

**ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 8 SEPTEMBER  
HANSARD TRANSCRIPT**

**Hon Chris Hipkins:** Kia ora koutou katoa. Good afternoon, everybody, and welcome. I do want to start today by acknowledging the millions of New Zealanders coming forward to be vaccinated against COVID-19. As at midnight last night, that commitment took us to another significant milestone. More than 4 million—4,032,710 doses, to be precise, of the COVID-19 vaccine have now been administered. That represents 2.6 million New Zealanders who have had their first dose, including the 366,000 New Zealanders who received their first shots over the last week; 1,379,579 people have received their second dose and have been fully vaccinated. That's really strong progress and it's testament to everybody's efforts to get it done for themselves, for their family, and for New Zealand.

All New Zealanders aged 12 and over can now book in to get your vaccine. So if you haven't already done so, I'm advised that most places across New Zealand have spaces available. You just need to visit [Bookmyvaccine.nz](https://bookmyvaccine.nz), identify the time and location that works best for you, and then book in.

So now to today's numbers, I'll hand over to Dr Bloomfield.

**Dr Ashley Bloomfield:** Thank you, Minister. Kia ora koutou katoa. So today there are 15 new community cases to report; all are in the Auckland region. This takes our total number associated with this outbreak to 855. There is a case that was previously included in the total that is now being reclassified as border-related. So the total, again, is now 855. Of those, 218 cases are deemed to have recovered. There is one case in a recent returnee in managed isolation today as well.

Ongoing investigations by Auckland Regional Public Health has resulted in the total number of unlinked cases today being 25, an increase of one from yesterday. However, only two of today's new cases are yet to be linked, even as of 9 o'clock this morning. And investigations into all unlinked cases continue. That number is expected to fall. The focus of those investigations is very much on the more recent cases. Even if we are unable to link them back specifically to an earlier case, the key thing we are looking for here is that there is no onward spread from those new cases.

An analysis of yesterday's 20 cases shows that 19, or 95 percent, were contacts of known cases, and of those, 15 were household contacts already isolating and not active in the community. Five people yesterday were potentially infectious in the community, with 17 exposure events, over half of those related to essential workplaces, but those were mostly multiple events associated with one or two workers being on different shifts.

On the hospitalisation front, there are 37 cases in hospital today, all in the Auckland region. And of these, six remain in intensive care or high-dependency, with four being ventilated. I do want to, once again, just reiterate our thoughts being with those people and their whānau, and I recognise it's a stressful time, especially in Auckland where whānau members are unable to visit.

On contact tracing, just over 38,000 individuals are in our system still, a small drop from yesterday, reflecting further tidy up of the numbers and also some new contacts being identified. Around 87 percent of all contacts have had a test. The focus remains on those who are the very close contacts.

Yesterday, there were 13,230 swabs processed around the motu, with 8,566 swabs taken across metro Auckland. It's very good to see those numbers coming up. And, in many respects, that's the most important number. It's a welcome pick-up in testing numbers, so I want to thank everyone who's come forward to test in the last day or two.

Our most important action that can be taken is for us to all be confident that there is no virus still circulating out in the community, to know that the outbreak is controlled in Auckland. So, please, if you have symptoms, do get tested.

And, finally, just a word around vaccinations, which the Minister's already mentioned. One of the reasons people can leave their home in Tāmaki-makau-rau is to go and have a vaccination. However, generally that should not involve crossing the boundary out of Auckland to get that vaccination. There will be a small number of people whose usual healthcare provider—for example, their general practitioner—is just across that boundary. And then that will be legitimate and you should show proof of a booking. I also know, on the northern boundary there are people just across the northern boundary who receive their care in Silverdale and have their vaccination booked. And that's appropriate. Again, evidence of that appointment is important, but you should not be booking to have your vaccination done in Hamilton and then be expecting to cross the boundary at the south end of Auckland to be vaccinated down in Hamilton. Thank you. Back to you, Minister.

**Hon Chris Hipkins:** Thank you, Dr Bloomfield. As many New Zealanders step out again today for their first day at alert level 2, it is important to remember that it's now mandatory to create a record of where you have been if you're visiting certain locations. The NZ COVID Tracer app and QR codes are usually the easiest way to do that, but there are other alternatives for those who don't use that technology. We've made it mandatory to keep records so that if there is a case of COVID-19 in the community, it will be easier to track and locate people based on where they have been. It's a business's responsibility to keep and maintain records of visitors, similar to how bars have always asked for an ID if you are drinking alcohol. So please make it as easy as possible for them when you're scanning in or signing in, when you visit their premises. It's happening all over the world and it's a simple way to record visits, and it will be hugely beneficial to us if we need to contact you.

