putting people at risk. And while there is an outbreak in Auckland that continues to produce cases, there is risk.

To all Aucklanders, you've done an amazing job so far protecting yourselves, your family, and your community—in fact, all of your hard work is the reason that the rest of the country is safe. We owe you a debt of gratitude. I hope you know and feel that huge appreciation that we have for you and the hard work that you're putting in right now. But the cases are telling us we have more work to do. The next week will be critical in providing us with the additional assurance we need.

Alongside active cluster management, we are going to continue with testing, focused for now on seven suburbs of interest. At the moment, that includes Mount Eden, Massey, Māngere, Favona, Papatoetoe, Ōtara, and Manurewa, and I would encourage everyone in those areas to remain especially vigilant for symptoms. Testing in other suburbs may also be indicated in coming days, and we'll update you if that is the case. We'll share in our regular briefings the progress we're making on these two tasks. We'll also make sure that we continue to give a breakdown of cases that remain unlinked versus those that are in household contacts and relate to single families, for instance.

But I also have an ask of all of you. The first is: please stick to your bubble. Four weeks into a lockdown it might feel tempting to open up, catch up with a friend, merge households. Please treat every day of lockdown as seriously as you treated day one. It's just as important now to get us over the line.

The second is: stay home as much as possible. Try to reduce risk by having just one person from your household go to the shop or supermarket, and, if you can, make it the same person every time. If that person is vaccinated, even better. You'll see from some of the locations of interest that when we do have cases who've been out in the community, they generally haven't been breaking the rules, they've been going to the supermarket—the same ones that you have been going to. Mask use and having fewer people in these places all helps, but please do reduce the risk as much as you can.

The third ask is: get tested. Even if you have the mildest symptoms, don't wait around to see if that stuffy nose or sore throat or headache gets better. Please don't put it down to winter chills. We know that right now there isn't much of that going around—Flu Tracker in particular is showing us that—but COVID is, so please get tested.

My final ask of all, of course, is to get vaccinated. We want, for instance, as many Aucklanders as possible to have had their first dose by the end of the week. If you've booked a first vaccine but it's not until October, jump online again. You'll likely find that spots have opened up at new sites much sooner than October. Please take them. Or you could take your whānau to a drive-through vaccination centre today; no booking is needed. Every extra person who gets vaccinated this week will make a difference in keeping people safe. Even partially vaccinated people make a difference.

Before I conclude, I want to share a reminder of the financial support available right now for those continuing to feel the impacts of restrictions. Auckland remaining at alert level 4 triggers

a third fortnight of wage subsidy payments for eligible businesses which will open for applications this Friday.

A reminder that eligibility is not determined by the alert level your business is in, but rather by a drop in revenue caused by any part of the country being in alert level 3 or 4. As the Minister of Finance outlined on Friday, following consultation with businesses, we've also opened up another round of the resurgence support payment. That round opens this Friday. This means, while I know these times are incredibly tough, we have more financial support in place this time than during our last set of level 4 restrictions. For example, over the course of a month in alert level 4 last year, an eligible business with 10 employees would have received about $23,000 in support, whereas this outbreak it will be about $35,000 for the same size firm. Please don't hesitate. If you think you might be eligible for assistance, tap into what's there. Otherwise, please do look after yourselves.

We'll now take questions.

Media: What's the difference between level 2 and level 1 for the rest of the country? You say there's still a risk, but having level 2 doesn't seem like it would be that much more than level 1. Why not have that 4-1 split?

PM: So we do not believe we have cases anywhere else in New Zealand, but while we have an outbreak in Auckland, there is still the risk of a case moving to other parts of the country. The best possible thing to do to prevent New Zealand as a whole moving into a lockdown if that happens is still having a low level of restrictions that mean that you won't see, for instance, super-spreader events—the kind of things that allowed Delta, in our first outbreak, to get a head start. So it simply means if a case does arrive, we are much better placed to stamp it out very, very quickly.

Media: For families this is a real challenge. Will you look at moving the school holidays for Auckland?

PM: So that is a question that has been put to the Minister of Education. I know he's giving some consideration to things that have happened in the past and what might be possible there. It is challenging, but it is something that I understand he is thinking through all of the possibilities. I'll ask him to give an update.

Media: What happens if we don't get it under control this week with the case numbers? Will you extend for another week?

PM: Well, actually, the person who gives us advice on that is Dr Bloomfield, so I'll hand over to him.

Dr Ashley Bloomfield: Just to reiterate the comments that the Prime Minister made at the start of her address, the signs are good, and despite the high numbers over these last three days, which do give us cause for being cautious, the lockdown is working. The testing is at a good level. People are doing what's asked of them. And it's really only a small number of cases that we are investigating very thoroughly just to make sure there is no ongoing community transmission. So our view, and our advice, is that another week in alert level 4 in Auckland gives us our best chance to really finish the job off here. The important thing is that we find cases. We want to find cases, and then we know we can isolate, test, and prevent any ongoing spread. And that's absolutely the focus for this next week, and if everyone does as the Prime Minister requested, then I've got a high level of confidence we will get around this outbreak.

