

**PRESS CONFERENCE: THURSDAY, 2 SEPTEMBER 2021
HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa. Good afternoon, everyone. I'm going to outline the details of Northland's move to alert level 3 tonight, take a look at how that level is going across the rest of the country south of Auckland, and Minister Henare is here to make an announcement about increased support for Whānau Ora, but first I'll hand over to Dr Bloomfield to give us the latest on case numbers.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So today there are 49 new cases to report in the community. All of these are in Auckland. This takes our total number of cases in this outbreak to 725, with 709 of these in Auckland and 16 in Wellington. There are a further four cases to report in recent returnees in our managed isolation facilities. So this latest lower number is encouraging and does show our alert level 4 measures are working, even against the Delta strain. As I mentioned yesterday, the numbers could still bounce around a little. However, the latest reassessment of the effective reproduction rate shows that based on data through to 31 August, there was a 95 percent probability this was under 1. Analysis of yesterday's cases shows that 85 percent were contacts of known cases and 56 percent were household contacts who were already isolating. Thirty-six percent of yesterday's cases, the ones announced yesterday, were considered to be infectious in the community. That is higher than the 25 percent the previous day, and I think the Prime Minister has some updated last-minute information on the cases we're reporting today.

There are 42 cases now in hospital, all in the Auckland area. Of these, six are in ICU or a high dependency unit, and three are being ventilated. The growing number of people in hospital is a stark reminder of the seriousness of infection with the COVID-19 virus. My thoughts are with those who are in hospital and, indeed, their whānau at what must be a stressful time for them.

As of 9 a.m. today we had 37,359 individual contacts formally identified and in our national contact tracing system. Of these, 30,283 or 81 percent had had direct contact by our team and were self-isolating. Most of the balance had already been identified in our system because they had had contact with Healthline or through being at a place of interest. Around 86 percent of all contacts have already had a test in the system, and, obviously, work is ongoing to follow up all remaining contacts.

Of the 336 contacts known to be located in Northland, all have been contacted by our contact tracers. Ninety-six percent so far have returned a test, all negative, and any contacts with an outstanding test result are being followed up today by the local public health unit.

Yesterday there were 17,683 tests processed nationwide. There were just 6,700 swabs taken across the metro Auckland region yesterday, 3,000 at community testing centres and 3,700 at general practice and urgent care clinics. We need to have higher levels of testing across Tāmaki-makau-rau to give us confidence that we have the outbreak under control. If you have symptoms—any symptoms at all—or have been at a location of interest, or are a contact and should be tested, please do so. This is absolutely essential for our understanding of whether the outbreak is under control and therefore having Auckland in alert level 4 for the shortest time possible.

ESR continues to conduct whole genome sequencing at pace with 469 genomes sequenced to date. This analysis serves many functions, including investigation of the current source outbreaks and understanding, of course, of the variant that has made its way into New Zealand. We have confidence from all of those tests that we have had only a single incursion into the community. As the virus spreads, it accumulates small changes in its genome and we're using these signals to provide pointers on possible transmission pathways in the community and to link cases. For example, a recent case of a MIF worker

could be definitively linked via genomics to a specific sub-cluster in the community and this infection was not acquired from other cases in the managed isolation facility where that person worked. So we have so far successfully sequenced approximately 75 percent of the notified outbreak cases to date.

On waste-water testing, there are no unexpected results to report today. Importantly, samples collected from Northland, from locations across that region on Monday and Tuesday have all returned negative results, and this included waste water from local communities between 100 to almost 50,000 in population. So far, waste-water testing has been undertaken in 148 places across the country, covering an estimated 3.8 million people, and that's 95 percent of people covered by our reticulated waste-water systems.

Just turning briefly to a couple of testing results, as you are aware, there was a positive test result received from a worker at the Spring Hill Corrections Facility a couple of days ago. Negative results have been received from subsequent swabs taken from this worker, and so our investigations continue. At this stage, it remains a positive result under investigation, as opposed to a positive case; however, all precautions remain in place as if this is an acute infection. All tests to date from co-workers and inmates have returned negative.

There was also a case I referred to yesterday as being under investigation. It was identified at MidCentral DHB region and has since been determined to be an historical case previously reported overseas and not linked at all to our outbreak here.

A message to our essential workers in the Auckland region: it is vital that if you have any symptoms at all or you have been at a location of interest that you do not go to work. Let your employer know, stay home, ring Healthline for advice on where to get a test, and isolate in your bubble until you have the results of that test.

For essential workers who are crossing back and forth between the Auckland and alert level 3 boundary, I am asking you to get tested within the next three to four days, even if you have no symptoms. We are looking at how to put in place a system to check that these commuting essential workers are being regularly tested to support our efforts now and in the future. We will also be putting in place a system for regular surveillance testing at the moment of certain groups of asymptomatic essential workers, and I'll have more to say about that in coming days.

