

**ALL-OF-GOVERNMENT PRESS CONFERENCE: THURSDAY, 14 OCTOBER 2021  
HANSARD TRANSCRIPT**

**Hon Grant Robertson:** Kia ora. Ngā mihi nui ki a koutou katoa. Greetings, everybody. I first want to acknowledge the absence today of our sign language interpreters. Our regular provider has been unable to source staff for us today; however, a transcript of this media conference will be added to the video link on the Ministry of Health website just as soon as we possibly can this afternoon. I'll now hand over to Dr Caroline McElroy, the Director of Public Health, to update the case numbers for you and make some other comments, and then I'll also make a few comments before turning to your questions.

**Dr Caroline McElroy:** Thank you, Deputy Prime Minister, and kia ora koutou katoa. There are 71 new community cases to report today, now being seen across many parts of Auckland. This takes our total cases in this outbreak to 1,790, of which 1,189 cases have now recovered. Today's new case numbers are sobering but not unexpected, because of where we are in the outbreak. As we see numbers increase, it is even more important that people get tested if they feel unwell and get vaccinated if they're not already. Testing and vaccinations remain our best tools for fighting the virus. Please, also wear masks when you're out and about, and wash your hands often. A reminder that, at alert level 3, travel is restricted and only allowed in your local areas for permitted reasons, which include going to work if you need to, shopping for food, and getting exercise. The key thing is for separate families not to be mixing indoors.

Of today's 71 community cases, 32 are yet to be linked to a current case, but interviews with these cases are being carried out today. Of these, 25 interviews have been delegated to public health units outside the Auckland region to help manage the workload on the Auckland Regional Public Health Service. Of yesterday's 55 cases, 21 cases remain unlinked at this point, with investigations also ongoing. There are 33 people in hospital with COVID-19. Five of those are in ICU or a high-dependency ward; all are in hospitals in Auckland, with the exception of one case in Palmerston North Hospital.

On testing: yesterday, there were 13,960 swabs taken in Auckland, and 28,646 tests processed throughout the country. There are 20 testing centres open in Auckland today, including 14 pop-up centres—and, please, see the Healthpoint website for the locations.

Just an update on Waikato: there are no new cases to report in Waikato today. The two cases reported yesterday remain unlinked, but some potential connections have been identified and investigations continue. Whole-genome sequencing from samples is expected later today, and that will also help determine any links. There continues to be a great response from the people of Waikato, with 3,680 swabs taken yesterday and 6,327 vaccinations given. Please, keep up the great work.

An update on Northland: there also continues to be a great response in Northland, with 2,145 swabs taken yesterday. There are no positive cases in Northland. There were 3,464 vaccinations given, and we can report that 54 percent of Māori in Northland have now had their first dose, and there have been more than 200,000 vaccinations given throughout the region.

Just an update, back to the Waikato: there has been a positive detect in waste water from Te Awamutu. That was a sample that was taken on Tuesday. Follow-up samples have been taken, and we're awaiting the results of those. The Waikato District Health Board public health staff are investigating whether this represents a new case or an old case who may be shedding the virus, and we've had these situations before. But, in the meantime, anyone in Te Awamutu who has COVID-19 symptoms or has visited a location of interest should get tested immediately. A pop-up testing site will be available at the Te Awamutu Event Centre car park from 2 o'clock today until 5 o'clock.

COVID-19 was also detected in a waste-water sample from Raglan on Tuesday. This does follow earlier detections from samples taken last week. Again, we have had a number of cases in Raglan, but a reminder anyone in Raglan with symptoms or who's been at a location of interest at the relevant time to get tested. I'm pleased to report there's been no COVID-19 detected in Palmerston North. There were some detections last week, but again we had a known case who was in Palmerston North.

And, finally, today I'd like to make a special mention of the 30,000—sorry, I was going to say 300,000—30,000-plus allied health professionals working in our hospitals, primary care, and community settings. It's World Allied Health Professions Day, and there are more than 43 professions who play crucial parts in New Zealand's COVID-19 response: from lab technicians, pharmacists, stenographers, physiotherapists, and others. And I'd really like to thank you all for your continued hard work. Back to you, Deputy Prime Minister.

**Hon Grant Robertson:** Thank you very much, Dr McElnay. As you can see from today's case numbers, we are continuing to see a growth in cases in Auckland while containing cases in Northland and the Waikato. We had expected, and indeed have been foreshadowing, that case numbers in Auckland would rise, but they are climbing more quickly. We are continuing to act upon public health advice. Every day, we discuss the cases and the numbers with public health teams on the ground in Auckland and in the Ministry of Health. Their advice has not changed: we can actively control this outbreak at alert level 3.

From the analysis undertaken by our public health teams, both on the ground and at the Ministry of Health, we can see that very few of the cases we are seeing are the result of transmission in workplaces. Where they are coming from is still within households, some in our health settings, and a large number in gatherings taking place inside people's homes. We did see this happening in alert level 4 as well, and sadly it has continued into alert level 3. These gatherings inside people's homes are not allowed under alert level 3 as much as they were not allowed under alert level 4. My message today is clear: we need people in Auckland to stick to the alert level 3 rules. As the Director of Public Health has just said, this outbreak is not in a small number of clusters in a small geographical area; it is affecting people in all parts of Auckland, which makes it everyone's job in Auckland to help prevent its spread.

New Zealand's alert level 3 is amongst the toughest set of restrictions applied by any country in the world. The Oxford stringency index places New Zealand as the country with the highest level of restrictions anywhere in the OECD at the moment. Level 3 has worked to contain outbreaks in Auckland before but, with Delta, we know we are facing a more tricky and challenging opponent, and we also know that the longer restrictions are applied the more fatigue creeps in and our guard can slip. But I can't urge people enough that now is not the time for complacency.

I have two very specific asks for people, particularly in Auckland. Firstly, please get vaccinated. The first dose number in Auckland is around 87 percent, but it hasn't budged much over that in the last few days. Second doses sit at 66 percent and are increasing, but we need to see both these numbers over 90 percent to really make a difference to cases and really ensure that our hospitalisation rate stays low. Secondly, we need people to follow the rules. Stay in your bubble, wear a mask, maintain physical distancing, and don't mingle with family and friends other than in safe outdoor settings, where we know the virus spread is limited. As I say, level 3 is the highest level of restrictions currently applied anywhere in the OECD. They can work to limit case growth, but only if everyone follows the rules.