PM: And, of course, the advice to us that we've received from the public health team was a date on which they believe it will be safe for us to move Auckland into a level 3 environment. So they're already, with all the information we have, making those recommendations to us. What we want to do, though, is over the course of this week use this week wisely, do as much as we can to continue to get that surveillance testing up, making sure everyone is doing their bit, as they have done to date, and on our side that really active cluster management as well.

Media: Prime Minister, when will lockdowns stop being used as a first resort?

PM: So what we've said is that while we're in this part of our strategy, which, of course, is focused on elimination to allow us to make sure that we're safely vaccinating our population, that is our absolute focus. What we've said is we'll then listen to the experts, as we have all the way through, and their advice on what the phase that we'll move into thereafter looks like. But for now the strategy is vaccinate, vaccinate, vaccinate.

Media: And looking at other countries around the world that have started learning to live with the virus, the high rates of deaths and COVID cases, is there any number of deaths that we'd be willing to live with?

PM: I think that the important point I would make is that when you look around the world, the thing that's determining whether or not you're seeing that high rate of hospitalisations—and, very sadly, loss of life—is vaccination rates. It is the greatest tool we have been given in the COVID battle to date, and we must use it. That is the thing that is determining whether or not, for instance, a COVID case turns into a hospitalisation and then turns into grave illness, because the majority of people who have been vaccinated are not having that experience. So that's where I'd ask for people, please help us. We have this tool. We need you to use it.

Media: But until we are vaccinated, we're going to have to keep using these lockdowns. Dr Bloomfield, at what point are you going to start recommending to the Government not to use lockdowns? What proportion of the population would you like to see vaccinated?

Dr Ashley Bloomfield: Well, as the Prime Minister said, we're vaccinating at a great rate, and the important thing is that people get vaccinated. Really, we've seen through the last month of the lockdown that people have recognised the threat that COVID is in our community. It's easy to forget that when we haven't got the virus in the community. So it's very important we get to the highest rate possible, and also that we vaccinate all our communities. It's no good if our overall rate is high but there are vulnerable pockets of unvaccinated people. So that's our aim there. We're also looking ahead, and this is important for our future planning, to the potential to vaccinate children from five to 11, and so already planning to do that when the approval comes through and if the Government makes that decision. The only other comment I would make is that even if you do look, and we are looking every day, at other countries with high vaccination rates that have opened up, they are still having to use restrictions on and off to protect their population and to protect their healthcare systems, and that's regardless of how well resourced their healthcare systems are. So there's a lot of water to flow under the bridge, and at the moment our focus is on vaccinating to the highest rate possible.

PM: Dr Bloomfield—I will then come to Derek, then Jason, sorry, and then Jane. You know, I do think Dr Bloomfield makes a really good point. I think, perhaps because we don't see as much coverage of it any more, because perhaps it's been such a long time, it's easy to assume that other countries don't have restrictions. In fact, most countries have never lost their restrictions. They've had them through this entire outbreak, and what they're finding is that once they're vaccinating, then they're starting to ease up, whereas we've, for the most part, not had them for long parts of this pandemic. I think today it was I saw reporting that Denmark is one of the first in the EU to remove theirs, but they're continuing, of course, to keep an eye on what winter means for them and what schoolchildren going back into learning environments will mean for them. So the whole world is tentative at the moment, but what we do know, what we absolutely know, is vaccinations make all the difference. They have for others, and they will for us. So I just continue to encourage people: get vaccinated today.

Media: If level 4 is considered to be too great a risk for the rest of the country to be at level 1, given the danger of spread that would happen as a—

PM: The outbreak, as opposed to the alert level—yeah, yeah.

Media: Sure, yeah. Is a 3-1 split viable?

PM: Yeah, so that's not something that we've yet had a conversation around, and we do—as I've said before, in good faith, every time, we sit down with the public health advice and we give consideration to those settings. But I think it was the status of the outbreak in Auckland at this point—yes, we do not have widespread community transmission in Auckland, but whilst we have that outbreak that we're using level 4 for, the view was it does still present risk. Very few countries have internal boundaries that are ironclad, and, unfortunately, we've seen in recent days an example of, despite the checks we have in place, people using some of the reasons for movement to get through, and that, again, just gives you a bit of a sense of why we are taking that cautious approach.

Media: Do you need that—those handful of cases that are of sufficient concern—do you need them to be fully resolved, or most of them to be fully resolved, before level 3 can be entertained again?

PM: Well, that was one of the points that our public health team had made: that while we have 17 unlinked over the last 14 days, they're not equally concerned about all of them. There are a small handful—you will have heard us talk about the Mount Eden one: that was one where there was enough concern, because it was very difficult to get a sense of anything having happened that would have generated those cases, so that's where there's testing, and the same with the other seven suburbs. But there's really only three or four that we discuss in a lot of detail, because there's not really an early hint of what's happened, and that's where we do that testing around them. So the view of the public health team is that while we have those unlinked cases, if we do enough testing, that can be the reassurance, even if you can't build an epi link. That'd be a good summary?

Dr Ashley Bloomfield: Yep, I think that's a good summary.

Media: Especially for vaccinations in Auckland this coming week, if enough people get vaccinated this coming week, will that play into your mind-set in next week?