There's been a great response from DHBs across the country to help out their counterparts in the Auckland region, and we have now 112 staff who have made themselves available to work across Auckland in a range of areas, including in intensive care, contact tracing, infection prevention and control, and our quarantine facilities. We're working closely, as the Ministry of Health, to support the Auckland DHBs with their needs.

On boundary exemptions, as you know, there is a regional boundary, of course, separating Auckland and Northland from the rest of New Zealand. So whilst the regional border is closed for personal travel, there are exemptions available for exceptional circumstances, and these are processed by the ministry. As at 8 a.m. this morning, we'd received 384 applications for exemptions for personal travel in both directions. Of those that were eligible, noting that some applications were for activities that are already permitted under the relevant order, about 95 percent have been declined. This is because even at alert level 3, people should generally be staying at home unless it is absolutely essential to do otherwise, and a tight boundary around our alert level 4 area is essential to stop the virus from spreading. I acknowledge and understand that many applications we have received are potentially difficult situations for people; however, very few of them give rise to absolutely urgent, necessary, or essential travel.

In terms of our vaccine roll-out, yesterday 89,546 doses were administered at 578 vaccination sites, and with the opening up of booking for anyone 12 and above, there were nearly 200,000 new bookings made yesterday, and so 70 percent of all New Zealanders aged 12 and over now either have a booking in our system or have been vaccinated with at least one dose.

Finally, more than 24,000 essential workers have had their first vaccination over the last couple of weeks. More primary care sites are coming on stream each day to help administer the vaccine to all our population across the motu.

Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield.

As you will have heard from Dr Bloomfield, our case numbers are moving around a little bit at this stage. That's not unusual. They did this the last time we were moving through what we would anticipate would be a level 4 peak. The important thing is we are starting to see some positive trends in the numbers. I thought I'd share a few of those today. First, our rolling day average of cases is declining. It's overall, across that rolling average, 61 today. Five days ago, it was more like 77, and it has been heading down over time. Secondly, we are seeing fewer cases that are infectious in the community. Today, around 14 percent, or seven of the cases that have been reported, were considered to be infectious in the community, a number that has been falling since lockdown. But just to be clear, though, that doesn't imply that those individuals were necessarily breaking any of the rules. For instance, the most common exposure event for these seven people was visiting a supermarket or a dairy, and for those seven people the number of exposure events in total were nine.

Overall, the number of cases without exposure events and already in isolation as contacts of existing cases has also been increasing. This means our contact tracing is making a difference. It's identifying contacts and getting them isolated and stopping the spread of the virus to others. And while we expect to continue to see cases of in-household transmission, lockdown and isolation is really supporting us as we try and stop the spread beyond that. So not only has lockdown stopped that exponential spread of Delta, there's clear evidence that our plan is making a difference to extinguish those last chains of transmission so that we can reduce restrictions as soon as possible.

We do, however, just need to make sure we're sticking to the plan and sticking to it firmly, and this is where I want to add a message: if you are a contact, if you've been at a location of interest and advised to stay home as a result, you absolutely must do so. If you don't, you're risking the health of those around you, and you risk prolonging this lockdown for yourself and for others. Now, while we haven't seen widespread evidence of this being an issue, it is such an important message. I will keep repeating it nonetheless.

A quick update on Northland: you'll recall that we kept Northland at level 4 for an extra 48 hours because of the late emergence of cases in the Warkworth area and a large worksite involved, and the need to get some extra reassurance that we hadn't seen undetected transmission in the wider community as a result of some of those later discoveries of cases. Twenty-seven extra waste-water samples were taken from 26 sites right across the region of Monday and Tuesday; none have detected COVID-19. On that basis, we can confirm that Northland will move to alert level 3 at 11.50 p.m. tonight as planned. I want to thank everyone in Northland for their patience while we built just that extra bit of peace of mind that everything is contained and confined within the boundaries we expect. Northland will now be treated in line with the rest of New Zealand outside of Auckland, with settings reviewed on Monday, 6 September.

The shift to alert level 3 in the North brings in the northern alert level boundary in addition to the boundaries that's already operating in the south of Auckland. Please continue to engage with iwi regarding the management of the northern checkpoints, but rest assured the purpose of the checkpoints is to keep COVID out. The northern checkpoints will be set up again at the following locations: State Highway 1 and Mangawhai Road, Mangawhai Road and north of Coal Hill Road, Black Swamp west of Rako Road, Mangawhai Road and Cames Road, and Mangawhai Road and Ryan Road.

Remember that personal travel between alert levels is highly limited and requires permission or an exemption. The same applies to business and work travel across the

boundary, which is also strictly limited. These tight restrictions appear to be working well. I'm told by police that traffic movement on the southern boundary has been low and orderly. A huge thanks to all those who applied for their essential business travel documents in advance; it really has made a difference.

I'm advised that, overall, compliance on day one of level 3 has been good. A couple of reminders, though: level 3 this time is different for Delta, and specifically there are new requirements for mask wearing. Anyone working at a business that is open and outwardly facing at level 3 must wear a mask, and anyone visiting that business, such as someone making a contactless pick-up, must also wear a mask. But just as a general rule: if you're leaving the house, please wear a mask; it makes all the difference.