Turning to our managed isolation facilities, I want to, again, give a really big shout-out to the dedicated team of workers in our MIQ, who have so far helped around 170,000 people return to New Zealand and isolate safely for 14 days, before re-joining our team of five million. Since May, everyone going through MIQ has been invited to take part in a survey at the end of their stay. Of the thousands of people who have stayed in that time, 88 percent found their stay at MIQ was a positive experience, over 90 percent said that they were treated fairly and with respect, and 94 percent said that they felt safe. I acknowledge that for some people, it can be difficult to spend 14 days in a room with limited outdoor access. The survey comments, however, tell a story of a friendly and caring staff who are working hard to make everyone staying in MIQ as comfortable as possible. So, again, thank you to our frontline border workers and to those working in our managed isolation facilities. They are true Kiwi heroes and we should all value and appreciate their work.

The survey does show that there are some negatives with the system, and it won't be a surprise to anyone that the booking system, and difficulty in obtaining a booking, is a point of frustration for many people. As I indicated last week, when we are in a position to open up for new bookings, the system will look and feel different. The new virtual lobby, accompanied by greater notice when vouchers are being released, will give everybody a more equal opportunity to secure a booking. We're also constantly looking at how we can increase capacity. I acknowledge that current travel restrictions are challenging for a lot of people, and I want to reassure everyone that we're doing as much as we can to provide a safe passage into New Zealand for as many people as we can safely accommodate without putting our hard-won gains as a country at undue risk.

So while we're on the topic of MIQ capacity, an update on the Crowne Plaza. Since it emerged that the current outbreak of COVID-19 could have emerged via the Crowne Plaza in Auckland, that facility's been the subject of extensive reviews. The final source investigation report has determined that despite significant investigation into potential epidemiological links, the exact chain of transmission from the MIQ returnee is not able to be determined. Audits have confirmed that procedures and ventilation at the Crowne Plaza meet the relevant infection prevention and control standards. Modelling by engineers put the risk of infection to

the public, if an infectious case was standing in the MIQ lobby, as very low—less than 1 percent. Even under a high-risk ventilation and air flow conditions, the technical advisory group concluded that there's no rationale or justification for shutting the public atrium. An Auckland Regional Public Health Service investigation concluded that transmission to a member of the public walking through the public atrium was highly unlikely and negligible.

Regardless of these findings, a number of remedial actions have been taken. Further work has been undertaken to seal the public part of the atrium from the hotel lobby. Further work's also being done to enhance the protections around the outdoor area used by returnees for fresh air and exercise. The wall of the nearby walkway is being raised and a roof placed on top of it, both covered with a plastic coating, and the nearby vaccination centre has been moved to a bigger and more convenient site that will, I hope, help to alleviate public concerns. Changes have also been made further to operating procedures, particularly around how arrivals are processed and how movement within the facility is managed. So the Government has carefully assessed all of those findings and the recommendations. We're satisfied that the Crowne Plaza can continue to accept returnees. The first cohort going into the Crowne Plaza, and any community close contacts who can't safely isolate from home, are expected to arrive at the Crowne Plaza tomorrow. The risk will never be zero, but we are taking the words of the experts that it is negligible. The hotel has served us well and has been a core part of our managed isolation and quarantine (MIQ) network.

Finally today, a word on education. We are ensuring that students around the country, and particularly in Auckland, will continue to be supported if they're facing hard times due to COVID-19 restrictions. Today I announced that we're topping up the tertiary education Hardship Fund for Learners, with an additional \$20 million to ensure that students can continue to focus on their studies and learning despite the disruption caused by alert level changes. So if you're a tertiary student and you need help, get in touch with your tertiary education provider, they'll be working with the Tertiary Education Commission to ensure that help is provided where it is needed the most. We know the fund has been helping a lot of people over the past year and a half and we expect that around 15,000 students could benefit from the funding that we're injecting in there today. Happy to open up for questions.

**Media:** Even though you've made those changes at the Crowne Plaza, if you can't work out the exact chain of transmission it means you can't be sure that you've plugged the gap, right?

**Hon Chris Hipkins:** Look, it may well still remain a mystery. You'll recall that where we've had in-facility transmission previously, the conversations about the lift button, the wheelie bin, and a variety of other things—we were never able in those circumstances to determine exactly what had happened, but we were able to put in place additional risk mitigations to provide reassurance that the facilities are as secure and tight in terms of potential in-facility transmission as they possibly can be.

**Media:** And you can't rule out—you can't assure the public that there won't be another outbreak like this generated from the Crowne Plaza, because you can't be sure that you've fixed the problem?

**Hon Chris Hipkins:** Look, I have to be completely honest with you, I cannot hand on heart give you a 100 percent guarantee that there wouldn't be in-facility transmission in any of our managed isolation facilities. What I can say is that we do absolutely everything we can to remediate and remove any risk that we can see. And whenever an incident happens, we'll look in again and see if that provides new information that we didn't have previously about where a risk might have existed, and do everything we can to remediate that.

**Media:** Dr Bloomfield, the Health Ministry's own timeline shows that even when the patient at Middlemore returned a positive test he was left in the room with the other patients for an hour and 20 minutes. Was that negligence?

**Dr Ashley Bloomfield:** Well the timeline is actually from Middlemore Hospital and they have provided that to us. I don't think it was negligence, I think that the staff, including with

the advice of infection prevention control experts, did exactly everything that could be expected of them. I do know that that delay is something that they are going to go back and have a look at, so we'll see what comes out of that assessment.