PM: So one of the reasons we're asking for that is not because we'll look at that and say, "Well, OK, despite these cases, we've got enough people vaccinated." That's not the reason. I have heard some discussion amongst modellers that they believe vaccination rates at least will make a difference, even in the short term, but, ultimately, this is a call to action because we actually want everyone in New Zealand to be vaccinated, and now is a good opportunity—when you're in level 4, it's a permitted activity that you can go out for. There's lots of appointments available. We have the doses. Let's get on with it, because, you know, if you do happen to be one of those mystery cases, I want you to be vaccinated.

Media: Prime Minister, when Cabinet first put the country into lockdown a few weeks ago, you said it was to be a short and sharp lockdown. What we've seen is anything but. Has the Government underestimated the effects of Delta?

PM: No. No, not at all. In fact, the week before we unfortunately found ourselves in the position of having a Delta case, we indicated that, based on what we were seeing overseas, we believed level 4 would be required. That was despite previously having used level 3 for similar circumstances. So we were very aware of what the emerging research from June onwards was telling us about the way Delta behaved. We were keeping a close eye on what we saw overseas. The reference to short and sharp was putting everyone into lockdown the same day we found one case. You would have seen, around the world, people found it interesting that New Zealand would do that, but that's because of us taking Delta seriously and our elimination approach. Of course, what we then determined is that we had cases probably being generated over the course of more than a week, so of course that lent itself to an outbreak that was larger, with a super-spreader event that has required that ongoing action.

Media: Did you not think that when people heard "short and sharp" they might have assumed that you meant a short lockdown?

PM: I think people have been through this process long enough to know that short, sharp, go hard and early, has been our response to when we see even one incursion. We

move quickly while we ascertain what's happening. I think everyone understands that that's been our approach.

Media: On what level 1 might look like, has Cabinet discussed if it's going to go back to the regular level 1, or if it's going to be sort of a pseudo - level 1.5 with Delta—

PM: There's been some early consideration of that, but not complete, and we'll continue that over the course of this week.

Media: How many cases have been picked up by surveillance testing? And you mentioned it as an area of concern that it's community and surveillance testing picking up cases, can you give us an idea of the mix of that? Like, contact tracing versus testing and, yeah, how many have been picked up specifically by surveillance testing?

PM: So, surveillance testing hasn't produced any healthcare workers and no essential workers, because we have been going into essential workplaces for surveillance testing, and it's picked up nothing there yet. But, Dr Bloomfield?

Dr Ashley Bloomfield: Yes, and in addition that that, none of the community general testing, surveillance testing, has identified specific cases. The cases that have popped up are in fact the ones that have been identified, particularly at Middlemore Hospital where, even if the person was asymptomatic, some of those people were swabbed and they were found to have the virus. So, in a sense, that's surveillance, because they were asymptomatic, but the general community surveillance testing, at this point in time, across those suburbs where there's been focus testing, hasn't thrown up additional cases as yet.

Media: But you would start to expect more as that testing—as the length of time goes on for those specific suburbs?

PM: Yeah, so the testing rates have been good. The suggestion I've had is they're really happy with the rates of people coming through for testing in those suburbs, which is why we've given the thanks, but then the ongoing call to action. We may yet add others. In some cases, one of the complexities of reporting cases against some of those testing stations is some people who are contacts will still go to them in order to be tested, and if they don't bring their code to us, we then go through a manual exercise to identify in our system that they were in fact a contact who was required to go to a testing station. So that's one of the things that gives us a bit of a lag.

Media: So when you talk about it being a concern, was it more the Middlemore cases as opposed to broader testing within either the community or surveillance?

Dr Ashley Bloomfield: Yes, and the one case that came in overnight of our 33 today, the one that hasn't been linked, is still being investigated to see where that case was identified, whether that was someone who was symptomatic and turned up, or whether that was in fact identified through asymptomatic testing. So that's one we'll have more information on tomorrow.

Media: How problematic is it that lawyers and doctors, who are meant to be trusted members of the community, are spreading misinformation?

PM: Well I would say it's problematic any time anyone spreads misinformation, but if someone who is in a position of leadership or in a profession where people generally have high-trusting relationships, then yeah that does make it difficult. I'd call on everyone in those positions to please just make sure that they're well-informed and that, likewise, they're sharing the best possible evidence and information with those who are in their communities. These are literally life and death situations.

Media: Can you please just sort of go into what led to the rise in case numbers today?

PM: Yeah. So, look, one reason is that in households we are seeing large numbers, often. So we've got seven case today that is just one household, and, as we've said before, Delta, unfortunately, unlike before—high rates of transmission within households. Dr Bloomfield may be able to provide you the breakdown that we had of the number that were

already in quarantine and already in isolation. We had it this morning, and forgive me that I don't have it off the top of my head, but it was indicative of the fact that these were already close contacts that we'd identified previously that are just coming through as positives.

Dr Ashley Bloomfield: Yes, and just to add to that, I mentioned yesterday that about 16 percent of our very close contacts—and as at yesterday, we had 352 of those. But, on average, about 16 percent will by their day 12 test have become cases. So that in and of itself would generate about another 50 cases over these coming days, and we're seeing some of those start to come through.

PM: Yeah.

Media: And today, you reported 17 mystery cases. Yesterday, there were 34. Have you solved 17 in the last 24 hours, or have you changed how you're reporting that number?

PM: Oh, I understand. So that's in the last 14 days.