I'm conscious that the longer the restrictions go on the harder it is to maintain our defences, but it has never been more important to follow the basic rules we have applied since the start of last year, when COVID first arrived in New Zealand: treat those around you as if they may have COVID; limit contact with others and maintain physical distance; wear a mask whenever you go out of the house; use the contact tracer app wherever you go; wash your hands regularly; and get vaccinated. It is the best tool we have to protect ourselves from the virus and to eventually move down our alert levels. And, if you are vaccinated and know someone

who isn't, please reach out to them, have that conversation about why you got vaccinated and what it would mean to you if they got vaccinated too.

Nearly every country in the world has faced a Delta outbreak. New Zealand continues to outperform others, with the lowest hospitalisation and death rates in the OECD. As the Prime Minister said on Monday, we are at a very difficult phase of dealing with COVID, as we transition to keeping New Zealanders safe through vaccination and other public health measures. But we should not lose sight of the fact our health response remains world-leading and that, as vaccination rates increase, we will get to the other side of this outbreak without the carnage that other countries have experienced. We just need to stick to the tried and true measures that have worked for us before while we reach those higher levels of vaccination.

Just a couple of other matters: applications for the fourth wage subsidy payment will close tonight at 11.59 p.m., and the fifth round of the scheme opens for applications at 9 o'clock tomorrow morning. The revenue test period for this is 12 to 25 October inclusive. So far in this outbreak, 779,344 applications for the wage subsidy have been approved, with \$3.2 billion having been paid out. The resurgence support payment has paid out \$960 million to business for their fixed costs, such as rent, taking us to a total package of economic supports of just over \$4.2 billion.

Finally, on Super Saturday, we're seeing a range of fantastic events being planned across the country. One that particularly caught my eye was that Air New Zealand are turning one of their Boeing 787 Dreamliner aircraft into a vaccination clinic at Auckland Airport. Aucklanders will be able to board this "Jabaseat" flight to receive their vaccination and enjoy Air New Zealand's top-class customer service and hospitality. You can get a behind-the-scenes glimpse of an aircraft-hanger, a tour of Business Premier, enjoy free "in-flight" snacks, and receive a special boarding pass to commemorate the moment.

Meanwhile, down in the South Island, I want to acknowledge the Canterbury rugby union, who are running a "Vaccinate with a mate" initiative for rugby fans. It's giving away a thousand double passes for this weekend's clash against Hawke's Bay for fans who are looking to get vaccinated. Tickets are also being given to the first 300 people who receive their jab each day at the Christchurch Arena drive-thru vaccination clinic on Thursday, Friday, and Saturday.

And a reminder that you can tune in on the day to the "vaxathon", which will be broadcast on multiple platforms, including TV3 and Māori Television from midday to 8 p.m. For those of us old enough to remember the telethons of the 1970s, 1980s, and 1990s, well-known celebrities, influencers, and health professionals will be live, crossing to COVID-19 vaccination sites to capture the atmosphere and experiences of those receiving their first or second vaccine. We do need you help to make Super Saturday a success. Pop along to the events that are going along there. You can help encourage whānau, friends, and others to do the same for our community. You can find out more information about Super Saturday, including where to get your vaccination, on the United against COVID Super Saturday webpage or by calling the vaccination health line—0800 282 926.

And just a reminder for those watching that, for tomorrow and the weekend, there'll be no 1 p.m. media conference; rather the normal 1 p.m. media statement from the Ministry of Health. Happy to take your questions. Tova?

**Media:** How were the two sex workers who left Auckland able to get to Blenheim?

**Hon Grant Robertson:** That's still being investigated; so I don't have the exact information on that. I want to note that both of them have tested negative in terms of the virus. By and large, I think that the boundary around Auckland is working well given the number of people who do need to cross that boundary for legitimate reasons. What we have asked the Ministry of Business, Innovation and Employment, who have the responsibility largely for the release of exemptions to people, to take another look at their processes to make sure that they are working as well as they can.

**Media:** Do you know if they had received an exemption?

**Hon Grant Robertson:** I don't have that information.

**Media:** So you don't know anything about how two people were able to get across the border? Doesn't that suggest the border is a bit too loose?

**Hon Grant Robertson:** No. What it suggests is we're still investigating that, and I have no doubt we will find out quickly, just as we did with the cases in Northland. But I just want to reiterate: the boundary is, by and large, working well. There will be situations like this, and that's why we've asked the Ministry of Business, Innovation and Employment to take another look at the way that exemptions are granted to make sure that these sporadic cases don't grow.

**Media:** Is there something going on with sex workers as well, because—is the boundary working well unless you're a sex worker? Because we've had a few examples, now, haven't we?

**Hon Grant Robertson:** Well, you're telling me that. These two people, obviously, have been identified as that in the media. I'm not going to speculate on the occupations of others. Suffice to say that, where there are cases of people—and they are rare; that this happens—we do need to look at our systems, and that's what we're doing.

**Media:** Minister, are you concerned about the plan for home recovery of positive COVID cases given that case numbers are rising and so is the number of rule breakers?

**Hon Grant Robertson:** Well, I think we've got to put that in context. That's a piece of work that we've been looking at in large part because it will be, in the future, something that we would be using. Where we've got asymptomatic people in a vaccinated environment, we had always intended that people would be recovering at home. We're now working through the process of what that looks like and how to manage that. We've got the home isolation pilot for people returning from overseas, and so we're working our way through those processes to make it as safe and secure as it can be. But I do want to reiterate: it was always part of the plan as we moved further down the track to be able to ensure that those who need care within our health system and within our hospital system get it, but, in a vaccinated environment, many people will be—you know, have very few symptoms at all and will be able to live at home quite easily.

**Media:** [*Inaudible*] increase in rule-breaking incidents, can you tell us whether they tend to be parties, or what sort of incidents they are, and are you considering toughening the rules on rule breakers if this continues to happen?