I've also been advised that there, unfortunately, have been multiple reports of abuse towards bus drivers and other essential transport staff over the past couple of weeks. There is never any justification for lashing out at our essential workers. They are, effectively, putting themselves at risk every day to keep crucial services running. Every one of them is doing their best under very challenging circumstances. Please, I would ask everyone, be patient and be kind. I know that we would all be very saddened and appalled to hear that some of our essential workers have been having this experience.

Finally, I want to speak to some of the recent decisions made by Cabinet to support those community organisations and providers who have surged their support in this outbreak. You'll recall we have done this for our food security network, with an additional \$7 million in funding to support the COVID response.

And today I can announce that Cabinet has approved over \$49 million in additional funding to support Whānau Ora and Pacific providers to assist in responding to the current outbreak, especially given it is disproportionately impacting the Pacific community. This funding will also assist in the highest possible uptake of the vaccine across Māori and Pacific communities.

The extra Pacific funding allocation of \$26 million will go towards health and disability services; sustaining the response to the current outbreak, including welfare support; scaling up mobile outreach and Pacific community vaccination services; and supporting ongoing engagement and communications to specific ethnic groups within the Pacific community.

Last lockdown, Whānau Ora also rallied, adapted, and evolved to meet the changing needs of Māori communities. They were a lynchpin providing not only practical support but a huge amount of comfort for communities. This time around, the demand on their service has been even greater. The changed definition and widening of our use of contacts linked to active cases means the number of people who have had to isolate has increased.

I will hand over now to Minister Henare to set out the details of the additional Whānau Ora funding, and then we'll be happy to open for questions.

Hon Peeni Henare: Tēnā koutou. Greetings one and all. Thank you, Prime Minister. Whānau Ora has once again, as the Prime Minister has mentioned, swiftly mobilised networks and pivoted resources to provide the critical support whānau need during this lockdown. I am pleased today to announce that we have committed an additional \$23 million to Whānau Ora so that it can continue to provide this necessary support. Of the additional \$23 million, the three Whānau Ora commissioning agencies will receive an immediate boost of \$8.8 million so they can continue to provide direct and integrated support to whānau. A further \$14.2 million will be allocated based on need as information on the impact of the current change in alert levels unfolds. This funding will help Whānau Ora to meet the increased demand for their services and, ultimately, will help whānau endure these challenging times.

Whānau Ora is already helping whānau with essential goods, such as kai, utilities, and connectivity. Whānau Ora providers have re-established testing sites, 0800 support lines, and food banks across the motu. Whānau Ora navigators are working tirelessly to support

the holistic needs of whānau, supporting them with their material wellbeing, health, housing, and education needs together to ensure they get the support that they need.

Lastly, I would like to extend a huge thankyou to the commissioning agencies, the Whānau Ora partner network, our navigators, and, lastly, whānau for trusting in Whānau Ora. Kia ora tātou.

PM: Thank you, Minister Henare. What I might do is, if we have questions on the Whānau Ora announcement, can I bring those forward and undertake those at the beginning of our question and answer, and that way we won't have too much jostling at the front.

So Rukuwai.

Media: Does it take Māori and Pacifica to be in crisis mode before we're going to see these kinds of fundings dropped to Whānau Ora? We know that the vulnerabilities of Māori and Pacifica communities have been well canvassed long before this outbreak. But does it take an outbreak to see funding get to communities?

PM: No, absolutely not. We had increased Whānau Ora funding before we had the tragedy of COVID-19 as a pandemic affecting our Māori and Pacific communities. So absolutely not. But what we also recognise is the additional impact that this pandemic is having on those communities. And I would say the same for the vaccine roll-out. We already had additional support for the vaccine roll-out for Māori and Pacific communities; this is on top of that, once again. But I'll let Minister Henare speak to some of those numbers.

Hon Peeni Henare: Thank you, Prime Minister. The numbers of the most recent Whānau Ora budget of 2020 was quite clear that there were two parts of that—that was for the response and the resilience for whānau. So we want to continue that and which is why this particular announcement today is for the immediate response that Whānau Ora have been able to swing and pivot into action right away.

I would also like to add that with respect to that response, we made it clear when we negotiated with our commissioning agencies that the money that was given and offered for the resilience and building resilience of whānau would continue to be an agile and nimble process, as we look towards responding towards lockdowns like we've seen in the past couple of weeks. So, no, I'm proud of the work we've done for Whānau Ora, and we'll continue to support a kaupapa that works.

Media: What does that funding breakdown look like? How is that going to be broken down?