Dr Ashley Bloomfield: Yeah.

PM: So 17 in the last 14 days, and so what the team's gone back and done is look at some of those that were earlier on in the outbreak. Sometimes they have a theory over what's happened, but might not be able to draw an epi link, but often in those cases, it's longer than 14 days. If they haven't seen other things spin off from it, they're often quite confident that it was a mystery case, but there's nothing from that that they continue to be concerned about—so honing in on that handful of ones that are more recent.

Dr Ashley Bloomfield: Yes, two additional comments: the reason we focus initially on the unlinked cases is if we're not exactly sure where they came from, we want to just check that there are not other chains of transmission out there that we're missing. Once it gets past 14 days, we're less—and we feel we've confined the case, it's of no particular additional value in terms of outbreak control, so we've taken those ones off—I'd just say they're sort of parked. So the other point I would make is that the number does go up and down every day, and I've just been in with the team who is going through every one of those unlinked cases. They've already solved quite a number today. But then new cases come in also, at different times. So at the moment, as at 9 o'clock this morning, there were 17 that were unlinked, but as the PM said, only really a small number of those that we're particularly worried about, even if we don't know the exact link of the rest of them.

PM: One other final thing I'll just add is that, actually, the whole genome sequencing process, which does take us a bit of time after we have a positive case, that will then be sent off to ESR for whole-genome sequencing, and what that can then tell us, even if we're not able to build a person to person link, it will tell us where it fits in our outbreak, and sometimes it will tell us that there's not much sitting between that person and someone else. And so it will often, without even having to do, necessarily, much more footwork, say, tell us whether or not there's other links between that we need to be worried about. So in some cases where we don't build an epi link, we still are able to slot people in, and it has been such an amazing tool in this outbreak, relative to what we've had in the past.

Media: Just a very quick follow on that: those three or four that you're really concerned about, what are those cases? Are they linked to the recent Middlemore cases?

PM: Yeah, so one has been—so the Mount Eden case that we've talked about before, where we're trying to do some more source testing. So you will have heard us talk about that before, and it's one of the reasons Mount Eden is on our suburbs list. There are cases that have come into—come into, I should add; into—Middlemore that, yes, we do want to understand where they fit in. But, again, those are quite recent, and some of the things, tools like whole-genome sequencing, are giving us an indication of where they fit in the cluster.

Were there any others you wanted to flag?

Dr Ashley Bloomfield: There are two others, really, and one is the person who came into Middlemore Hospital on Saturday evening, very unwell, and that person's had another

seven members of that household who have subsequently become cases, and we're just trying to get the link back to the outbreak. And the other is just our new case from today, which, again, just came in overnight.

PM: With the household, of course, part of the work then is to determine who was sick first, because it could have been that, actually, they were unwell quite some time ago and might link into quite early in the outbreak, but then have set off a chain within their family. So that's part of the case investigation.

Media: On the unlinked cases as a whole, is there any ages or locations or ethnicities that are overrepresented, and how many of them were picked up by surveillance testing?

PM: Yeah, so of course, off the top of my head, there's nothing particularly that stands out as being a pattern, if that's what you're seeking. In my mind, they—again, mysteries. They don't have a particular age range that they're all falling on. I guess a few of them are women, but I don't think that that particularly tells us anything.

Dr Ashley Bloomfield: Perhaps except that women are more likely to seek healthcare in a timely fashion than men. Look—

PM: It's not a generalisation when statistically it's true—yeah.

Dr Ashley Bloomfield: The only other comment I would make is the suburbs that we outlined where there has been the intensive testing—that is in response to these cases in particular and where they live and where their households are. And you will have seen that many of them have been presenting to Middlemore Hospital, so that's an indication that, really, in that South Auckland area is where we're focusing the efforts around testing and contact tracing.

PM: Yeah, but, no, nothing particularly else that I think stands out.

Media: [*Inaudible*] surveillance testing, were there any [*Inaudible*]?

PM: So obviously one's presented at hospital; another symptomatic and got a test, yeah. So—

Media: Do you have any further information on the couple who went to Wānaka, and also, do you have any concerns that there could be others who are abusing their essential worker permits in order to get out of the Auckland region?

PM: Yeah, or just—you know, there are obviously prescribed reasons to be able to—permitted activities—that allow you to cross the border alongside essential work, and then there are personal exemptions. So those are really kind of the three categories for travel. I don't have much more to say on that. Obviously, it's sitting with the Police, and we'll allow them to do their job. My general comment would simply be that everyone needs to play their part. You know, the rules are not there to be gamed. You know, I think Aucklanders would take a very dim view of other Aucklanders who aren't doing their bit, because they have, for a long time, and very diligently.

Media: Just to follow up on that, do we know how this couple—how they came to the attention of authorities?

PM: Ah, I don't know that I have—I don't know that I know for sure; I think I've had suggestion as to how they've—perhaps if I may leave it to Police, because this may be the subject of part of their potential prosecution, so I think I should leave it to them.

Media: Do we know how they travelled back from Wānaka back up to Auckland?

PM: No, that's not something that I have an answer on.