**Hon Grant Robertson:** Yeah, look, I mean, the information that we've been given today from the public health officials on the ground is that they categorise them as gatherings; so I'm not going to speculate on exactly what sort of gathering they are. And, in a sense, it doesn't matter, because gatherings inside houses where you are mixing bubbles are not allowed. Now, sadly, we saw this at alert level 4 as well, and it has continued at alert level 3. So, in a way, it doesn't matter if it's a party or if it's any other kind of gathering; it isn't allowed, and we need people to stick to the rules.

**Media:** [*Inaudible*] tougher then, in that case?

**Hon Grant Robertson:** Sorry, what was that? Oh, yeah, sorry—you did ask that, sorry. Obviously, we continue to look at all of the rules to make sure that they're fit for purpose, and we work with our public health officials on how that can be tweaked, if it needs to be tweaked. We haven't had that advice yet, but it's quite clear that this is a problem, and so we will be continuing to discuss it.

**Media:** Dr McElroy, you said, at the beginning, 25 interviews are being given to officials outside of Auckland to help with the caseload. Are you concerned or is the ministry concerned that contact tracing has become too overwhelming for those on the ground in Auckland?

**Dr Caroline McElroy:** No, we're not concerned. It is part of our model that we've been using right from the beginning, where we—it's a network of public health units across the

whole country. That's been happening since the very beginning of this outbreak. Obviously, as the case numbers increase, the resources on the ground in Auckland gets more stretched. That doesn't mean to say that they're overwhelmed, and it's just part of the processes that we have where we can allocate those cases out to other parts of the country.

**Media:** And, Minister, are you concerned about some of the comments about the Thames-Coromandel Mayor, Sandra Gould, who's refusing to get the COVID jab and is sounding particularly anti-vaccine?

**Hon Grant Robertson:** Sandra Goudie. Look, we encourage all New Zealanders to get vaccinated. It is vitally important for all of our future that we have as high rates as possible, and I think it is particularly important for community leaders to show leadership and get vaccinated. And so—you know, I don't want to personalise this to that particular mayor, but she is in the media. It is clear that she is espousing views that are not going to help us get vaccinated. There will be a small number of people—and you've heard it on the podium here in recent days—who won't be able to use the Pfizer vaccine, but it is a very small number of people. It's a safe vaccine, it's a vaccine that's being used all around the world, and I would encourage that particular mayor and every other mayor in New Zealand to promote vaccination.

**Media:** Is she letting down the team of 5 million?

**Hon Grant Robertson:** Well, I'd like everyone to be vaccinated. Thomas, you were next—oh no, we'll come over here, and then we'll—

**Media:** Just a quick follow on that one—a quick follow?

**Hon Grant Robertson:** OK, yes—if it is.

**Media:** Yeah, thank you. One of the reasons she said that she doesn't want to be vaccinated is because she's waiting for Novavax. She certainly won't be the only New Zealander who has that position. What will you say to the Kiwis who are waiting for the Novavax vaccine?

**Hon Grant Robertson:** Well, I'm happy—I'll let Dr McElnay add on to this, but Pfizer is a safe vaccine. Pfizer is a vaccine with one of the highest efficacies of anything that is out there at the moment. All around the world, millions of people have received it, and it is safe for them. It is the vaccine we have, and it is the vaccine we're asking New Zealanders to use, unless there is a medical reason otherwise. Dr McElnay?

**Dr Caroline McElnay:** I totally support that. We are aware that there are some people who have some individual concerns about Pfizer, and that is why the Government has other vaccines as part of the portfolio, and we'll be looking to get those vaccines in so that that can add to the portfolio. But Pfizer is a very safe vaccine and has been used throughout the world very effectively, and we've seen that here.

**Media:** Whereas Novavax hasn't?

**Hon Grant Robertson:** I beg your pardon?

**Media:** Novavax hasn't had the same trials and—

**Hon Grant Robertson:** Well, it certainly isn't as widely used. And that is not to say anything against Novavax per se; it's just to say that we have Pfizer here in New Zealand. It is widely used, it is safe, and we're asking all New Zealanders to get on board with it. I did say Thomas, and then I'll come back across.

**Media:** Yeah, thanks. Look, given you're pointing to these households who are breaking the rules, having gatherings—why aren't we seeing prosecutions?

**Hon Grant Robertson:** Yeah, look, obviously, ultimately, prosecutions are up to the Police, and, obviously, the police will be called from time to time to these gatherings. What we do know is that the rules are very clear, and that people know that they can't do this.

**Media:** So you're saying—

**Hon Grant Robertson:** Just let me finish. The important thing here is, throughout COVID, we have to rely on people to do the right thing. The police can't be everywhere. So, even if they do find one and they do pursue a prosecution, which they may well do, that is not going to be the solution to the problem. The solution to the problem is people doing the right thing and obeying the alert level 3 rules.

**Media:** And, looking forward to summer, I mean, you know, summer festivals with vaccination certification have been dangled as a bit of a carrot to people, but there seems to be enough uncertainty that companies like the Bay Dreams festivals are being cancelled. Is there any assistance? Is the Government doing anything to shore this up so that there's a bit more certainty over summer? Or are we going to see more of this?

**Hon Grant Robertson:** Well, we've been consulting closely with the events industry about vaccine certificates; so they're very well aware of the direction of travel that we're going in. You've heard described here that those large-scale gatherings will need that. So people know that that is going to be part of their future; so there shouldn't be any uncertainty whatsoever about that. In terms of the second part of your question, I do know that Ministers Stuart Nash and David Clark have been discussing with the events sector what kind of support there could be, to at least give people assurance about being able to carry on with their event. And I'm sure, if you asked those offices, you can get an update on that work. I'll come down to Derek.

**Media:** Dr McElnay, what's your estimate for daily case numbers or the number of active cases in Auckland when contingencies for Auckland ICUs will start to need to be rolled out?

**Dr Caroline McElnay:** Well, a lot depends on what happens over the next few days. We've been working really closely with our colleagues in Auckland to make sure that they are prepared for any increase in hospitalisations or ICU admissions. You know, based on the numbers that we've been seeing over the last few days, we would expect a sort of a doubling of cases over the next 14 days. That's assuming the trend continues, and we don't know if that's likely to be the case, because, again, reiterating what the Deputy Prime Minister has said, by people following the rules in alert level 3, we expect that we're able to get a lid on the situation in Auckland. But, certainly, we've been working with the Auckland district health boards to make sure that they are prepared.