Hon Peeni Henare: So, of the \$23 million announced today, I have already mentioned \$8.8 million will be distributed under the normal Whānau Ora formula. That means it's spread across the three commissioning agencies. I also said that a further \$14.2 million would be held back while we assess the need of ongoing support required through this particular lockdown. The Prime Minister and Dr Bloomfield have already stated that Tāmaki-makau-rau is at the heart of this current lockdown, so we want to make sure that those resources are aimed and targeted at supporting where it's needed the most.

Media: Prime Minister, just for you on this topic, Minister Henare has spoken this week about targeted incentives for young Māori people, rangatahi, in order to get them vaccinated. You've already seen the likes of Ngāti Hine trust, for example, in Moerewa are doing that [*Inaudible*]. Kura kaupapa might be doing that in Northland, too. Is there going to be a national approach in terms of rolling that out, and will it be targeted specifically to Māori, or will it be across the board with young people?

PM: I think the most important thing is that actually we give the ability of our local providers to do what is going to work for their communities. They know their communities best, and we want to see innovation in our vaccine roll-out and people not feeling constrained, that they can, if they believe, identify initiatives that will make a difference—

that they can do that. And I've shared from this podium a number of times before some of the things that I've seen in terms of mobile vaccine clinics that vary across the country, dependent on who it is they're targeting and who they're working for. For instance, before the outbreak, I was talking to one of our North Island providers. They were looking at providing events where they had food trucks coming in to try and create events around vaccination, to try and bring in different cohorts, different age groups. So we want that flexibility and that innovation.

On incentives, we have had some work been done by the vaccination team on other countries who've used incentives, and they've been used in different ways, so we've got enough research out there to demonstrate when they work and when they don't work. So that's information we can make sure we provide providers, so they can see what's been used overseas.

Media: So it sounds as if you're saying that basically, if Māori health providers think it is a strategy that works, like Ngāti Hine, that they're able to. Does that mean that you are going to give them additional funding to cover the costs of the fact that they think that that works?

PM: So I'm not going to speak to individual initiatives here. What I am saying is that we want innovation, we want providers to be able to undertake initiatives that they think will make a difference for their communities. I don't want to get into the specifics of different incentive regimes, whether they work or not work, or equity issues that come about if you employ them for certain communities that haven't been available other places, but, as a general rule, we want providers to do what works.

Media: So you can't give an assurance whether they'll actually be funded to do that? Because, Minister Henare, you obviously are supportive of it, from your comments this week. So are you going to give some assurance to these Māori health providers they'll actually get the funding to do it if they think—

PM: Jo, all I'm saying is that I don't know the specifics around the ask for some of those providers—how they intend to do it, whether or not they're doing that off their own bat, whether they're seeking extra support. So I just don't want to get too far in advance of the question. I'm happy to pass over briefly to Minister Henare. I might then see if there's any more for him, and then we'll move on to general.

Hon Peeni Henare: Thank you, Prime Minister. At the beginning of the year, \$40 million was the budget put forward to promote and execute a vaccine roll-out for Māori people. My understanding from officials was that there is still some resource there to look how we might support more specific and bespoke incentives to bring in young people and to bring the Māori population forward. But, ultimately, the number one message to the Māori population is come forward and make yourself available for the vaccine.

PM: Anything further for Minister Henare?

Media: Can I just focus on the Pacific funding for the providers? Dating back to last year we've had Pacific community leaders and clinicians saying that the community engagement hasn't been up to par with what they've been saying—hasn't been up to par up until this point. Is this funding by the Government a way of you guys conceding that there's been a failure for Pacific communities during this COVID response?

PM: Well, you will have heard me say before, from this podium, that the only people who can deem whether or not our communication has been what it needs to be is the community itself. And if they tell us that we need to have done better, then we need to have done better. And so in the last outbreak we equally put in support for those providers that we were really calling on for surge capacity, helping with welfare needs, extra testing—so those communities that we've called on are then the providers that we're then supporting with additional funding. So that's what happened last time, that's what we're doing again. Because, of course, it's only, unfortunately, when we're needing to do those welfare checks, those extra, for instance, meeting those extra needs while people are in isolation, when you see that we need to then come in straight away with the funding to support the

providers to do that job. In other outbreaks that hasn't always been the case. You didn't see that, for instance, in other parts of the country more recently when we've had outbreaks. So where the need is is where we go.

Media: Just to follow on from Jo's question, is allowing for that space for innovation in the Māori vaccine roll-out, is that just purely because the Government doesn't know what they're doing when it comes to the Māori vaccine roll-out?

PM: No. You can't have it both ways. So, of course, we have a duty to make sure that we are making the vaccination programme available, that we are working alongside providers in-community, and we are finding them to support them to roll-out in-community. But at the same time, of course, we have to allow innovation as well. If we were too regimented on the provision then you wouldn't see some of the initiatives that have managed to reach into communities, because those providers know their community best.

Dr Bloomfield, you might have something you want to say on that.