Media: Just on a different matter, you talked before about you've had some preliminary conversations about what level 1 might look like, if all goes according to plan and we get down to level 1. How likely is it, because, you know, summer's sort of fast approaching now, there's going to be big festivals, you know, Guns n' Roses are coming in November—how

likely is it that New Zealanders are going to be able to go out and enjoy some of these big events?

PM: Well, that's exactly what we're all working so hard towards, and so one of the things that we've been thinking about is, as we set out those settings, how do we give as much certainty as possible, regardless of what's going on around the world, as much certainty as possible to our events sector and our creative sector, and that's some of the things that Ministers are thinking through, and we know that we need to work with the sector and we need to give lots of time and advance warning, particularly as we come to the summer season. So that's what we're spending a bit of time on this week, as well.

Media: So in the potential new level 1, you know, could see New Zealanders going and enjoying all those things that—

PM: Oh, that is our goal. Yeah, that is absolutely our goal. And you've seen different tools that have been used overseas to ensure that that's possible, and we just want to—we want to make sure that people are able to do that here, because that's what we had last summer, so that continues to be our goal.

Media: On the decision to keep the rest of the country at level 2.5 rather than dropping them to 1—

PM: Delta 2.

Media: Delta—sorry, Delta 2. Have you seen any modelling or advice on the different levels of risk of the country being in 2.5 versus 1? How much of a difference does it make to the chance that an outbreak would go nuts?

PM: I haven't seen modelling, but if you apply that same logic, of course, to the situation we dealt with at the beginning of this outbreak where we had cases that we weren't aware of, where we had the biggest super-spreader events, they were in environments where there large gatherings, and, for instance, in places of retail where there weren't density rules. So we've got lots of examples of where level 1 can exacerbate an outbreak, whereas level 2 is specifically designed to try and prevent that, particularly with gatherings and also density rules. But I'll—do you want me to just—because often modelling often goes directly to the director-general?

Dr Ashley Bloomfield: I haven't seen any modelling of this, and our advice wasn't based on modelling; they're exactly the issues that the Prime Minister has raised. The key thing here is while we've still got active community cases in Auckland and the potential, with people travelling across the boundary, for a number of reasons that are approved, there is potential for a case to be seated outside of Auckland, and therefore we want to minimise the risk that that would lead to a larger outbreak in another part of the country.

PM: I think the other thing, Thomas , we have to keep in mind is we are doing as much as we can with regular, for instance, surveillance testing at the border, asking people to do that on a weekly cycle, but if you simply hermetically sealed Auckland, that would almost be impossible because we still need to ensure that we have supply chains coming in and out—the number of freight and logistic companies that need to able to move to be able to keep the most basic of services going for Auckland and the rest of the country requires movement to be there. And, as we know, with our managed isolation facilities, testing regimes provide some confidence, but, again, aren't foolproof.

Media: I just guess, without modelling how do you feel confident that you're making a good trade-off between Delta 2.5 and 1 in the rest of the country, with the economic costs, for example?

PM: Yeah, because the way that I know at least I work through these decisions—and keep in mind that, first, the assessment's undertaken by our public health team at the Ministry of Health and is then approved by the director-general, who shares it with us. But then my test is, for instance, if I were to get a call from Minister Hipkins to say we have a case, for example, in Christchurch, the first question for me is going to be: what places were that

individual at before we found out that case existed? And I know that we have a much better chance of managing what the consequence is of that if I know that we've got mask requirements, that they're unable to go to large gatherings, and that we have density rules that will prevent that being a situation where we end up in a long level 4 for that city. So that's what I apply. And so long as we have an outbreak in Auckland, it is not impossible that that would happen. Once we get that under even more control than we do now, then we can have more confidence in the future.

Media: You both are very bolshie on returning to COVID zero; everybody is really rooting for this.

PM: Hmm, bolshie.

Media: But with 33 cases after four weeks in lockdown, there is plainly a possibility that that won't happen, isn't there? Do you need to level with Kiwis that that might not happen?

PM: Well, what we've come down today and demonstrated that this is—you know, the numbers that we have today, so long as you're able to demonstrate where they've been coming from—they are close contacts, we've got them in isolation and we've got them in facilities, and, for instance, we've got that one unlinked case, in that case you could have reported five, but that one unlinked case still becomes something we're concerned about. So that's why we will keep breaking down those numbers and share with people where we think we're at and what those numbers are telling us. But we do remain committed and we do remain determined for good reason. Anything further from you on that, Dr Bloomfield?

Dr Ashley Bloomfield: Just to reiterate the final comments the PM made: I think, you know, our view is we are doing everything right, it is paying off, and we need to see this through. And there is a good reason to want to eliminate the virus again, and it goes to the comments made earlier about what we know we can do if we can get back down to alert level 1 as a country, not just to safely vaccinate our population but it does allow us to enjoy a full range of activities and for the economy to really crank up again.

Media: Prime Minister, what is the level of vaccination where the hospital system can cope with any outbreaks and where you don't have to go to a level 4 lockdown whenever there is a breach? Is there any level high enough? Because the study in *The Lancet*, a month or two ago, showed that even at 90 percent, there would still be nearly 6,000 hospitalisations a year and 500 deaths per year. So is there any level of vaccination levels that's actually safe?

