

POST-CABINET PRESS CONFERENCE: MONDAY, 27 SEPTEMBER 2021
HANSARD TRANSCRIPT

PM: Kia ora koutou katoa. Good afternoon. First, we'll look to the week ahead before I hand over to Dr Bloomfield. Tomorrow, the Government will confirm decisions to stabilise the housing market, with final detail around our interest deductibility proposals. Also tomorrow, Minister Sepuloni will announce changes to ACC regarding birth trauma and injuries, following the completion of work this past year to ensure fairness for all New Zealanders in times of vulnerability.

On Wednesday, Minister Davis will provide the Government's response to the Ministerial Advisory Board's report into Oranga Tamariki, to continue our work to make New Zealand the best place in the world to be a child. Later on Wednesday, our counter-terrorism legislation has its third reading, continuing our work to make New Zealanders safer, but within the parameters that we have already consulted on.

On Thursday, our legislation for making Matariki an official public holiday receives its first reading in the House.

On Friday, I'll visit a vaccination centre at Wainuiōmata Marae, which will be a chance for me to catch up with providers on the ground to hear what's working well with our local communities, and what further support we can provide.

I'll now quickly hand over to Dr Bloomfield for an update, before coming back with two border-related announcements. Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Tēnā koutou katoa. To start with, just a reminder it's Mental Health Awareness Week, and the theme this year is "Take time to kōrero"—a particularly important thing to do in the midst of all the challenges and disruption of COVID-19. So a short chat with someone can go a long way to helping each other through challenging times and improve our wellbeing. Kia kaha.

So as we reported earlier today, 12 new cases of COVID-19 in the community, all in Auckland. Today, the seven-day rolling average of cases is 15, compared with 17 last week and 19 the week before that. Importantly, that drop has happened in alert level 3. And also, pleasingly, the number of active cases continues to decline—it's now 211—whilst the number of recovered cases has increased from 694 to 965 over the past week. We are making progress.

Many of our clusters are now considered to be contained—that is, any new cases are among known contacts who are already isolating, or clusters are dormant; that is, they have not given rise to any new cases in the last 14 days. There are now just four active sub-clusters where there have been cases emerging in unknown contacts, and public health efforts are heavily focused on containing those sub-clusters.

This outbreak has resulted in a relatively low rate of hospitalisation due to the young age profile of most of the cases. However, we have still had 112 people hospitalised, and 13 are still in hospital, with four in ICU. COVID-19 is not a trivial disease.

Testing remains essential to our outbreak, and it's good to see the high numbers of tests continue each day. Our test positivity rate, which the WHO recommends should be under 5 percent, has averaged 0.2 percent over the past seven days. These are all encouraging signs our response is working as intended, breaking chains of transmission and drawing a circle around the outbreak. As I said, we are making progress. However, we do know that COVID-19, and particularly the Delta variant, does pose a serious risk to New Zealand and other countries globally. Delta in particular, as with earlier variants of the virus, increases mortality as age increases. While that varies by country and healthcare system capacity, around 0.2 percent of COVID-19 cases will die with the disease, and nearly 6 percent around the globe have required hospital care. That is nearly double the risk of the Alpha variant, and that is based on data from the recent Delta wave in the UK. Then there are the long-term effects—so-called long COVID, which is estimated to occur in 2 percent of cases.

But there is, of course, light at the end of the tunnel. The modelling produced by Professor Shaun Hendy, and publicly communicated last week, reinforced two important themes. The first is that the higher the vaccination rate, the fewer the number of deaths and hospitalisations, and, secondly, the higher that vaccination rates are, the less other restrictions are needed to minimise the impact of COVID on people's lives and livelihoods.

Internationally, the evidence is clear now from around the globe that countries—or indeed jurisdictions, like states in the USA—with high vaccination rates have many fewer deaths and hospitalisations than those that don't—period. But the pathway forward for every country needs to be trod with care and thought. The WHO itself warns that relaxing public health and social measures too soon puts unvaccinated and immune-compromised people at risk.

Since dropping most COVID restrictions in mid-July, the UK's been relying on vaccination to control impact of COVID-19. It's encouraging that hospitalisations and deaths remain far lower than in previous waves, thanks to good vaccination rates.