Dr Ashley Bloomfield: Just to say that, as Minister Henare said, there was funding made available right at the start of the programme, recognising that both Māori and Pacific providers would have additional costs to stand up the vaccination programmes they are delivering, and to work with them to ensure that they have both flexibility but also access to other support and resources that we can provide from the centre—including comms resources and so on. So that's been in place right from the start of the programme. Clearly, over the last two weeks, we've seen that big increase in vaccination rates, including amongst Māori and Pasifika, so we are looking at what additional resources they need and regular conversations are under way.

PM: Yep. OK. Tova.

Media: Dr Bloomfield, can I—this is kind of a triple barrel, but if you could maybe give us a bit of an update about how many negative pressure rooms we have, and how many more are being added; also, how many more ICU nurses are needed to join Auckland's response? And just following on from that, were hospitals prepared enough for this outbreak? Should those things have been ready to go if we knew that Delta was likely to reach New Zealand?

Dr Ashley Bloomfield: Thank you. And I'm going to start with just a correction of the numbers, which is not the question you asked, but the number I gave is 725—that's the number of active cases. The total for this outbreak should be 736, with 720 in Auckland and 16 in Wellington.

PM: Because we have 11 recovered.

Dr Ashley Bloomfield: We have 11 recovered. So to your question about negative pressure ventilation rooms, so all our DHBs have NPV rooms and three Auckland DHBs have got a number between them—a large number, including on wards and in intensive units. We use negative pressure ventilation rooms where we have a few cases, and the key thing there is if you have other people on either wards or in ICU who are not COVID-positive, you want to make sure that you're not putting them at risk. When you move to a situation where you've got more patients than NPV rooms then the next step is move to a dedicated ward or area for those COVID patients. So that is what is now being implemented because, as I said, the number of hospitalisations has hit over 40.

The ICU nurses are among some of the nursing staff who have been brought into the Auckland region. When you have COVID-positive patients in the intensive care unit you separate out your nursing and other staff to make sure that those looking after the COVID patients are just dedicated there. And so this is bringing extra staff in so that those DHBs can keep the separate streams of staff working in intensive care units.

And in terms of preparation, yes, there certainly was very good preparation in place. But what is happening now, of course, is you're seeing the plans being put into action in terms

of getting additional staff from outside of the region as and when needed, standing up extra quarantine facilities—given the large number of cases—and so on.

Media: Prime Minister, could there be an earlier alert level shift for the South Island, considering they're still COVID-free; and, separately, what changes have been made to NCEA and why?

PM: So no, that hasn't been part of our plan. We've said that we want to bring the review for all of New Zealand through till Monday. And one of the reasons for that is, of course, while we have several hundred contacts that have been in the South Island, those are the ones we know. And whilst those have been contact traced, they've been tested, they are the ones that are known to us and our ministry team, there may well be others connected to these cases that we don't know about. So level 3 provides that extra layer of caution. Our goal is to keep COVID out of the South Island. Stepping down cautiously is the best way that we can assure that when we do lift restrictions it stays that way and those businesses can remain free of some of the challenges we're facing elsewhere.

On NCEA, so, look, I think we will possibly be ensuring that Minister Hipkins may be available to answer some of the detailed questions around that. But what we're really forward planning for is if we have schools and kura who are disrupted by alert levels 3 or 4 for a total of four weeks or more, some additional changes around NCEA. And they particularly relate to learning recognition credits and thresholds to receive course and certificate endorsements. It's really just us trying to mitigate against some of the impacts of level 3 and 4 on our students for prolonged periods.

Maiki.

Media: Just going back to the health workers' issue, health workers have told us that Novotel is not currently staffed to look after COVID patients, which is why many of them are being offloaded to hospitals. What's your response to that, and how well resourced are Jet Park and Novotel with the necessary healthcare staff to adequately care for COVID patients?

Dr Ashley Bloomfield: Yes, certainly one of the key inputs into standing up a new quarantine facility like the Novotel and, indeed, the Holiday Inn, which is coming on board today, is ensuring we've got enough health staff. And, in fact, the stand-up at the Holiday Inn was deferred by 24 hours to ensure that there were sufficient health staff there. So I'm confident that not only have they got the health staff they need to run those new quarantine facilities but that also they are able to provide the level of care that might be needed for people who are in those facilities. With large numbers, hundreds, of people with COVID-19, many of those people are quite unwell. Most of them can be cared for as if they were at home but they're in these facilities, but some will need hospital-level care. When they require hospital-level care, that's when they're taken to hospital.

Media: And, Prime Minister, just in terms of people who are in isolation, is 4 o'clock too late for children in isolation to wait for lunch?

PM: Well, if I, firstly, on the MIQ—if I could just add that the alternative to our contacts being in MIQ would be them being at home, which is what a large number of countries would otherwise do. By having them in our managed isolation facilities, it means that, yes, we have that care on hand and available, and able, I would say, to much more quickly make an assessment if someone needs hospital-level care than if they're spread out around their homes around Auckland.