PM: Yeah, and there are other illnesses that in the winter time, of course, surge as well. And so, of course, it's not to say that we don't have our hospitals having to surge for those illnesses and so on. The first thing I'm going to say is: at the moment, our strategy is elimination and we have not changed up that plan. So we are going to continue to work alongside our experts around what the post-vaccination environment looks like. I only say that because there was a lot of built-in assumption to the question that you asked me. For things like modelling around hospitalisation rates and so on, really a question for Dr Bloomfield.

Dr Ashley Bloomfield: The key comment I would make here is: the advantage we do have with having taken the approach we've got is we can learn from other countries and jurisdictions. And you can see, you're right, even with high rates of vaccination, you still need other restrictions to be able to manage the load on the healthcare system.

Dr Ashley Bloomfield: And that's regardless of whether you're a Singapore, a UK, or a number of other countries through East Asia that are also in this similar position. So we are watching very closely what is happening with other countries where they have got the virus in the community, with high vaccination rates, and the impact that's having on their healthcare system. The UK is a good example. Last Friday, *The Guardian* was reporting 8,000 people in hospital, which would equate to 600 in New Zealand, on any one day. That's a lot for our hospital system to cope with. So you can see they're now considering what other restrictions do they need to put in place to help reduce the number of cases in the community. The best thing we can do is give ourselves as much time as possible just to see what is happening in

other countries and therefore, as we plan for the future, what are the things we need to take into account.

Media: Doesn't that imply that there is no level of vaccination high enough to actually move beyond elimination and level 4 restrictions, and that's it, really?

PM: No, I would reject that.

Dr Ashley Bloomfield: It's quite clear that—and you can look at a number of European jurisdictions, and the PM talked about Denmark and Iceland is another one, where they've got, of their total population—in Iceland, for example, over 80 percent have had at least one vaccination. And what you can see is the impact that has on their healthcare system is much less than in countries with lower rates of vaccination. So the aim for us, as it has always been, and people have tried to pin a percentage on us, is as high as possible—the higher we get the better it is for everybody, for a whole range of reasons, including the impact on the healthcare system.

PM: [*Inaudible*] see some really interesting analysis of hospitalisations and deaths in Canada that looks at over 600,000 cases there and looks at the proportion unvaccinated/vaccinated who are presenting in hospital and so on, and it's very, very clear the impact of vaccination rates there. So, even in those countries where you continue to see hospitalisations, often large percentages of unvaccinated people, or the complication of immunocompromised people as well in some countries, too.

Media: Our vaccinations for Māori are still only sitting around 50 percent for fully vaccinated people. What would you attribute that to?

PM: Dr Bloomfield, do you want to give some assessment there?

Dr Ashley Bloomfield: Well, I would attribute it to the fact that we've got more work to do to increase vaccination rates amongst Māori, and the good thing is we have seen those rates increasing over the last few weeks, and particularly in Tāmaki-makau-rau. It's been very good to see the response there. There's been a lot of focus from the Māori health providers. It was there from the start, and we saw, through the first two or three months of the vaccination programme, actually, the rates for older Māori were as high or higher than they were for non-Māori. So the challenge and the focus now is very much on getting those rates up in younger Māori.

Media: Prime Minister, would you say that the Government underestimated the impact that anti-vaxxers and misinformation would have on Māori and Pasifika populations?

PM: I think we've always been generally concerned about misinformation, because we've seen it before. So I think, from the very outset, it was something that we were wary of, we knew that we needed to get out as much information as possible, that we needed to provide places where people could access that, but actually what we've seen over time is an increase in the number of people who've said they're willing to get vaccinated. So that has improved the more time that people have had to see whānau get vaccinated safely, to get the information that they need, and to make the decision to protect their family, their community, themselves.

Media: A quick one just clarifying whether today's mystery case was also someone who presented to Middlemore and then tested positive. Is that correct?

Dr Ashley Bloomfield: No.

Media: And then a cheeky one, Prime Minister, from our whānau at *The Project*: Prime Minister, do you think it's just human nature to bend the rules?

PM: I'm probably the wrong person to ask, because it's not really my nature.

Media: On compliance, there's obviously been some authoritative measures to deal with that. Has the Government considered an element of perhaps the carrot rather than the stick

in looking at incentives to keep people complying? That's one question, and then I've got another on that.

PM Yeah, so do you mean incentives—

Media: Like money or vouchers so that people keep complying with the rules?

PM: So give someone who wants to go to Wanaka vouchers? No, I'm just going to ask them not to go to Wanaka, I think.

Media: And on testing, we've heard some stories from people that suggest that they're afraid or they're avoiding getting tested because they have concerns about being moved into quarantine and therefore not having someone take care of stuff at home, that sort of thing. What would you say to them? And also, there's been a suggestion of putting up randomised testing, say at a supermarket, to see whether there is widespread community—

PM: So the first thing I'd say is for asymptomatic testing, the public health team in Auckland have been reaching out and doing work to ensure that we do have asymptomatic testing in places where we really want those numbers. We have talked about whether or not pop-up sites at places like supermarkets is a good thing to do. They have done that before, and they actually have some experience of whether or not that has worked for them or not. We're keeping all options open but at the moment they have been able to get good asymptomatic testing in other sites. On the second question—

Media: Concerns about being moved into quarantine.