**Media:** Can you not just admit here that there was a serious error made and just perhaps apologise to those affected?

**Dr Ashley Bloomfield:** Well, what I would say is that it's not my job to second-guess the decisions of the clinicians looking after people, and those who are actually there providing the care on the ground, and I wouldn't pretend to be able to do that. So let's see what comes out that assessment, and then there'll be more to say. And that will be said by Counties Manukau District Health Board.

**Media:** Minister Hipkins, we've had reports from Pasifika who are sick in MIQ wanting to go to the hospital but who have been prevented from doing so. What's your understanding of this situation; is that acceptable?

**Hon Chris Hipkins:** No, I haven't had those reports. What I would say is that our MIQ facilities are set up—our quarantine facilities in this particular instance are set up to deal with people who have COVID-19 and who are therefore exhibiting symptoms of COVID-19. The threshold for hospitalisation is a reasonably high one, so the fact that someone is unwell with COVID-19 doesn't necessarily mean that they would justify being sent to a hospital—just in the same way that if you go to your GP because you are unwell, they're not necessarily send you straight to hospital either. So the same thresholds would apply as to whether or not someone is transferred to a hospital. But that threshold is a high one.

**Media:** Should we not be listening to those who are suffering symptoms, though, when they are saying "I feel like I need to go to the hospital. Please send me to the hospital." Isn't that reason enough?

**Hon Chris Hipkins:** What I can provide is reassurance that there are healthcare professionals in our quarantine facilities there that are fully trained to deal with people who have COVID-19 and who are exhibiting symptoms of COVID-19. Just as if somebody showed up in an A & E, for example, unwell, that doesn't necessarily mean that they are going to be admitted to the ward. It is—you don't automatically go to hospital just because you are sick. If someone gets very sick, then, yes, if that means that they require hospital treatment—then, yes, they would be. But I'll ask the director-general to comment on that as well, because these are, ultimately, the judgments that are made by medical professionals, not by me.

**Dr Ashley Bloomfield:** Thanks, Minister. Just to reiterate what you've said, actually, the teams who work in, particularly, the Jet Park in the quarantine facility and now in the new ones are very used to assessing and caring for people with COVID-19, and we see even, occasionally, a person who's come in across the border needs to receive hospital-level care, and they don't hesitate to refer people to hospital if that level of care is needed.

**Media:** What about concerns around language and culture barriers—are you confident that those issues are adequately addressed through the staff who are at MIQ when we're dealing with a large Pasifika community?

**Dr Ashley Bloomfield:** I do know there's been a huge effort gone into that to ensure that there are interpreters there and also Pacific providers, both health and non-health providers, to support the full range of needs of those whānau who are in the facilities.

**Media:** Just coming back to the Middlemore case, how concerning is it that the man's family only returned positive cases after he turned up at hospital? Can you tell us any details about the risk of further community infection from the family—contact tracing, anything around that?

**Dr Ashley Bloomfield:** Yes. Certainly, this case was one that sort of did appear and the first that we knew about this whānau was when this person was diagnosed with COVID-19 during that admission. What I can say is that the inquiries and the discussions with that family since have elicited that they've been very much abiding by the level 4 restrictions, so

there hasn't been unnecessary movement outside of the household. So the assessment is that there's very little risk of onward transmission out of that family into the wider community.

**Media:** But they would have been doing, presumably, trips to essential services and workplaces. Have they been identified as locations of interest connected to that particular family?

**Dr Ashley Bloomfield:** From what I'm aware, there are no locations of interest specifically, so all of the—any potential exposure events have been assessed as low risk by Auckland Regional Public Health. I should say that they're having ongoing conversations with individual members of that family, in part still to see if they can get to the bottom of how the first person in that household was infected, and find the link to the wider outbreak.

**Media:** And also, was the patient or his family vaccinated, and what is the impact on surgeries and treatments more broadly at Middlemore as a result of this situation?

**Dr Ashley Bloomfield:** Well, I can't comment on the latter, but I think that the DHB's spoken about that, and I know that Dr Peter Watson, the Chief Medical Officer, was interviewed this morning in the media. And I don't have information about the vaccination status of that family, and we don't tend to provide it down to that level of detail. We are regularly providing an update on the overall vaccination status of the full outbreak, and we can do an update on that again today.

**Media:** Do you have any details on the process of bringing in other staff into Middlemore to help replace those who have had to be stood down?

**Dr Ashley Bloomfield:** Well, in the first instance, that would be moving staff within that facility—I mean, this is a hospital with thousands of staff, and so they will be re-rostering staff on to wards, and I know they've had to close a couple of wards to admissions. Then, of course, Counties Manukau can draw on its neighbours, Auckland and Waitemātā, but also we've still got the staff coming in from other DHBs into the Auckland region. There are some arriving today and, indeed, more tomorrow.