The message is clear: it is mission-critical to achieve high vaccination rates. We've made a good start, but let's see it through. Back to you, Prime Minister.

PM: Thank you, Dr Bloomfield. Over the weekend, you will have seen we've reached another vaccine milestone with more than 5 million vaccinations administered—1.8 million New Zealanders are now fully vaccinated. That represents 43 percent of our eligible population. Of our people aged 65 and over, we've seen vaccination rates for first jabs hit over 90 percent. In Auckland, 82 percent of the eligible population have now had their first vaccine. Now, that just shows what is possible in terms of reaching a large number of people. And now we need to keep going. One reason for that is because it helps with a reduction in restrictions. Another is because it helps us change up our border settings safely.

In early August, we laid out our plans for reconnecting New Zealanders to the world, an event I know many of you were present at. This work was based on the advice of Professor David Skegg and his public health advisory team. As a result of their advice, we designed a staged approach to ease our border settings once we had more New Zealanders vaccinated. We gave an indicative date of the first tranche of that work in the first quarter of 2022. But to prepare, we had a work programme that started this year, and that included our self-isolation trial, an alternative to MIQ, where people can isolate in their own approved premises for 14 days.

Today, Cabinet made further decisions on this trial, including the time frames. Further details will be released by the Minister later this week—Minister Hipkins—when the expressions of interest open. But here are the broad terms. The self-isolation pilot will be capped at 150 people and focus on businesses and employees who are required to travel internationally for work purposes. There'll be a small number of Government officials, but the vast majority will be from the private sector. Those in the pilot must be New Zealand citizens and residents, and they must, of course, be fully vaccinated. Those interested in applying will need to arrive in New Zealand from 30 October until 8 December, with final travellers leaving self-isolation by 22 December.

The reason we are focused on work-related travel is because of the extra layer of protection that having an employer with some skin in the game provides. This will be coupled with a monitoring and testing regime. Further details will be provided by Minister Hipkins on Wednesday. I should add it is not our intention that self-isolation only be available to business travellers in the future. This narrow scope now, though, is for us to kick off safely while we begin the design work. Now, I know our trial is similar in size to the trials that are just beginning in Australia.

In terms of next steps, expressions of interest will open on Thursday, and will remain open until 9 October, with successful applicants advised on 15 October. No need to enter expressions of interest now. Minister Hipkins will set out all the details on Wednesday; expressions of interest open on Thursday and will remain open until 9 October. So plenty of

time for people to register their interest, and we'll give at that time details on where people can do so.

While this is a pilot, it gives you a sense of where we intend to go on our borders, with a wider range of options, the safe return to help ease pressure in our MIQ system in the futures. At the same time, we're working on building a greater evidence base for shorter periods of isolation in the future as well. It's our expectation that further down the track it may not be necessary for everyone to have to isolate for a full 14 days. All of this, as I say, will make a difference to the bottlenecks that have been experienced with our very tight border requirements that have helped keep us safe and keep our domestic restrictions low for so long.

In further border reopening work, I can today update you on quarantine-free travel for our RSE workers, ahead of what will be a busy summer harvest period for our agri-corp sector. In September we announced that the first stage of one-way quarantine-free travel with Samoa, Tonga, and Vanuatu will begin in October, initially for RSE workers from those countries, as they provide most of our seasonal workers.

Today Cabinet has agreed that quarantine-free entry for RSE workers can begin from 4 October for Vanuatu, and from 12 October for Samoa and Tonga. Those who are travelling must have at least one dose of a COVID-19 vaccination before they arrive and will have their doses completed once they're in New Zealand if they have not already done so. They must isolate at their place of work on arrival and they must take a COVID test on day zero and day five and remain in isolation and in their bubbles until they have a negative day five test. They will be doing that onsite in their workplaces.

We'll keep a close eye on this. Our intention remains to broaden eligibility for quarantine-free entry to New Zealand from these countries and Tokelau, when we can be sure it is safe to do so, fully aware of how positive the scheme is for our Pacific neighbours. But starting with RSE workers enables us to trial what is a pseudo form of shortened isolation in order to ensure safe entry to New Zealand and access both for these workers and for employers.