PM: Yeah, so, look, actually one of the things that we often talk about is the process when someone's told that they have COVID-19. They get a call from a public health person who'll give them that news, and then we follow up with someone who then talks them through what happens next, and in that process a lot of work is done to meet any concerns around whether or not they're a caregiver, whether or not they're living with family that might be dependent on them, support that can be given to keep them safe and their family safe. So that's something that's done really carefully and thoughtfully, but with a really good eye to also making sure that we reduce the chances that they might give COVID to their family members as well, which I know is a big focus for them too.

Media: You said earlier there's an in principle decision to go to level 3 in Auckland in a week, all going well. Is the intention that the rest of the country go to level 1 at that point, all going well?

PM: So we haven't made any indicative decisions. We made an in principle decision about 3 but we haven't made any other decisions for the rest of the country at this stage.

Media: Can I just take you back to the comments you made when you were talking about a short and sharp lockdown. You said, "We want it to be short and sharp, rather than light and long. If we can comply it lifts our chances of getting out of here earlier." How could people look at that and not think that you were talking about the length of a lockdown?

PM: Look at Australia. That's what I'd say. Because in a Delta world, of course, we know the difference, what long means now. And so I would just reflect on the experience of other countries. We are working very hard and doing well on a strategy to eliminate, but the alternative is something very, very different.

Media You're asking people to do a lot of mental gymnastics there looking at how long they expect—it's basically, "How long is a piece of string?" in this instance.

PM: I don't believe that's the case when we've made an in principle decision about the next stage. I also think people expect us to act on the information in front of us. I don't think anyone thought after we had a large number of cases come very quickly through after those three days that they thought we would then lift from where we were.

Media Do you think it was the wrong use of words?

PM: No, no, I don't, because as I've explained, Jason, that was acting on one case. Of course, over the course of those three days additional information came through and people expect us to act on that. It's no different to what we've done previously.

Media: Yesterday you talked about how there were just a handful of unlinked cases that were particularly concerning to you. Has progress been made on any of those ones, have some of them been linked up, and are there any new ones that popped up that are of equal concern?

PM: Some have been. Perhaps, Dr Bloomfield—do you want to comment on that?

Dr Ashley Bloomfield: Yeah. So several of the cases yesterday that would've been in that handful have now been resolved, and that includes a couple of the cases that have been identified at Middlemore Hospital over the last week, where not only has the team assured themselves there's no onward spread from those cases but also they've been able to identify the link back to the main outbreak both epidemiologically and through whole genome sequencing. So the handful has sort of moved on from yesterday as some cases are resolved and then new ones come into the hand.

Media: A lot of the cases, or a disproportionate number of cases who have been hospitalised over the course of the outbreak have not been vaccinated. What lessons do you take from that? How important is it? Is that real-world data?

PM: Yeah. A good question. I've commented a lot on my thoughts on vaccination and the difference it makes, so I'll hand over to Dr Bloomfield.

Dr Ashley Bloomfield: Yes. We've got very good data even from just this outbreak in New Zealand showing that the risk of both becoming a case and certainly of being hospitalised is much, much lower if you're fully vaccinated, and is lower even just with a single vaccination. So it is real-world, real New Zealand evidence that being vaccinated protects you and your family and the wider community from COVID-19.

Media: I'm trying to get a bit more certainty about when we'll stop using lockdowns as a first resort and the evolution of the elimination strategy. Will we still be using lockdowns this summer, next year?

PM: Yeah. So you will have heard me say before—and I absolutely stand by it—no one wants to continue to use lockdowns. The reason we used them was because every single New Zealander was vulnerable. We had no form of effective treatment or preventative tool like a vaccine. Now we have vaccinations, so we have something that is able to be used to move away from things like lockdowns, but we need New Zealanders to take them up. That will be what makes a difference.

Media: When do we stop locking down?

PM: We need to make sure that we have New Zealanders vaccinated in order to make sure that we don't have to use lockdowns as a tool to prevent these large-scale outbreaks that take people's lives, so that's why New Zealanders are empowered, too. They have the chance to move away from lockdowns as much as we do by being vaccinated.

Media: Prime Minister, we have a bit more clarity now around the length of time that Auckland is going to be in quite, sort of, you know, heavy restrictions. For businesses, when can they expect to get a bit more information from you as to whether support will be rolled out more broadly?

PM: Well, we did that substantively last week. I mean, so we saw more certainty around the way that we would use the resurgence payment. You would have seen that from the podium with Minister Robertson, and, of course, with this extension of level 4, it means that another round of the wage subsidy becomes available as well.

Media: What consideration is being given to more targeted support for particular sectors that are hit hardest? Can they expect anything more, or is this done now?

PM: Well, in some ways, because of the revenue check in the eligibility of, for instance, a resurgence payment, it does become quite a targeted payment. Of course, the wage subsidy, because it remains available even for a business who is in level 2 but is affected by another part of the country being in level 3 or 4—that becomes quite targeted too. So it then means that level 2 businesses, for instance, that are—and the example that Minister Robertson continually uses: a rental car company in the South Island, heavily dependent on bookings and travellers out of Auckland, would, for instance, continue to be eligible if they meet that revenue test.

Media: Just quickly, there have been some concerns raised with some of the organisations who are at the front line suffering burnout. What is the Ministry of Health doing to support the workforce, especially now for the next seven days, when testing is expected to increase?