**Media:** How's that going? Is that going to plan?

**Dr Ashley Bloomfield:** Oh, it's going very well, and I just want to thank all the DHBs around the country for providing not just clinical staff to support the DHBs but also public health staff to support Auckland Regional Public Health. You can imagine, several weeks since the outbreak now, the staff there have been working very long hours, so they're tired and so there are other public health units supporting them.

**Hon Chris Hipkins:** Just returning to Jane's question, in terms of the vaccination rates in the overall outbreak that we're dealing with at the moment, 702 people have no vaccine recorded, 115 one dose, and 38 two doses—so, therefore, fully vaccinated. That's across—that's as at 9 o'clock this morning, the information that we've got.

**Media:** Though you can't specify that patient was in those numbers?

**Hon Chris Hipkins:** No.

**Dr Ashley Bloomfield:** No, and we wouldn't do that.

**Hon Chris Hipkins:** We generally don't specify individuals, though.

**Media:** Just on the vaccine, though, can we have those for the hospitalised people as well, please? Thank you.

**Hon Chris Hipkins:** Look, that'll be a question for Health to consider whether or not they're going to release that. Bearing in mind that it is potentially possible to identify individual people, we try not to release information that could identify individual people, but I'll let Health work through that and come back to you on that.

**Dr Ashley Bloomfield:** Yes. I think that will be fine to release. We can give an indication of how many of those people in hospital or who have been hospitalised throughout the outbreak had either had a single vaccine or were fully vaccinated. But just keeping in

mind that that says nothing about when they were vaccinated and whether or not they may be either partially or fully immune.

**Media:** Hospitality businesses feel like the new Delta 2 rules are really unfair, because they can only have 50 people, while places like Te Papa can have more than 700 people inside. Why are there different capacity rules for public venues and gyms than for hospitality businesses? And that doesn't really seem to account for the size of the building, for instance.

**Hon Chris Hipkins:** Well, I think if you imagine a small cafe, for example, compared to Te Papa. Te Papa can safely accommodate a much bigger number of people with all of the distancing measures in place and so on, compared to a restaurant. A hospitality venue also—bear in mind people are not wearing masks; they would be if they were visiting to Te Papa. So all of these things we'll work through, which is why there is some complexity to the system. So it's why there's not one hard and fast rule. So there are different rules that apply to public venues, to restaurants, to bars, and so on. And so people do need to make themselves familiar with those.

**Media:** I guess is it fair to categorise all hospitality if you're looking at a small cafe, when not all hospitality outlets are created equal?

**Hon Chris Hipkins:** Look, we did work through those things. Obviously, we have to convey the rules in the way that is easy for people to understand and to follow, recognising that there is already quite a bit of complexity in them. But, ultimately, I would say back to the hospitality industry, I acknowledge that the going is pretty tough at the moment. It has been for a year and a half. Not as tough as it has been in other parts of the world where the hospitality industry has been shut down for a year and a half, effectively, but it is still tough, and I do acknowledge that. However we construct the restrictions, there will be people who find that difficult.

**Media:** All of those businesses have fire plans, for instance, that are based on square metreage in the cafe, and how many people can safely be in there. Couldn't you have amended that system to fit a like-for-like system for how many people can be in the building for them, because, you know, Fidel's is very different to Prefab, for instance?

**Hon Chris Hipkins:** I'm not familiar with the establishments that you speak of, but, look, I acknowledge that there are a variety of different sizes and shapes of business. We do try and take that into account when we are setting our requirements around distancing and around the number of people who can be admitted, but, ultimately, the overall goal here is to keep the risk profile as low as we possibly can.

**Media:** Minister, has the vaccine roll-out peaked in terms of its rate? You're doing about 20,000 less than you were doing on the comparable day last week, for the last three days.

**Hon Chris Hipkins:** No, I don't think it has peaked. I think that there is the potential that we'll still see higher daily numbers, for example, than some of the daily numbers that we've seen previously. Ultimately, that's, in large part, going to come down to sustaining the level of demand that we have seen in recent times. We're seeing just mild reports at this point that in some parts of the country some of that demand might be starting to ebb away. On the other hand, in other places—notably Auckland—demand is still very high, and that's very, very encouraging. So it's why I started with that message to New Zealanders: you know, come forward and book in. I know that there's been some questions about supply—the Prime Minister will speak more to those tomorrow—but we are not going to run out of vaccines.

**Media:** Can you just rule out that you didn't do any kind of demand management to bring the numbers down before you had this deal worked out?

**Hon Chris Hipkins:** Look, what I can tell you around supply of vaccines, as of today—I'm just making sure I've got the right sheet of paper here. Is that as of today, we have around 629,000 doses in the country. Around 500,000 of those are sitting at vaccination sites. And the balance of those are sitting in our central stores, ready for distribution. So at the moment, supply is not a challenge, but DHBs will be making sure that they are administering vaccines

in accordance with the supplies that they have and the supplies that they know that they're going to be able to access.