**Media:** We've seen the current trajectory, but do you have a best estimate on when those contingency ICU plans will need to start to be used?

**Dr Caroline McElnay:** Well, they're already doing the planning. There's a lot of work. I mean, it's not just about the current beds that they've got or the current ICU beds; there's a lot of planning around how we can start to change our approach, and that is where the management in the community—

**Hon Grant Robertson:** But I think the important point here, Derek, is not to—yes, the planning has to happen, because that's the responsible thing to do, but bear in mind where we are today with, what, five in ICU? You know, our level of hospitalisation—our hospitalisation rate—remains relatively low, and so ICU capacity is fine at the moment, but people, of course, need to prepare for the prospect that it might grow.

**Media:** Sure. There's not much we know about that either, unfortunately.

**Hon Grant Robertson:** No, but I think the way you're describing the question makes it sound like it is an imminent problem; it is not. But it is a problem that is being worked on.

**Media:** There is 40 ICU beds currently—as of Monday—that were free in Auckland hospitals. And, if we do get a doubling of cases in 12 to 14 days, I'm just trying to get a sense of—

**Hon Grant Robertson:** And I think the bottom line is we don't have the exact information with us here, but, again, just be clear: number of cases, hospitalisation rate, number of people going to ICU—the number of cases at the moment isn't giving us the high levels of hospitalisation or the high levels of ICU that are directly related.

**Media:** Can I ask you, then, about contact tracing: does the Ministry of Health have an idea of what the saturation point is for the contact tracing capacity? Clearly, in a Delta sense, in Auckland, obviously at the peak of the outbreak, maybe a month or so ago, when we had 83 cases a day, the Ministry of Health said we could handle a thousand new cases a day, and the capacity was stretched—and, obviously, 83 is nowhere near a thousand.

**Dr Caroline McElnay:** Yeah. The capacity is very dependent on the amount of detailed investigation you do with each case, and that is where we can certainly cope with a large number of cases, but it does mean that the detailed investigation into those cases would decrease. We would still be putting in place the management, because the real focus is on the contacts and making sure that those contacts are identified quickly and that they are quarantined so that they're not passing on the infection. So, because we work as a national system, I've been assured that we have got the capacity to deal with the numbers that we're dealing with. We're not seeing any pressure across the system with the—

**Media:** Again, I'm not asking about that; I'm asking about what numbers projected might more pressure start to come on that capacity.

**Dr Caroline McElnay:** Well, I think the latest that I heard yesterday was about 170-180 cases a day would start to really put pressure on the system as a whole. And then, you know, what we're also doing to support that is how we can use better use of technology, which'll actually allow you to then deal with more cases—again, some of the interviews that we do, the details that we go into, we're looking at ways just to prepare for how we can cope with extra numbers.

**Hon Grant Robertson:** OK. We'll just come up a line here.

**Media:** So, just under two weeks—

**Hon Grant Robertson:** No, no—we'll do this. I'll come back up.

**Media:** OK, just following on from Derek's, because the Ministry of Health has said that they could do a thousand new cases and 6,000 contacts a day at, sort of, surge capacity, but how—six contacts for a case seems quite low; so what would happen if you, sort of, exceeded six contacts?

**Dr Caroline McElnay:** I think that refers to modelling that was done last year. What we've certainly seen with this outbreak is we do tend to see a lot more contacts with the cases because we've had large households. So we're already factoring that in to how we manage those contacts. So that's already there in our planning.

**Media:** OK, and just more on the vaccine hesitancy sort of question: so experts have said—I'm just querying whether data is being collected on pregnant women who may sort of still be a bit worried about whether the vaccine's safe for them. Are you collecting any info on this, and is any sort of extra special efforts being made to get that out?

**Dr Caroline McElnay:** Collecting what data?

**Hon Grant Robertson:** Data on the vaccination in pregnant women.

**Dr Caroline McElnay:** I'm not aware that that's recorded as part of the vaccination event, but we may have other ways of obtaining that information or at least getting an estimate of how many of our pregnant women are being vaccinated. So we can look into that and come back to you with how we might do that, but it's not generally recorded when you're vaccinated.

**Hon Grant Robertson:** And let's be really clear: the vaccine is safe for pregnant women. There is no evidence anywhere in the world to indicate otherwise.

**Dr Caroline McElnay:** That's right.

**Media:** Minister Robertson, just on the border controls and some of the issues there, we've seen a whole region, essentially, shut down because of a breach. How urgent is that MBIE

work that you're getting done to look at those rules? And, on fake addresses, is that something that you're seeing happening, and are we—

**Hon Grant Robertson:** Fake addresses on applications for boundary movement?

**Media:** Yeah, for them to go across the border. Is that something you're seeing coming through, and is that something you want to crack down on?

**Hon Grant Robertson:** On that particular point, I haven't seen any particular evidence of that, although, in the cases in Northland, I think there was some difficulty getting hold of people, but I don't think that was necessarily because the contact details they were provided were fake; they just weren't necessarily at the place that they'd provided at the time they returned to Auckland. In terms of the overall answer to your question, I just want to reiterate: the boundary is, by and large, working well but, given the numbers of people who are coming across it, many of whom have very legitimate reasons to do so, we do have to be careful about the management. And so, yes, it's an important piece of work to see if there are process changes or there are ways that we can make sure that the small number of people who are misusing the system are caught up with, and that's the piece of work that's under way.

**Media:** On testing delays—the time it's taking between getting a swab and notifying a case—this outbreak, how many positive tests took longer than 24 hours to return?

**Hon Grant Robertson:** I personally don't have that information with me, Tova. I think that's a question you've already asked the Ministry of Health to follow up on, and I think they—

**Media:** For days and days, and so I'm asking Dr McElnay: how many positive cases took longer than 24 hours to return?

**Dr Caroline McElnay:** I don't have the metric for specifically what you're asking, but what I was informed of earlier today is that the median turnaround time for tests in Auckland is 24 to 26 hours—that's the median—and certainly our expectation has always been that the tests will be turned around within 24 to 48 hours.