Dr Ashley Bloomfield: Yes. We've been working very closely both with and through the DHBs to support the DHB-employed workforce, as well as the team in Auckland Regional Public Health, who have been working really hard for some weeks now. So that's included people from the ministry's team going up there, into Auckland Regional Public Health, as well as staff from other district health boards and public health units going up there. But I am also aware that a number of those community-based providers have also—the staff there have been working really long hours and very hard. So the DHBs, I know, are working with them to make sure that they've got all the support they need and that they can rest their staff, and that may include using other providers, for example, to help staff testing and/or vaccination centres.

Media: Can I just get some clarification: are all positive cases and their close contacts still being moved to quarantine; and if yes, how many remain in the community at the moment waiting to be transported; and if not, why not and when did that change and are there any concerns around the facilities getting full?

PM: So there hasn't been a change in the policy. So yes, the approach is that for the vast majority of cases, they are moved. On occasion, there might be an exemption given by a public health unit, but that is in a small number of cases and for very valid reasons. My understanding is we have close to 150 available quarantine spaces, and they increase regularly, as we have those who have recovered who exit our facilities. I'm not aware of there being particularly any backlog, because at the moment, of course, we have much smaller numbers than we've had in the past.

Media: Seven of yesterday's cases were out in the community and had exposure events. Is there a breakdown of how many people in this 33 have had exposure events or were infectious in the community?

Dr Ashley Bloomfield: Not yet, but what I can say from the exposure events yesterday—as you said, there were seven people. Of those, there were 15 exposure events. Only three of those were after the person had been told to isolate, and those three were that person visiting a testing centre, which was part of the prescription. So, actually, of those seven people and the 15 associated exposure events, they were things that they were allowed to be out and doing before they found that they were, in fact, a contact and then became a case.

PM: The most common that we see are supermarkets; dairies; from time to time laundromats, which, of course, people are able to visit a laundromat; testing pharmacies; doctors; and the odd occasion we'll have report of a bubble breach, which is often a family member visiting a family member, but they're often rare.

Media: Can you just clarify the Mount Eden case, is that the one where there were two cases in one household where the genomes were just slightly different—

PM: Yes, correct.

Media: That remains unresolved?

PM: That remains unresolved.

Dr Ashley Bloomfield: The epidemiological link—interestingly the genome sequence is, actually—one member of the household, it's clear, was the first infected. The other member is the person with—I said they both had two snips different, it's just the second member. But, actually, the genome links back to quite early in the outbreak, so it doesn't obviously link to one of the more recent sub-clusters, so it's work in progress still.

Media: So that first one looks like more than a fortnight old?

Dr Ashley Bloomfield: That's right. And there is a third person in the household who is fully vaccinated, and so there's work underway to see whether that person may have been infectious but asymptomatic. They've tested PCR negative, so obviously there are serology and other things that can be done just to try and get to the bottom of it.

PM: Another good promo for vaccination given there's a person in a household with two COVID-positive people who tested negative. What we're doing is trying to figure out whether or not they were negative consistently. They were certainly asymptomatic consistently, and they had a negative PCR test.

Media: Prime Minister, what would you say to the event organisers, like Rhythm and Vines and the like, if they're planning for summer and, in particular, is it really possible that we could get to a vaccination rate which would allow that sort of event this summer?

PM: Some of my very close friends work in the creative and events sector, but that's not the only reason I am determined that we will find a way to make sure that, regardless of the circumstances globally and domestically, that we are able to have the events that make New Zealand summers. It's because, actually, it is part of who we are. It is about people's livelihoods, yes, absolutely, but it's also about the nature of our summers and what makes them fantastic for people, and particularly our young people. And that's been one of the things that's been so successful about our approach, is for the most part, yes, there's been disruption, but we've consistently been able to hold large-scale events and I want to be able to continue that. So I can tell you, I am very committed to finding a way that we will do that.

Media: And these events organisers are asking for the Government to provide an insurance scheme. What's your view on that?

PM: Yeah, so I think there's a way to work through this where we give that certainty and therefore where those issues become less material. So that's what we're focusing on, because keeping in mind that it's not just music events, there are events up and down the country in, you know, cities and towns where councils, event organisers put a huge amount of work in and so it becomes endless. So that's why, actually, the best thing we can do is try and find a way that we give out the kind of guidance that can future-proof events.

Media: Just lastly, because we've got the beautiful sign and it's obviously Te Wiki o—

PM: Te Wiki o Te Reo Māori.

Media: Yeah, so how would you like to see Kiwis celebrating the week and how is your te reo progressing?

PM: So I hope that I am a member of the last generation that didn't grow up with te reo Māori being widely used in my education, and just more broadly. I have seen dramatic changes over the past few decades, and in particular the past few years, over the use of te reo Māori day to day. With that ongoing exposure and with more availability, for instance, in our education system, I believe I will be the last of a generation that hasn't had that exposure and, therefore, has perhaps a little less confidence. I do think the next generation will be confident in using te reo Māori, and that will be a fantastic thing. OK.

Media: Have you received any advice on not saying "Kiwis" because there is no "s" in Māori?

PM: Oh, I can't say I've ever received advice on that, no. All right, thank you everyone.

conclusion of press conference