**Dr Ashley Bloomfield:** Minister, could I just add one thing to that. One thing—it is important. Because there has been an increase in opportunities for people to be vaccinated, including walk-in or drive-in opportunities, sometimes people are not cancelling bookings they might have made. And so I would encourage people, if you are going somewhere or you've brought your booking forward, please do cancel your other booking to free that space up for someone else. Because some of the drop-off is because there are DNAs—do not attends—and people missing those appointments. And so if we can encourage everybody to do that, that will keep the vaccination rates up high as well.

**Media:** On Novavax, the trials so far show that it's more effective than Pfizer and it's not an mRNA vaccine so it's cheaper to produce, and it might not be so scary to so many people. New Zealand's obviously got an order for lots to come in pending Medsafe approval. Other than Medsafe approval, is there any logistical issues to using Novavax in the next six months?

**Hon Chris Hipkins:** Obviously, Medsafe approval is a really integral part of the process. For us, we look at a variety of different things. Maybe I could talk through the steps in the process. So the pharmaceutical company apply to have their vaccine approved for use in New Zealand. That goes through the Medsafe approval process. Once Medsafe has given it the tick, there is then a subsequent decision that's taken by the Cabinet, which is the decision to use in terms of where it would be used, by whom, is it available to everybody—those sorts of questions, they get made by the Cabinet, and that part of the decision-making process is where we factor in all of the logistics and so on. But I can say that we've got a really good vaccination network now that we will be able to use for follow-up vaccinations, whether it's booster shots or whether it's, you know, if you like, a whole 'nother round of vaccination that's required or an ongoing round of vaccination that's required. We will have systems that are in place that are able to do that.

**Media:** Has any consideration been given to compassionate exemptions for people wanting to visit loved ones in hospital where they're not in hospital because of a COVID-related matter; it's a separate sort of health matter, that the person has dementia. I've had someone contact me who has been for a year now caring for their partner at home; their bubble was only the two of them. Their partner's had to go into hospital to sort some medication issues. The doctor has acknowledged that that would be better for his condition to have that familiarity in the routine of seeing his partner. What sort of consideration has been given to that sort of thing?

**Dr Ashley Bloomfield:** Well, there is very clear guidance for hospitals, and under alert level 4 the restrictions are very tight around visiting—and I mentioned earlier on about people being unable to visit their family members in hospital who have got COVID. So, I mean, generally, unless there's a very, very clear reason, visitors are not allowed, and partly that's just about the challenge of operating the whole facility under an alert level 4 arrangement and the infection prevention control, the PPE requirements that are in place, especially if we know there are cases still out in the community. It's tough for people, and it's one of the areas, in fact, you know—I know my colleagues working in healthcare really feel this, and you're right, because for many people having access to family members is a really important part of their wellbeing and recovery. So it's something we will constantly be looking at, but at the moment that's what the alert level 4 guidelines do say.

**Media:** So there's no, I guess—when, you know, it's a doctor's recommendation that, actually, the experience and care of that person would actually be improved by having that partner come in, there's no consideration given to that as part of an exemption process?

**Dr Ashley Bloomfield:** Well, there's certainly consideration given to that in setting the principles and the rules in the first place, because there's no doubt that probably for most if not all people in hospital, having access to family and support is a really important thing. And I do know that they go to great lengths to enable that if possible to happen, you know, through access through Zoom or other means, but in this case, of course, that wouldn't be quite so

helpful. But at the moment, those are the restrictions. They've served us well to date, and they're just part of the alert level 4 arrangements.

**Media:** Can I ask one last thing and then I'm done? Just one quick last thing, sorry. Dr Bloomfield, just in terms of your advice around Parliament, what is your advice for people taking their bubble with them? Obviously, Wellington now level 2, having a level 4 here. What is your advice around that taking your bubble with you?

**Dr Ashley Bloomfield:** I haven't been asked formally for advice, and I think it applies not just Parliament but if people are coming out of alert level 4—and this is not a new thing—we do tend to recommend as much as possible to take your bubble with you. So saying—and I can see this even here in Parliament at the moment—the Delta level 2 arrangements, particularly use of masks and thoughtfulness about distancing and scanning in, are all things that are much stronger elements of the alert level 2 arrangement at the moment. So it's those, plus people coming out of an alert level 4 place, if they are here in alert level 2, should be being particularly conscious about abiding by those expectations.

**Media:** On the top-up of the hardship fund, the Greens say it's nowhere near enough, the fund itself is inequitable in access. Are students getting a raw deal?

**Hon Chris Hipkins:** No, not at all. The fund is actually very equitable. The funds are run by the institutions, so we are, effectively, topping up the hardship funds that they've currently got in place. In many of the institutions, I can say that students themselves are involved in helping to administer those funds and make sure that they get to the people who need that support most.

**Media:** Did you consider at all increasing the amount students could take out, for example, for course-related costs, and if not, why not?

**Hon Chris Hipkins:** We did look at that. I mean, of course, we did some work around that last year. We increased what people were able to draw down last year. It did mean that it was very untargeted, though, and so, ultimately, this is a better way of targeting need.