**Media:** That's not—with respect, sorry, that's not happening. So what I want to know is—

**Hon Grant Robertson:** Well, the—

**Media:** Sorry, Minister. What I want to know is how many positive cases are taking longer than 24 hours to return?

**Dr Caroline McElnay:** Well, I don't have that information with me, but we do have metrics on the time that it takes. We have published those metrics in the past. We can certainly get those metrics put on the website.

**Media:** Because it was supposed to be 80 percent within 24 hours, of all tests. That was pre-Delta, and you're not even hitting that mark.

**Hon Grant Robertson:** Sorry, Tova, I am going to interrupt you now, because you've asked that question and Dr McElnay has said that she doesn't have the specific metric there—

**Media:** I'm actually asking a different question, Minister, if I can—

**Hon Grant Robertson:** No, no. I am going to—if it's OK. We've given you the number of the median, of 26 hours. There will be, from time to time, situations where we don't meet that. That's unfortunate. For those people, it can cause real distress, and I apologise for the distress that that causes those people, but it is a rarity. If it wasn't a rarity, we would be hearing a lot more about it. So, yes, it's happened in those cases, but it is not commonplace.

**Media:** Now, if I could ask my question, what is the longest it's taken to return a positive test result to a COVID case?

**Dr Caroline McElnay:** I would have to go and get that information; I haven't got that information. But I just want to reiterate that it is our expectation that the turnaround time is 24 to 48 hours, and, on the whole, that's what we're seeing with our labs. We certainly have



been assured of that earlier today: that our labs are processing results. If there's been a specific situation—and I'm not aware of the details of that. But, if there's a specific situation, we're very happy for any individual to let us know and we can investigate to see what happened. Because sometimes there are specific situations, things that have happened, but that is not our expectation at the Ministry of Health—that you would have that delay.

**Media:** What I'm trying to understand is why no one at the Ministry of Health—neither you, Dr Bloomfield, anyone else who stands up at that podium—can tell us how many of those test results aren't coming in within the gold standard. There was actually a gold standard pre-Delta. No one seems to be monitoring or centrally tracking that data of those delays.

**Dr Caroline McElroy:** Well, that data is tracked by our labs, and then the labs pass that information through to us at the ministry.

**Media:** But no one can tell us.

**Dr Caroline McElroy:** We get—well, I think we can come back to you.

**Hon Grant Robertson:** I believe the response is being worked on. Ben?

**Media:** Minister, you've both characterised the case numbers today as not unexpected. Yesterday, Chris Hipkins said that the growth would be significant cases. I think this is quite a scary prospect for most Kiwis, but to say that it's not unexpected must mean that you have an expectation. Can you share with us what you expect the parameters of cases to be, what your modelling shows, and will it tick up to that number that was talked about before of 170 to 180 a day?

**Hon Grant Robertson:** Yeah, so we've been clear that the reproduction rate is sitting somewhere between 1.2 and 1.3, and that means—if you follow the maths of that—that we will see those cases continue to rise. What we do know is that, if alert level 3 is working well and properly, we should be able to keep it down around 1.2 and even take it below that. What I do want to reassure New Zealanders today is, yes, there are going to be more cases—that is going to happen—but what we're really looking out for now is what happens with those cases: do they end up in hospital, are we concerned about what that means for our health system and for people's health? And the good news, as I've just been saying before, is that our current rates of hospitalisation are staying relatively low. That's good. One of the things that can help with that is getting vaccinated, because we know that means that, even if you do get it, you won't get as unwell. So, on the trajectory that we're on at the moment, yes, we will see cases heading up towards the triple digit mark, but we can manage that if New Zealanders—and if Aucklanders in particular—follow the rules.

**Media:** So a growing number of public health experts have called for this circuit-breaker level 4 that was ruled out yesterday. But it seems to me that, from what you're saying today, hospitalisations is the key measure for you. Will growing numbers of hospitalisations put level 4 back on the table?

**Hon Grant Robertson:** It's really important to note that, as I said earlier on, we talk every single day with our public health officials, both on the ground and here in Wellington, and so we listen to their advice. Their advice has not changed. But of course we continue to look at the circumstances that are in front of us.

**Media:** So it is on the table?

**Hon Grant Robertson:** Alert level 3 provides us the ability to be able to manage this outbreak. That advice hasn't changed. If the facts change, if the circumstances change, then of course we consider the advice that's given to us.

**Media:** Yes, but what—you're giving a bit of wishy-washy answer.

**Hon Grant Robertson:** I'm not.

**Media:** You could have said that response at any time during the pandemic, I think. What would actually—what is the figure that you're looking for that would put level 4 back on the table? Maybe I should ask it to Dr McElnay if you're relying on advice.

**Hon Grant Robertson:** Well, because the answer to your question is: the circumstances—as we stand now, that advice has not been given to us. So there's not a number. The answer directly to your question is: there is not a number. Of course, however, as we look at the circumstances in front of us, if the facts change, if the nature of the outbreak changes, then we will listen to the advice we're given. But I want to reiterate again: it is not the advice we've been given. The advice we've been given is that alert level 3—working properly—can manage this outbreak. Jenna?

**Media:** Sorry, I just wanted to clarify: when you said we're likely to see a doubling of cases in the next 14 days or so, do you mean a doubling of the number of daily cases or total cases?

**Dr Caroline McElnay:** Well, that's only what the modelling—assuming nothing else changes, that is what the R.F. of between 1.2 and 1.3 says. If nothing else changes—

**Hon Grant Robertson:** That's daily cases.

**Dr Caroline McElnay:** That's daily, yeah.

**Media:** OK. In the case, then, we're going to have to move to home isolation at that point, aren't we?

**Hon Grant Robertson:** Well, as I think Minister Hipkins said yesterday when he was here, there's a number of options available to us in that regard. That includes those who are coming across the border into New Zealand, and it also includes the potential to move towards home isolation as well.