On your question, that is not usual practice within our isolation and quarantine facilities. Certainly from what I know of them, they are very regular and routine in their provision of service to those who are in our facilities. And 160,000 New Zealanders who have been through our facilities would be able to attest to that. So if that's happened, that strikes me as being an unusual set of circumstances and I would be happy to look into what issues have caused that.

Media: It has happened, and—

PM: I picked that up from your question.

Media: Yeah. There's distressing video of a woman in MIQ with her children, waiting for them to be fed, and then she's broken the bubble and gone down to see staff members. Is that disappointing? And what is being done in terms of the mental health impact for people in isolation with children, in ensuring that they get what they need, including exercise?

PM: And, of course, there are different restrictions around people who are COVID-positive, around their ability to move around facilities. But our teams in our managed isolation facilities do an incredible job of, particularly, trying to care for families where they have children—learning packs, providing as much stimulation as they can for those kids, because they know how difficult it is. But, as I say, 160,000 New Zealanders have been through our facilities and, by and large, had an incredible experience despite the tough circumstances. I would need to look into that individual case to understand what happened there specifically, because that is not usually the experience of most people.

Media: Do we risk people not wanting to comply if we have that sort of service?

PM: What is critical is that people comply. It's critical. It's critical to the health and safety of the staff and to the families. And what you're explaining to me sounds highly unusual, given there are 160,000 people we've had through, and I know the huge active service that our MIQ workers give to working in those facilities every single day.

Yeah. So I'll just try and pan around those who haven't. Jane.

Media: Can you please outline what kind of effect bringing staff in from other parts of the country might have on elective and outpatient, also the age of people in ICU and their status? And for the Prime Minister, can you talk a little bit more about those positive exposure events? Is that 36 percent concerning, and are you still looking at stricter essential worker rules?

PM: Sure, I can do that.

Dr Ashley Bloomfield: So just on the former question about staff coming in from other district health boards, that's one of the things, of course, that the DHBs would be considering, is their ability to make sure they can keep delivering service. Just over a hundred staff coming from around the country—remembering that we have around 70,000 staff employed in our district health boards around the country, so it's a small, small proportion of our total staffing. And the DHBs who are offering staff up—and I'm grateful to them—will be thinking about what other arrangements locally they could put in place; for example, using staff from casual pools.

The question about the age profile of people in ICU, I'm sorry I only have the breakdown of people in hospital in total. I do know that the youngest person in ICU is 18, and what I would say is all are stable, but anyone who is ventilated in ICU might be stable but quite unwell, and so that's an indication that, again, this is not a trivial infection, that some people are very unwell in our ICUs.

PM: And just to finish on your question, so I mentioned, of those cases that we've had reported today, that seven were considered to have been infectious in the community and that in total they had nine exposure events. So they might have more than one per person, for instance. But just to give you a quick insight, five were visits to the supermarket or dairy. The next highest was two visits to a health service or pharmacy. So it just gives you a sense that they're actually on this list for the most part—and one was an essential goods or service worker. So for the most part we're seeing things that people are permitted to do at level 4. For yesterday we had a higher number of people who were essential workers, but then in and around that it was still things like supermarkets, pharmacies, and health clinics.

Media: So is there an acceptable—I know there's no acceptable level of risk, but in terms of those essential services and just the fact that people are going to have to be going to

those places, are you satisfied with the rules and standards that are in place in those essential workplaces?

PM: So two things that are really important for us: that we still have the very best infection protection controls we can at those places people are still able to go—and that's one of the reasons why we have a limited number of places that are open. It means that you are able to see fairly rigorous controls in place at places like supermarkets. So that's one thing: try and reduce the risk of places that people just have to be able to go to. The second thing we want to really start seeing is either a greater proportion of people who are already identified as contacts or household contacts and are therefore at home, because then you get no exposure events attached to them if they're following all of our guidelines and rules. So honing in on some of those mystery cases, seeing if greater surveillance testing in certain areas can help us get ahead of some of those or earlier on identify some of their links to get those numbers down. Those are two particular focuses for us at the moment.

Media: So no need to increase the rules for essential services—

PM: So we have been looking at that. Early suggestions seem to be that where we are seeing cases, often the most common workplace cases are actually being brought in outside of the workplace, and then there happens to be limited transmission within those workplaces. We're seeing good responses from workplaces where that's happened, but the common theme seems to be if you're in very large factory-style situations that might not have good ventilation—very, very hard in those scenarios, so the best thing that we can do is just get people out of circulation as early as possible. So nothing yet, but our public health team are analysing everything very carefully.

I'll come to the back, to Thomas, then Jenna, then in the front.

Media: Is the Government currently in talks with private security contractors to help New Zealand evacuees leave Afghanistan; and if so or if not, would you object to using private security contractors to get people out?

PM: So I've asked our Ministers and agencies to bring forward advice to Cabinet on bringing those remaining New Zealanders out of Afghanistan. You'll forgive me for not wanting to talk in too much detail at this stage, but very conventional options are on the table: obviously diplomatic means, working alongside international partners, and of course, you know, there's a lot of discussion at the moment around other borders, but I wouldn't want to at this stage get into more detail than that. I also don't want to talk too much about where our people are that we might need to be removing them from, but I will, once Cabinet's made decisions, report back to you.