**Media:** Has there been any serious consideration to rapid tests for all presentations at Auckland EDs? And secondly, DHBs say they won't know how many staff have been vaccinated until October. It was meant to be August. What's the hold up with that information?

**Hon Chris Hipkins:** I'll ask the director-general to comment on both of those.

**Dr Ashley Bloomfield:** So on the rapid tests, no. There's an assessment done of everyone who turns up in the ED to see if there's a risk they may have been exposed to COVID-19. In terms of rapid testing, the testing that is done on people—and we do have what's called point-of-care testing available where there might be a suspicion that someone could have COVID-19. That's got a turnaround of about an hour or so. However, those machines which do that rapid PCR test can only take a very small number of samples at one time, so it's not a rapid, voluminous sort of way to get rapid testing results. The key thing is asking those questions to determine the risk that someone may have been exposed to COVID-19.

**Media:** And staff vaccination rates at DHB, they were going to—I think you'd asked for them to be reported by August, but now they say it's going to be October.

**Dr Ashley Bloomfield:** Yeah, I'd have to come back to you on that. I should say that a number of our DHBs, including West Auckland DHB, already have that information.

**Media:** But wouldn't this outbreak put a fair degree of urgency into that, Minister—

**Hon Chris Hipkins:** Yeah, look, to be honest, I haven't seen the numbers on that, so I'll have to get some advice on that and come back to you on that one.

**Media:** Minister, are you doing enough to attract early childhood teachers to help ease the shortage?



**Hon Chris Hipkins:** We're working towards pay parity for early childhood education teachers, which we know is one of the big challenges around attracting people to the early childhood teaching profession, but we've got a lot of work to be done here. [*Coughs*] There's no doubt that it's a very tight labour market when it comes to ECE teachers.

**Media:** Maybe you need a sip of water from your mug. There are also calls—

**Hon Chris Hipkins:** Thank you.

**Media:** —to set aside MIQ rooms for border exemptions so that desperate sectors can actually get workers in. Will you consider that?

**Hon Chris Hipkins:** We do have some MIQ rooms set aside for essential workers—or, sorry, I should say: for a limited number of essential workers—in particular industries. Where group allocations are useful and required, we work with industry to do that, and you would have seen that previously with RSE. A number of those are on hold at the moment because of the demand that there is for MIQ, but we keep all of that under constant review.

**Media:** That's problematic, though, isn't it, if you create these border exemptions to try and bring these workforces in but there's nowhere to put them, so they can't come in.

**Hon Chris Hipkins:** I acknowledge that. I think in terms of the teachers that we have approved—and we've approved an exemption for up to 300 teachers—I would expect them to be here in time for next year. I think getting them here earlier than that is not just about MIQ; there's actually a visa process and so on that they have to go through before they can get into the country.

**Media:** With the Māori and Pasifika vaccination rates still being quite low, is it time to go back to the drawing board, pull in these Māori and Pacific health advocates who have for weeks told us that they felt like they weren't listened to—is it time to go back to the drawing board, pull them in, and look at redesigning a Māori and Pacific vaccination strategy?

**Hon Chris Hipkins:** Look, I'm disappointed if they feel that they haven't been listened to, because, certainly, I know the team have been working very, very hard to reach out to every community around the country to make sure that we're getting higher vaccination rates everywhere. I'm aware that some of our Māori and Pacific health providers have been doing incredible work supporting not just Māori and Pacific communities but, actually, the entirety of the New Zealand population to get vaccinated. In fact, there were stories in recent days where one clinic who was being criticised for prioritising Māori in fact revealed that they had done five times as many Pākehā New Zealanders as they had Māori New Zealanders. So, a big shout-out to them and a thankyou for the effort that they've put into ensuring that every New Zealander gets a chance to be vaccinated. I think it is absolutely right that Māori and Pacific providers are focusing their attentions now on how they can make sure that they're getting the best coverage of vaccination within the communities that they serve.

**Media:** They're having to be innovative by way of putting vaccines in vans, driving up and down the coast, going down to the hard-to-reach areas. Are you confident that they've actually got the resources and the vaccinations to do that innovative work?

**Hon Chris Hipkins:** Yes. Yes, I am, and the director-general and I have both spoken about the funding that's gone into supporting providers to be ready to administer vaccines based on the needs of their populations. But I'll invite him if he wants to add to that.

**Dr Ashley Bloomfield:** Well, the only thing I would add is we've got some really good analysis now of rates of vaccination and the pattern of vaccination right from the start of the programme by ethnicity, by age group. And I've asked the team to make all that available on our website, and it shows that for the first two or three months of the programme, in virtually every DHB around the country, the rates of vaccination for Māori and Pasifika were higher in our over 65s—indeed, our over 55s—because of the effort and the design of the programmes and the involvement of those Māori and Pacific providers. It's only more recently, in fact, that the non-Māori, non-Pacific rates have caught up, and, in some cases, superseded them.