**Media:** At what point do you just bowl the quarantine, to just get out of there because they're not worth it anymore?

**Hon Grant Robertson:** I don't think there is a point of that. There is always going to be a need when we have positive cases who need that kind of support and management. As I think I said in an earlier answer, as we move through a more vaccinated population, you're likely to see more asymptomatic people who can look after themselves well at home. And that was always in the plan, remember, because, once we get to that level of vaccination that we're comfortable with, we will still get cases, and therefore people will be managing in that way.

**Media:** I guess, particularly for Kiwis overseas at the moment, we're getting one case at the border every day, but we're getting 60, 70 in the community. Is it fair that we're still locking up Kiwis when they're coming home to a city in an outbreak?

**Hon Grant Robertson:** Look, and in the end, we'll be looking at the relative public health risks as we move our way through what Minister Hipkins described. So those are the kinds of judgments that we do need to be looking at. But we're also not without cases coming across the border as well. So we've got to work our way through that. But yeah, obviously, we look at the relative risks and, as we move to a position where we want to make sure that we're getting those who need that support, need to be in an isolation or quarantine facility, that the right people are there.

**Media:** You've outlined a pretty bleak scenario over the next couple of days. You say we're likely to see cases keep going up. Is there any hope that, on Monday, Cabinet meets and says that Auckland is ready to relax any restrictions?

**Hon Grant Robertson:** Well, we'll take that advice when we get it. I mean, as I've reiterated a few times today, alert level 3—as it stands now—remains a way that we can manage this virus. We will take the advice, we'll listen to it, but I'm not going to pre-empt it today.

**Media:** We've been told by a well-placed source that over half of the new cases today are Māori. Can you confirm that, and how concerned are you by that?

**Hon Grant Robertson:** I don't have that specific piece of information in front of me, but, obviously, in an outbreak like this one, we've seen different ethnic groups be at the forefront of the outbreak at different times. Obviously, the outbreak began as an outbreak amongst our Pasifika community, and then it's morphed through different parts of the population. What it would say is, in the end, while those facts are interesting, what's most important is that everybody in Auckland takes responsibility for adhering to the alert level 3 restrictions. This is not an issue for any particular ethnic group; this is an issue for everybody in Auckland—and, indeed, for everyone in New Zealand.

**Media:** Yes, but I'm asking because, obviously, they're more at risk. I'm not trying to put blame on any particular group. And we've been trying to get answers about which independent experts advised this move away from elimination and these stages in alert level 3. Can you tell us which independent experts advised this move, and if any of the experts were Māori or Pasifika?

**Hon Grant Robertson:** So the advice that we get comes from the public health unit and the Ministry of Health, and I'm aware that they, in turn, talk to people across the community, including those on the ground. But, Dr McElnay, do you want to characterise the way you make the decision on your advice?

**Dr Caroline McElnay:** Yes. I guess the question is: what do you mean by "independent"? We have a process where we review the outbreak; we review the situation. We have public health experts who are employed by the ministry, but also we have public health experts who are working at Auckland Regional Public Health and in the district health boards in Auckland. And we meet with them, we discuss with them the situation, and we provide our combined advice, which goes through me to the Director-General, and then from the Director-General through to Ministers.

**Media:** It's just that some of the most prominent commentators on this pandemic—Professor Michael Baker, Dr Colin Tukuitonga, Dr Bryan Betty—say that they weren't consulted about this pretty strategic shift. So why can't the Government name the independent experts?

**Hon Grant Robertson:** Well, I think what you've heard from Dr McElnay is they have a process of working through with a group of people who have public health expertise. We hear all of that advice. It comes to us through many different sources. So—

**Media:** How can you hear the advice if the groups aren't consulted?

**Hon Grant Robertson:** Well, because we hear it through public discourse and through directly sometimes from those public health experts. So we're very well aware of the views that they are espousing. We have a process that's tried and true—that we've run throughout this process, throughout the pandemic—that's guided our decisions. We are still being guided by public health advice. I'll just come across, because there's a few people over here. So we'll go to Charlie and then come down.

**Media:** It's been a week since the first woman in Northland was located. Do health teams have any confidence at this stage that these women are going to cooperate; and, if not, what's the plan B if they continue to refuse?

**Hon Grant Robertson:** I don't have any particular insight on that.

**Dr Caroline McElnay:** The advice that I received yesterday was that we probably had as much information as we were going to get from those individuals, and that's what Northland have used to guide where they've got their testing stations and any locations of interest that are there. The strategy, if you like, in Northland has been to encourage testing throughout Northland and to really encourage vaccinations.

**Media:** There are calls in Northland for the women to be identified so that communities can do their own contact tracing. Is the women's right to privacy being put ahead of Northlanders' rights to safety?

**Hon Grant Robertson:** Well, no, we are focused on Northlanders' safety and health, and we've been working closely—or the public health officials have been working very closely—with iwi, with those who are contacts who have been identified are the people, to be able to maximise the reach into the areas where we think they may have been. There is, I believe, a location of interest in Kerikeri now, where they went to a hairdresser—that will be identified and people will be able to see that. So that information has come from the work that is going on on the ground. We simply have to deal with the situation that's in front of us now. Matters around what might happen to the two women can be in the hands of the Police, and I'm sure—in fact, I think I might have read—that they are still considering their options in that regard. I'll just take—sorry, Charlie, and then I'll just take a couple more.

**Media:** Just one more question: just on Auckland health services, why is it that dentists can operate at level 3 and not physios, and are you looking at reconsidering that at all, seeing as they're going to be facing restrictions for some time now?

**Hon Grant Robertson:** We have actually been having discussions around what we call allied health support, because there is, obviously, a concern that some of those services are very important to people and need to be used, and so there have been some discussions about that, and we're awaiting some advice on it. I'll just come up the back, and then come down.

**Media:** How many cases do we expect will isolate at home within the next month or so?

**Hon Grant Robertson:** Look, I don't have a specific number—

**Dr Caroline McElnay:** It's hard to generalise over the next period of a month, but—

**Media:** In the short term.

**Dr Caroline McElnay:** Well, in the short term—because what we're doing with the home isolation for cases is using a risk-based approach, and our regional public health are looking at the cases that they've got. So that will be a smaller number in the first instance, but with the ability once we've got systems set up to have a much bigger proportion. So it may start off at about 10 to 20 percent, and then could increase to 50 to 60 percent. But the important thing is that the regional public health have to do a risk assessment, and that does depend on what they see as the risks, and then we need to have the systems in place to be able to support those people to isolate safely at home and have their welfare needs met.