I had Jenna, and then—I think I had Jenna. Yes.

Media: We've spoken to the family of a man who is dying. His brother has been granted a humanitarian border exemption by the Ministry of Health to say goodbye, but he's been declined an emergency MIQ spot because he's not a citizen. Is MBIE being too rigid and undermining the Ministry of Health here, and does this all point to the fact that there is a lack of space; there isn't a lack of staff to run the facilities?

PM: No. That's been a longstanding issue around access to our MIQ. You used the word citizen, so I assume, therefore, that the person doesn't have permanent residency either. So, of course, there have always been limitations over who can access our managed isolation facilities, and that's been the case since they opened—unless, of course, you're coming in for the longer term. Those who are coming in for the longer term and are critical workers, like health workers and so on, are able to, but otherwise those who can come into MIQ is limited to those who have those legal entitlements to be in New Zealand, and that is one of the devastatingly sad things about what we've had to do at our borders.

Media: I guess the Ministry of Health has signed it off on humanitarian grounds—

PM: And that would ultimately suggest to me, of course, that Health aren't assessing people's legal eligibility; that's something that, obviously, comes through our MIQ system.

Media: Dr Bloomfield, do you have any concerns about the visitor policies in place at any of our hospitals, as some of them are more strict than others?

Dr Ashley Bloomfield: What sort of policies, sorry?

Media: The visitor policies.

Dr Ashley Bloomfield: The visitor policies? Well, there's a very clear set of criteria—instructions—nationally but then the way that is applied locally is up to the individual DHBs, as long as they have absolute rigorous measures in place to reduce any risk. So there may be some flexibility locally, but there's very clear guidance nationally.

Media: Prime Minister, are you totally comfortable with the fact that three people—Stuff knows of—went to Auckland Airport and were able to fly around the country during level 4 without any kind of exemption, and are you totally comfortable that that hole has been plugged, that actually they're now checking everyone?

PM: So, of course, we have put in our expectations around, really, only those people who are deemed to be essential workers and who are required to move around as part of fulfilling that essential work to be accessing regional travel. So regional travel is available but on very limited circumstances. So, without speaking to individual cases, we have had checks taking place. Airports have been reporting in to us what they've been seeing. But, of course, we actually want people to do their bit as well. We need everyone to make sure they're following the rules and complying so that we can lift restrictions as soon as we can.

Media: Is the \$300 fine enough or is that not enough of a disincentive?

PM: Well, I would have thought that potentially passing on COVID-19 to others would be the biggest disincentive that there is, and doing your bit for your community is the biggest incentive there is. But, of course, we do always keep an assessment on fines relative to each other as well. It's something Minister Hipkins particularly keeps an eye on.

Media: On those cases yesterday, you were saying 36 percent were infectious while in the community. But that doesn't quite match up with the number of people who were not contacts. So are there people who are contacts and don't know it, or are they breaking the rules?

PM: No, no. A good question, and we're digging into that a little bit further, but the one assumption that you can't make of course—they might have not known that they were a contact for all of their infectious period. So they may have been contacted as a contact and then isolated but have already made a few visits to a supermarket or may have already gone to work before they were advised. So that's the difference, but we are drilling into some of those numbers in order to assess whether that's the case or whether or not we have issues with compliance, but generally our public health units are generally reporting what they believe to be, overall, not perfect but good levels of compliance.

Media: We're well past two weeks on from the—

PM: No, no. Sorry, you misunderstand me. So you can still, of course, be identified as being a contact while you're in lockdown but have still gone to the supermarket or gone to the pharmacy.

Media: No, I understand that—as a new primary. We're well past two weeks of lockdown. Most of these cases now, are they still mostly household cases? Can you give a rough idea of the proportion of the new cases over the last week or so?

PM: Yeah. So we've been giving you percentage numbers daily and you are seeing those household numbers increase, and we are seeing the number of exposure events attached to other cases decrease. But I think what we really need to see is those unlinked cases. They're the ones where you're most likely, therefore, to see exposure events because they haven't been advised are a contact or they're at risk. So that's where we see them going out as essential workers. So while they're tracking in the right direction, they're not zero. So that's what we really want to start trying to get a much better handle on and get

in front of, using the intelligence we have to get a bit more surveillance testing out there in certain areas.

But your comments on that, Dr Bloomfield? Because it's the right questions that we're asking.

Dr Ashley Bloomfield: So just generally over the last—yeah—four or five days, at least 50 percent, and somewhere between 50 and 60 percent of people have been household contacts. The other thing about yesterday's—which was our quite large number of cases—45 percent of those were a result of day 12 tests. So they might have been people who had been waiting, were still asymptomatic, had their day 12 test, and were found to have been a case, but they had been isolating through.