The real focus now is on ensuring we get high rates of uptake right down through the age groups, and particularly because we know they have younger populations for Māori and Pasifika, and that's essential for them to be able to protect their older people and also their tamariki. So we will continue to work with the full range of providers to support them to deliver and do what they do best.

**Media:** Minister, in light of your comment yesterday that it might be inappropriate to stratify countries based on their risk level because of Delta, does that effectively spell the end of any hope for a trans-Tasman bubble—even for states like, say, Tasmania, that's had a single case this year.

**Hon Chris Hipkins:** No, not necessarily, but I think it does bring a degree of realism to the timing around discussions around the trans-Tasman bubble. I'm aware that our initial indication of the length of time that we were suspending the bubble for is drawing close. I think it would be unrealistic to expect that there'll be speedy decisions in the next few weeks about reopening of the trans-Tasman travel bubble. I think those New Zealanders who are in Australia should be making preparations to secure bookings through MIAS, for example, to come back through MIQ when space is available, are keeping in touch with their consular officials, so that if they have an emergency need to travel back, they can access that pathway to get back into New Zealand. But I think discussions around reopening the trans-Tasman bubble are a fair way away still.

**Media:** When the Skegg report came out almost a month ago, there was a bit of a burst of optimism from some people that they might be able to travel early next year, at some point next year, once the reopening had started, sort of reconnecting. With what you've seen with Delta—you talked about MIQ in the medium term—should people be preparing themselves for the border remaining more or less closed for the next 18 to 24 months?

**Hon Chris Hipkins:** No, they shouldn't be. I mean, I think we have acknowledged that we do want to be able to reconnect and we do want to provide for a greater amount of movement at the border than we're currently able to provide for through MIQ. The Prime Minister set out a pilot for isolating at home. We will be endeavouring to proceed with that pilot between now and the end of the year, which was the timetable that we set out in the Reconnecting New Zealand seminar—feels like a long, long time ago now, just before this outbreak started. We do acknowledge that the current model that we are working to, whilst it may still have an ongoing role, is unlikely to be the only route in and out of the country in the medium to longer term.

**Media:** With travel now allowed between level 2 Northland through Auckland, out to the Waikato, what protections are in place to stop any Aucklander saying that they're from Northland and heading south, from level 4 into level 2?

**Hon Chris Hipkins:** People would need to be able to verify that they are from Northland travelling through. My message to everybody in Auckland is don't try and cheat the system. If you get caught cheating the system, there will be repercussions for that.

**Media:** What repercussions?

**Hon Chris Hipkins:** Well, there are fines for people who are deliberately and knowingly trying to cheat the system.

**Media:** We know of someone that's managed to get through the checkpoint—that was stopped by police, and just gave them evidence that they'd produced a negative test, and was on their merry way. Is that good enough?

**Hon Chris Hipkins:** It's difficult to comment on a case without knowing all of the details of it.

**Media:** In terms of the pilot for the business people to travel overseas and come back and have sort of looser managed isolation rules. Are you taking expressions of interest already from businesses, and when can we expect that to get off the ground?

**Hon Chris Hipkins:** I'd have to just check whether the expressions of interest have opened or not. They were due to open around about now. That was in the work that was—or, you know, the wheels that were set in motion prior to this current outbreak, so I'll just have to come back to you on whether that process is now open. But, certainly, we are still forging ahead with that trial between now and the end of the year.

**Media:** Are you thinking October still, or is this looking more like November, December?

**Hon Chris Hipkins:** We said at the beginning that it will be in the final quarter of the year, if you like. There may be a little bit of movement in that required because of the current outbreak that we're dealing with so I wouldn't put a specific time frame on that at this point.

**Media:** How many staff are actually holding this up, because people coming back from overseas, it surely shouldn't matter too much if we're dealing with an outbreak here or not?

**Hon Chris Hipkins:** Well, one of the issues, of course, is that the people who are doing this work are also fairly fully deployed on the current response as well.

**Media:** Just on the trend of the cases, the daily cases, Dr Bloomfield, 20 or so in the last few days and 15 today. Is that just the communities that have been affected and their household contacts or those who have been at the places of interest, and what impact does that have on the tail of this outbreak?

**Dr Ashley Bloomfield:** Yes, thank you. The cases from yesterday, as I said, 15 of those 20 were household contacts of people who were known cases, so that's encouraging—75 percent up from the day before and that continues to grow, and 95 percent of those cases from yesterday were already contacts of known cases. So we're not seeing cases emerge from having been at locations of interest now, which is good and encouraging, and that alongside the drop in numbers is encouraging. But Delta is tough and there's still a long way to go for us to be confident that the outbreak is fully contained here. We've seen in the past even without Delta that these outbreaks do have a long tail. So we're continuing to plan ahead and think about what's the testing that will be required, what are the measures that will be required to help ensure that we have got the outbreak fully controlled as we do back down through the alert levels.

**Media:** Dr Bloomfield, many countries in the Northern Hemisphere are about to head into autumn, winter. They've got high rates of vaccination that are not likely to last winter. Will you be looking closely at what happens in those largely vaccinated countries to see what our risk profile is regarding reopening to them, what the differences are?