**Media:** Sorry, just to clarify, when did that first instance kick in?

**Dr Caroline McElnay:** Throughout this outbreak, there's always been individuals who have been enabled to stay at home, for a variety of reasons. Our medical officers of health have had that ability. We're just at the beginning of a process, just confirming a process, with Auckland district health boards to have more people staying at home. So it's just right at the very beginning.

**Hon Grant Robertson:** So bear in mind the MIQ facilities still have beds—we still have rooms; we're still going through that process now. As Dr McElnay says, we have had people do this, largely for medical reasons—you know, for instance, they may have some equipment that they need to be near—sometimes for specific personal reasons. So we have managed that process. Now, we're beginning to look at contingency planning, but it may be needed relatively soon for being able to move into that. I will go back to my list.

**Media:** Just on the number of unlinked cases: they've, you know, obviously, risen very dramatically today—102 unlinked in the past fortnight. What was behind this massive rise? Is it just being overwhelmed and not being able to keep up, or is it also the nature of the cases and the use of things like the tracer app and scanning?

**Hon Grant Robertson:** I think—I mean, you make a good point about the nature of the cases. And we were just talking before about the evolution to being, you know, particularly people who perhaps have come in via some of these gatherings, and so on, that I've mentioned who have been not necessarily easily identifiable. The second thing is it does take time to work through the cases, and we do knock some off, and then, obviously, you get larger case-number days, as we've had, and that adds more into the system to be dealt with.

**Media:** Previously in the outbreak—I mean, when there was 83 cases in a day, the number of unlinked was far lower than now.

**Hon Grant Robertson:** The nature of the outbreak is different, because, at the beginning there, we were dealing very much with a set of household clusters where we, obviously, were able to see very quickly—because we have seen in this outbreak, as it's moved on, a wider range of ways in which people are getting it. And I mentioned in my opening comments an example of people going into health settings; another example is the private gatherings that we've seen.

**Media:** You've spoken a lot today, and been asked a lot today, about the advice that's received by Cabinet. Have you given any consideration to expediting the release of that advice to the public? Is it good enough to say, "We proactively release everything anyway."? There's immense public interest right now in seeing that information and it's very timely. Why not move it out sooner than—

**Hon Grant Robertson:** It's not something that, as you can imagine, I'm personally dealing with, and so I'm happy to take that back and talk to the Prime Minister's Office and others about how that could be expedited.

**Media:** I'm really confused about the time line of things here. I mean, obviously, home isolation might start really soon. You're taking still decisions about MIQ and how people who are vaccinated might come, but there's been differing accounts from Ministers about how quickly that might occur. Could it be as soon as next week that you're making decisions about changing the settings at the border?

**Hon Grant Robertson:** So we, at the moment, have enough MIQ space to deal with the cases that are coming through. But, if they continue to come through at higher volumes, then we will need to start to move to a different process. Decisions about that are being worked on now so that they, then, can be deployed as soon as they're needed. Part of that decision-making process is a risk assessment process that would, as I said to Jenna earlier on, look at the risks of people coming across the border versus the risks of people in the community. Secondly, part of that picture would then be making sure that we had those who can look at themselves at home look after themselves at home. So I don't—you know, the fact that the work's going on now is a useful thing to do. We will keep an eye on the case numbers. Our first and best preference remains putting people into MIQ.

**Media:** So, if someone's in the UK, right, and they're clicking furiously on the MIQ system thing right now and they're trying to get a spot, I mean, should they understand that things might actually look really different in as soon as, like, a fortnight, you know?

**Hon Grant Robertson:** So you'll imagine that—with great respect to those people, and I know that it is a very difficult situation for them—that's not how we're looking at it. We're looking at it from the point of view of how we manage cases and using the advice that we get about risk and how we do that. So I can appreciate, for them, they're saying, "Well, this looks like my experience might be different.", but we have to do it the other way round, about the way in which we continue to protect the health and wellbeing of New Zealanders and the way we manage cases.

**Media:** The risk profile here is constantly changing, right? How soon is it changing for you on this? Like, could it be in a couple of weeks—

**Hon Grant Robertson:** Look, as we said, if the cases keep rising on the curve that they're on, and you look at the number of MIQ places that we've got, we will need to move in

the coming weeks. But we're doing that by working our way through what is, effectively, a risk-based process, looking at the border, looking at where we've got cases in the community, and looking at what self-isolation looks like. Bear in mind: self-isolation was always part of the plan; we're now needing to bring some of that work forward, but it is most definitely part of the plan. I'll go to Amelia.

**Media:** Back on Sandra Goudie, is a mandate for, sort of, community leaders or public officials on the cards at all? Is that something you're considering?

**Hon Grant Robertson:** It's not something that we've discussed.

**Media:** Are you ruling it out completely or—

**Hon Grant Robertson:** It's just not something that we've discussed. I'll just take a few more. So I'll come down to Jo, who hasn't had one.

**Media:** Can I just supp' off what Matthew was saying there? So, when you were talking about how you're going to really configure MIQ, are you talking about just taking the cases that are too many when it comes to domestic COVID cases and putting them into self-isolation? Or will you look at everyone domestically being treated on a risk base in terms of self-isolation, which would then, obviously, very much free up MIQ, which would allow you to bring more people from overseas back. And, if you add in what Hipkins was saying yesterday about the five to seven day potential, you know, of bringing it down to a smaller number for double vaxxed people, I mean, that would significantly shift the number of people from overseas who could come into MIQ. So can you just clarify, I guess, what sort of steps you're talking about there?

**Hon Grant Robertson:** So, I mean, you've hit on the exact point: it is a risk-based assessment. It is an assessment that is under way right now. Minister Hipkins was open about the fact that that's what we're considering. That is the policy work that is being done right now. And, yes, as I've already said, it would result, if we went to seven days for people from overseas from everywhere, seven days for people from overseas from some places, that would change the configuration of it. That is the work that is under way right now.