But the main driver of our recovery will ultimately be vaccination. Vaccination is our way forward. It's, as I've said, the golden ticket to getting back to a life that is much freer from restrictions than we experience now. The research tells us that those who are hesitant to get immunised are most likely to listen to family, friends, and medical professionals, so the best way to get vaccinations up so we can safely reopen our borders and enjoy life generally domestically is for each of us to check in with our family and friends and have a conversation around why you were vaccinated, how you felt afterwards, and what it would mean for you if that person was vaccinated too.

I've seen in Northland an initiative that means a small sports club receives a donation for every jab given, a clear message that a vaccination is not just good for you, it's also good for our national pastimes. Everyone can be a vaccine influencer, whether you have one or 100,000 followers. We can each help encourage at least one other person to get vaccinated and every vaccine counts. Just like our hard and early work helped to stamp out COVID in the beginning and keep our economy open, your vaccine now helps us navigate through the next steps, which is the safe reopening, a reconnection to the world, and a reconnection with one another. Happy to take your questions. I'll mix things up a bit, as I'm prone to habit. I'll jump in the front—Henry, and then I'll come to Jenna, and then I'll canvass from there.

Media: You mentioned becoming a vaccine influencer. You posted on Facebook.

PM: Sorry, what—

Media: You're talking about being a vaccine influencer.

PM: I'm saying everyone can be.

Media: You posted on Facebook about side effects a few days ago. You didn't turn the comments off and the comments were full of people saying, "My friend's, you know, father's grandfather had a stroke immediate afterwards." Was that the right thing to do?

PM: When the research tells you that one of the things that's stopping people from being vaccinated is their view around side effects, I think we have an obligation to talk about those issues in the open. And so I'm willing to do that and I think we should all be willing to do that. At the same time, you know, I scrolled through and I saw some of those comments, and I do want to make sure we have a space where people can feel like they can have debate and conversation. Much of what might be the moderation around that actually doesn't necessarily come from us but comes from Facebook and some of those forums. But I am willing to have that dialogue. I think it's better than ignoring the questions that people have when they are legitimate. I hope people allow the space for it to happen, though, without crowding out legitimate conversation.

Media: On first doses, yesterday—Sunday's are always low but yesterday was their worst day since mid-July [*inaudible*]. It's become a lot harder to get more people to get first doses while second doses are coming in quite strongly. What is the Government doing to increase that and can you give businesses some surety that if they want to ban people in December and November, who are not vaccinated, that they will be able to do that?

PM: I'll have a first cut at that question, then I'll jump back down the back. So, look, there's always going to be a point at which your second doses, particularly when you've had a very large increase in the number of people accessing their first at a particular time frame, where your second doses will overtake. And there was always going to be a point where we would really have to start driving for those next first doses, and the fact that we have got into 80 percent of eligible individuals in Auckland and now we're really having to drive those first doses actually is a really good rate. We just need more. And that's where we have to look at pulling every lever. Don't think it's enough just to stand up and say "get vaccinated." People will have questions, so let's answer them. Let's provide places they can go. If it takes a conversation with a medical professional or a friend, let's encourage that. If incentives help, let's encourage providers to do that. And this is where I'd say to businesses, they have a role to play too. Some are really stepping into this space and doing new and innovative things in their workplaces, and I would encourage that because we're seeing it's making a difference.

On vaccine certificates, we are exploring it, because we've seen good evidence from around the world. It creates a safe environment for people to go, it ensures continuity for businesses and allows them to continue to operate, and it can make a difference for people going out and considering getting vaccinated. So we're actively considering it and we will be consulting with those in the sector most affected by it.

Media: Should they [*Inaudible*] for it, though? Should they be saying when they're selling tickets to summer festivals, "By the way, don't buy a ticket if you're not going to get a vaccine." [*Inaudible*]?

PM: Look, I don't think it's fair to say for those that have already had presales that you couldn't find a way to make it work. So I think actually it really will come down to—

Media: Are you definitely doing this or are you still exploring it as an option?

PM: We've said that it's certainly amongst our tool kit that we believe should properly be explored, and we'll be talking to the sector about it.

Media: Particularly the summer festivals are looking for a vaccine certificate for certainty—

PM: Decisions will be made well in time before those summer festivals will need to have those decisions, and that is very much on our minds.

Media: Do you imagine that people will need a vaccine pass to get into the summer festivals?