**Dr Ashley Bloomfield:** Absolutely, and we've been watching them already. The UK's instructive here with quite high rates of vaccination coverage but still getting the equivalent in New Zealand of around 3,000 cases a day but a much smaller number—proportionately a much smaller number—of deaths, and more around the equivalent of 10 a day here, compared with the outbreak they had through their winter last year. So this is showing the impact of vaccination—that, actually, what the vaccine is incredibly effective at, even with Delta where vaccinated people can get infected and can transmit, it just greatly reduces the risk of hospitalisation and death. I think we'll be looking there, but also continuing to look at Singapore. Last week people were saying, "Look at Singapore's opening up." Well, now their infection rates are rising even with over 80 percent of the population fully vaccinated. As I say, I just go back to my earlier comment—Delta is tough and our objective is to make sure we are keeping all our options open and looking to see, for as long as possible, what is happening in other countries at the same time as we get our vaccination rate up as high as possible.

**Media:** Can I just clarify an answer you previously gave. You said the discussions about opening borders are a while away. Are you saying the discussions are a while away? You said that at the end of September. Or are you saying that reopening is a while away?

**Hon Chris Hipkins:** I should probably say that the reopening is a while away. Of course, the discussions are ongoing. We keep that under constant review, but what we're seeing

there and, of course, what we're dealing with here, suggests that people shouldn't be holding their breath for borders between New Zealand and Australia to reopen in the immediate future.

**Media:** With lower case numbers comes less people in MIQ. People are obviously leaving as they recover. Does that give hope to people in Australia and other places looking to get vouchers sometime soon? Is there any update on when they might be available?

**Hon Chris Hipkins:** Well, September's still very tight, and we're doing everything we can to manage that. There will be more vouchers released in the coming weeks for later in the year. So, yes, there are more vouchers coming.

**Media:** Can I also ask—Judith Collins recently demoted Chris Bishop, just putting him in a COVID-19 portfolio, saying he needs to focus on that. You obviously have many portfolios, and it's been suggested that you should just be focusing on COVID-19. Do you think that you're giving your all to COVID-19, that there's no sort of gaps in the Government's response because you're too busy?

**Hon Chris Hipkins:** It's amazing how much you can accomplish if you focus your time and energy onto your work rather than fighting with your colleagues.

**Media:** Can you give us the latest on the saliva testing plans for those essential workers leaving Auckland? Have you found a provider yet to carry out that work, and what do you make of the concerns from transport operators that if you start carrying out check points to see whether people have been tested, that it's going to create chaos at that border?

**Hon Chris Hipkins:** I'll ask the director-general to comment on the testing methods there.

**Dr Ashley Bloomfield:** Yeah, so the testing's already available, and that's through our network of community testing centres, GPs, and urgent care clinics. We're in the process of signing a contract with a provider to provide saliva-based sampling as a complement to that, but, at the moment, the testing is widely available, and we've got, still, significant capacity in the Auckland region to do that.

On the second question, we're working really hard with transport colleagues and with transport operators and with the Police to make sure that the checking at the boundary does not cause bottlenecks. And as the Prime Minister has indicated, this will be what you might call spot checks rather than checking everybody, but people will need to start providing that evidence they've had a test in the last seven days over the next few days.

**Hon Chris Hipkins:** Alright, it is a parliamentary sitting day and, of course, I do need to go and stretch my legs before parliamentary question time, but we'll have one last question up the back.

**Media:** Dr Bloomfield, the ministry is urgently seeking more low dead space needles and syringes for vaccination. How widespread and how long has this problem been of not having the right equipment and only being able to get five doses per vial instead of six?

**Dr Ashley Bloomfield:** Actually, at the moment still we are getting somewhere between six and seven doses per vial routinely across the country, which is fantastic. There was a particular issue around one type of syringe and one type of needle, and we still have plenty of supplies, however, we're just—we're going back out to get more to support the vaccination that needs to happen. We've done 4 million, we'd like to do another 4 million over the coming three months, so it's really to support that next round of vaccinations.

**Hon Chris Hipkins:** Thank you very much, everybody.

**Media:** [*Inaudible*] the average over the past three months has been somewhere between six and seven doses per vial?

**Dr Ashley Bloomfield:** That's my understanding. We'll come back and just confirm that with you, but that's what I've heard in the last couple of days.

**Media:** Thank you. Can I just get clarification around a private function venue which might be attached to a pub, for example, holding private functions. Can they operate under the private social gathering rules or do they have to operate under the hospitality, bars, clubs, etc., rules?

**Hon Chris Hipkins:** I don't have that off the top of my head. I'll come back to you on that and get you a clear answer on that. Alright, thanks everybody, I better dash.

**Media:** Could they be categorised as two different spaces though?

**Hon Chris Hipkins:** What's that?

**Media:** Could they be categorised as two different spaces, at least, though?

**Hon Chris Hipkins:** Depends on the circumstances, but I'll come back to you with a clear answer on it. Thanks, everyone.

**conclusion of press conference**