Media: Is there a natural ceiling for the outbreak, then, of when you run out of those household contacts? Obviously, with 36,000 or so wider contacts, you'd hope that the outbreak would never get to that level, but surely you've got a kind of idea of how many people are in a household now.

PM: Yeah. And we know the positivity rate of those households as well.

Dr Ashley Bloomfield: Yeah. So we're modelling that. Our person who does the modelling's just been off for a couple of days unwell, but we're modelling what are the total number of cases we might expect from the household contacts, looking at the infection rate that we've seen to date, which has been about 25 percent, but it'll probably go up a bit, and then we can say, well, we're going to get to a point where if this is the number, this is where that's likely to finish. But that's really not where our focus is. Our focus is on those other cases, and that's where we put our investigative, sort of, capacity—on those cases that are, on the face of it at first, not linked.

PM: I'll come to you, Jenna.

Media: On contacts, how many close contacts are still isolating in the South Island and how many of the close contacts in the South Island are still waiting for day 12 test results?

Dr Ashley Bloomfield: So I can't remember the exact number—

PM: I've got them, because it's for question time as well. So we have—oh, sorry, unless you've got them handy as well.

Dr Ashley Bloomfield: No, I haven't got them here, sorry.

PM: We've got 512 who were identified as known contacts in the South Island. Of that, now the number is down to 15 who are overdue their day 12 test and are being followed up. And then, I believe, in addition, seven are not yet due their day 12 test, but I would just caution that those are the contacts that we, of course, know about. So we don't base every alert level decision just on known contacts; we also identify the relative risk of getting it wrong if you don't know all of the contacts.

Dr Ashley Bloomfield: Every one of those people had had a negative test initially.

PM: A negative test initially.

Media: And how many of those 512 are still in proper-isolation isolation?

PM: Yeah, so they all have ongoing checks to ensure they are. So there was a misconception yesterday in the House that somehow—the contact tracers have done absolutely their job. Those 512, you can see the compliance is really high. We're just chasing some remaining day 12 tests.

Mark then Ben, and then I might need to get in the House. Mark.

Media: On mandatory recordkeeping, there's been an open letter signed by a number of academics, including people like Shaun Hendy and Siouxsie Wiles, saying that the Government should legislate to protect that contact tracing data from being used for any

other purpose. Is that something that you'd look at? [*Inaudible*] but then said, actually, his assurance should be enough.

PM: Yeah. Well, look, we intend to use it for nothing else, so there'd be no reason why we would be worried about having that additional assurance. But would you mind if we just go away and look at the fact that that might already be the case, I would have thought, actually, in the way that we built it.

Media: Prime Minister, Australia leaders are increasingly talking down Delta and their chances of eliminating Delta, more specifically. Scott Morrison's called it absurd. Yesterday, Josh Frydenberg said it can't be done. What do you make of this criticism of New Zealand's approach? And, secondly, where currently is your confidence level that you will be able to do it?

PM: Yeah. Well, the first thing I'd say is that Delta is different. No one's denying that. But I think what you'd also certainly see from everyone is a view that, actually, the focus has to be before you change up your plan is vaccinating people. And that's what we've always said. Elimination is the best strategy for us while we're vaccinating people, and then we'll continue to look at all of the evidence going forward—we've said that for some time—but for now it is the best strategy for us. So yes, I see different leaders in Australia taking different positions, but I actually think you'd see generally that their view would be keeping those cases down while you vaccinate has to be the goal, and that's certainly ours.

Media: —85 percent of Kiwis. The *New Zealand Herald's* poll shows—

PM: I'll let you finish, Ben, and then I'm very quickly going to see if I can get in Jane and Rukuwai and then finish.

Media: The *New Zealand Herald* poll today shows that 85 percent of Kiwis support elimination. How heartened are you by that—that Kiwis are supporting the plan?

PM: Really heartened, and you can see that in the compliance. And this is a strategy that has worked because New Zealand supported it. We just need to keep going.

Jane and then Rukuwai.

Media: How many positive cases are still not in MIQ? Do you know, are the back-up—are the new quarantine hotels ready—

PM: Yes.

Media: —and should people with Delta be allowed out of their rooms to exercise?

PM: So, we already, as I understand, have the capacity we need for all of those cases that have been identified today, and we're bringing in additional space as well. And on the backlog, I understand that it's been cleared and that we, essentially, as the new cases come in, it's now just a matter of transferring. In terms of—

Media: Are experts saying people should be confined to their rooms because of Delta?

PM: Yes, and that has been the practice when you are a COVID-positive case.

Media: How many kaupapa Māori in the Kaitiāia area are planning a vaccination day for their students and their whānau members, themselves? How is the Government going to support kura kaupapa Māori to roll out those vaccine schemes within their kura?

PM: Well, if they tell us what they need, I know that we'd be willing to support it, because that's exactly the kind of innovation and the kind of initiatives that we need to continue to see the roll-out grow in all our communities. Cheers.

conclusion of press conference