PM: I think the most important thing for people who want to participate in events like that is: what can you do to make sure that no matter what, these can go ahead? I think they'd want us to explore these, because that is a way that we can give greater certainty, and I think they'd rather that than the potential of something being called off last minute.

Media: Do you think using that stick approach alongside an incentive approach is a good idea?

PM: The consideration of things like vaccine certificates—I see that as a carrot. This is a way that we can give you safety and security to attend an event knowing that those around you are that bit safer because of the vaccine and also more likely to see that event go ahead without disruption. I see that as an incentive, and one that we are going to go out and talk to the industry about and make decisions on well in advance of the summer festivals. Dr Bloomfield, do you want to give your views on those tools?

Dr Ashley Bloomfield: Look, I think what we're trying to do here is—and it goes back to the comments I made, and the PM has made these as well. Actually, high vaccination rates will be what will allow us to contemplate and safely undertake large events. I think it's reasonable to consider whether or not people attending those events, to help provide certainty for planning, and for others who want to participate in those events and make their arrangements—that the event will be safe. It's quite clear that vaccination does create that opportunity, not just to run a safe event but to plan a safe event.

PM: We've been working on this for a while. Of course, we need to have some good legal advice around what we can do. We also need to make sure that we've got the ability to run a system using both digital technology but also make it accessible and remove some of those barriers to be able to, if you're not using a smart phone, demonstrate that you have a certificate. There's a lot of work that's had to be done, but we are now in the position where we'd confidently go out and consult on this option with the sector.

Media: Has Delta made you reconsider making the vaccine mandatory?

PM: No. No, it has not. It is a considerable step to require someone to be vaccinated, and so we've long said that a blanket compulsion for people is not something that we have considered. We believe that we can talk about the vaccine on its merits—the difference that it makes to people's lives, their health, their livelihood—without taking that extraordinary step.

Media: Also—sorry—people have told One News that there's a pause on processing MIQ exemptions at the moment, until tomorrow—

PM: Sorry, who was—

Media: People have told us that there's a pause on all processing of MIQ exemptions until tomorrow. Why is that?

PM: Not something I'm familiar with. Forgive me. Happy to get you a response—

Dr Ashley Bloomfield: I can shed some light on that. You will recall on Friday the Deputy Prime Minister said that Cabinet would today be having a discussion around possibly extending the range of reasons why people could leave Auckland—

PM: You said MIQ, though, didn't you?

Media: Yeah.

Dr Ashley Bloomfield: Oh, sorry, OK—

Media: Oh, no, no, sorry—border exemptions—

Dr Ashley Bloomfield: So I'm answering the question you meant, not the question you asked.

PM: Yes, yes. Do you want me to have a go at that?

Dr Ashley Bloomfield: The Prime Minister does know about that. The Prime Minister's got the second bit. Anyway, our team over the weekend decided not to process those exemptions coming through because Cabinet was considering the matter today.

PM: Yes. OK, I can shed some light on that. Forgive me. So nothing is currently going on with the MIQ regime. With borders, you'll know that there'll be some individuals who have been at Auckland for some time who may be relocating house, for instance; need to

permanently return home outside of an Auckland environment; and there are a few other circumstances where there is that real genuine need to move permanently outside of Auckland. So Cabinet made decisions today. Orders need to be drafted, so we'll be making announcements on that tomorrow and give people certainty within the next 24 hours.

Media: Why has it taken 18 months to trial isolating at home?

PM: You will have seen from the rigorous MIQ regime that we have been working to date that it has been the front line. There has been no room for error with this virus, and so it has been very tightly run. The only reason that we are running this self-isolation pilot now is in preparation for a highly vaccinated population. So that's why it's been done on a small scale. We are still vaccinating, but the intention is in the first quarter of 2022, when more New Zealanders are vaccinated, it will be safer to run self-isolation at home.

Media: Following the police custody COVID case, what are you doing to stamp out chains of transmission amongst marginalised groups?