**Media:** And that work, though, is it very much based on just having—is it based on the domestic cases all self-isolating and opening up MIQ space? Or is it based on just the ones that can't fit currently under the numbers you have—

**Hon Grant Robertson:** It's based on looking at risk, and not every person in New Zealand will be in a position to be able to self-isolate.

**Media:** So a proportion in MIQ—

**Hon Grant Robertson:** That's what's being worked through at the moment, OK?

**Media:** Minister, earlier in the press conference, you replied to a comment made by the *One News* journalist, who's told you that half of the cases in this current outbreak—or today's cases—were Māori. You described that as an “interesting” fact. Can I invite you to potentially reflect on that language? Or did you have another way to describe it?

**Hon Grant Robertson:** Well, I hope—there's nothing pejorative about that. What I meant was: it's a fact. There's nothing pejorative about it—if it is true, and I don't have that information in front of me. The point I was making was that I don't want this to become a situation where we're ascribing a particular part of the pandemic to a particular community. The point I was making was that this is the responsibility of all Aucklanders to be able to deal with it.

**Media:** [*Inaudible*] made the point that it's not about stigmatising, though. And we know that Māori are more likely to die from COVID-19. So ethnicity data is important. So why don't you have it?

**Hon Grant Robertson:** I literally just don't have that piece of information in front of me right now. I mean, I can easily go and get it and confirm it for TVNZ. We are acutely aware of

the importance of making sure that we vaccinate all our population, including Māori. We have huge campaigns under way to do that. We are well aware of the fact that there are groups in our community who are more vulnerable to COVID, and so we constantly think about that. And there's nothing, I believe, that I said in my answer that would undermine that at all. I'll just take a couple more, because we're right on 2 o'clock.

**Media:** Minister, there's a meeting going ahead today with the COVID-19 Technical Advisory Group and other experts and public health officials. That was brought forward to today. Can you tell me what's going to be discussed in that meeting and if it was brought forward because of concern about lack of consultation from experts?

**Hon Grant Robertson:** No, I don't believe it was brought forward for that reason. I believe that, given the nature of the outbreak, where we are today, we wanted to get advice from that group on a range of different issues, as far as I'm aware.

**Media:** Can you tell me what will be discussed in the meeting?

**Hon Grant Robertson:** I'm sure that will emerge over time, but it is the outbreak as a whole, where we're at, where we are going forward. You'll be well aware, as the Prime Minister has said a couple of times lately, that we are looking to make some announcements next week around the next stage of how we manage the outbreak, in terms of the framework. So there's questions there that we want that group to reflect on, as well as the outbreak as it currently stands.

**Media:** Are the steps in Auckland going to be scratched?

**Hon Grant Robertson:** I beg your pardon?

**Media:** Are the steps in Auckland going to be scratched? Some experts have been calling for that.

**Hon Grant Robertson:** There's been a lot of calls, but, as I said, we'll get our advice at Cabinet on Monday. I'm just going to take a couple more because it is 2 o'clock.

**Media:** Minister Robertson, just on booster shots, is that something that the Government is getting advice on this week? Is that right? And, going forward, is that something you want to see pretty soon?

**Hon Grant Robertson:** I know that there's work under way on booster shots. Just to clarify—again—that we have enough doses in New Zealand, if we were to be using the current Pfizer vaccine, to be able to begin booster shots. But there is a lot of work to be done to work out the best way of doing that, but that work is ongoing. Is there anything—

**Dr Caroline McElroy:** Yes, that's right—that's right. No, I'm not aware if the advice has actually gone up, but that has been a very active piece of work.

**Hon Grant Robertson:** I'll just take two more.

**Media:** Just on case numbers, you mentioned before around, you know, seeing spread with indoor gatherings, in health settings—but do you have a breakdown of roughly how many are happening in workplaces like building sites and supermarkets? And, also, at the start of the pandemic, you were able to say which suburbs in particular had cases. Do you have that specific breakdown?

**Hon Grant Robertson:** So very few of the cases are coming through under worksites—very, very few. So that is not where this outbreak is going at this stage. In terms of suburbs, I did make that point in my opening remarks. This is no longer an outbreak about a couple of clusters in a couple of suburbs. This is an outbreak that is now affecting all of Auckland, and therefore we need all of Auckland to play their part. Last one.

**Media:** Thanks. Just a couple, for nuts and bolts, for colleagues. The South Island businesses and events are incredibly frustrated that there is no plan for the island's pathway forward. Is there a plan for the South Island leaving level 2? And, if there isn't, when will a pathway forward be announced for them?

**Hon Grant Robertson:** So, as I just said, actually, in an answer, the Prime Minister's foreshadowed a couple of times that she intends to talk about the next steps, in terms of the next framework and how that will work. That will, obviously, include the South Island, and so that will be happening this week.

**Media:** Thanks. And, on the vaccine mandates, the guidance has not yet been issued to health and education employers. Given there's 16 days left for healthcare workers to get their first vaccine and some aren't sure if they're included, when will this guidance be out there? What's the status of it?

**Hon Grant Robertson:** I'm not aware of the particular status of it. I know that, obviously, there was consultation as the mandate was developed, and I can't speak particularly about health, but I don't know if Dr McElroy has anything on that?

**Dr Caroline McElroy:** No. Well, we'll follow that up, though, as to what that guidance is.

**Hon Grant Robertson:** Yeah. But, you know, obviously we're aware that people do need to know the nuts and bolts of it. The broader mandate was announced, and it was very clear for people there.

**Media:** Has the Government lost control of the COVID response?

**Hon Grant Robertson:** Absolutely not. Where we are today is that we're in one of the trickiest bits of COVID-19, but we still have in place some of the strictest alert level restrictions in the world. We're still able to stand up here each day and tell you how many cases there are, that those cases are being followed up. We have one of the lowest hospitalisation rates in the world. We have one of the lowest mortality rates in the world. We are at a very difficult point in COVID as we transition to a framework where vaccination provides us all with that personal armour, and we can move forward from there. During this period, we need people in Auckland to obey the alert level 3 restrictions, and that is what will make sure we keep the outbreak under control. Thanks.

**conclusion of press conference**