PM: Yeah. Look, I've seen the comments of Professor Baker in the media, both on this issue and also door-to-door testing. Actually, what he suggested, we've been doing both for some time. You can understand, our biggest priority right now is public health. We want to know where cases and contacts might be. This is not about pursuing criminal cases or criminal convictions, and so it's a very different approach here, where we work really closely with those individuals who have COVID, just to find out where they've been, who they've been with, and to make sure that it's all about public health. So those concerns that people may not engage with us for other reasons, we've had to work through that, because our focus has to be public health and ending the tail of transmission with this outbreak.

I'd say the same on door-to-door testing, out of interest. I know it's been raised. We actually have been doing door-to-door testing in those areas where we have had outbreaks.

Media: Just on the door-to-door testing, how many streets—that was raised today I think by the Ministry of Health—how many streets and people have been visited recently by those mobile testing units, and how many people have actually agreed to be tested? Have there been—

PM: I know we've done door to door in at least two suburbs, where we've had particular outbreaks. I couldn't give you a number of streets.

Dr Ashley Bloomfield: Yes, that's right. I could come back to you on the number of streets, but there was certainly work done in Clover Park last week as part of, or complementary to, the wider testing that was happening there. I know another team's gone out into another suburb today to test some streets where there have been some cases located. And that is complementary to the broader testing that's available through a community testing pop-up.

PM: And these have been in some areas where we can't rule out transmission from anything as limited contact as people possibly passing each other in their neighbourhoods, possibly children being in contact with one another. Very hard to determine, which is why we've just targeted those geographical areas and gone door to door.

Media: Do you have any information about compliance? Are people pretty happy to get tested when these health staff turn up at their doors?

Dr Ashley Bloomfield: Well, we would have heard if there was a problem, and if you look in these suburbs like Clover Park, actually, since 1 September, over a quarter of the residents in Clover Park have been tested, so we've seen a great response. And I think the team's finding really high levels of acceptance of the offer of a test.

Media: And just quickly, another question for you, Dr Bloomfield. What's being done to remedy the shortage of ICU nurses in New Zealand?

Dr Ashley Bloomfield: Well, there are two aspects to that. One, of course, is growing our nursing pool, per se, and we've had year on year increases in our nursing pool, including

as part of the accord that was signed up to three years ago and the extra funding that went into that.

But in particular, ICU nurses, as you know, is a very specialised role, so one of the things we've been doing is requiring each district health board to train non-ICU nurses in the care of a ventilating patient so that there is a pool of people they can draw on should there be a need to surge capacity to ventilate more patients if we had a large outbreak. But the training of ICU nurses, of course, does take some years, and all district health boards are focused on doing that as part of their workforce planning.

Media: Sir Ian Taylor has put in a letter to you in the *Herald* about the self-isolation trial coming back. He's proposing to take a trip to Sydney, with extensive testing and locations and drivers and all that kind of stuff, and wants to know why there isn't more coordination of businesses which can offer technology and things like rapid antigen testing being developed in New Zealand.

PM: Yeah, so Professor David Murdoch is leading a piece of work currently around the use of wider surveillance testing options and how to integrate them into our existing testing regime to overcome some of the issues that have been raised around if you use antigen testing in an irregular way, the fact that it might not be as beneficial as some of the alternatives. So he's doing that piece of work over the coming week, and that will then really help us as we look to integrate antigen testing into our border regime and into surveillance testing in our workplaces. But we are using and proposing to use antigen testing as part of our border work, so the pilot does talk about the potential use of antigen testing, and it's being used in Middlemore at present as well, for regular testing of health staff.

For the proposals generally, actually, I know some Ministers have discussed with Sir Taylor some of his proposals. It sounds to me like he would be a perfect candidate for our self-isolation pilot. Of course, I'm not part of that selection process, but I would hope that he would be part of the expression of interest for that.

Media: Dr Bloomfield, there seems to have been a steady sort of uptick in the percentage of cases with exposure events. It was sort of around 25 percent of the early half of this month and it's gone up to 50 percent—makes sense with the move to level 3 in Auckland, but what level of risk attaches to that, even with masks and physical distancing, and what can be done to sort of mitigate against that?

Dr Ashley Bloomfield: Well, one of the comments I would make is even—if you look at those exposure events, very few of them, if any, each day, are after someone is aware they are a contact, so there are not people going out and about once they've been made aware they're a contact. And those exposure events are also the sorts of things you would expect people to be doing, going to a supermarket, laundromat, pharmacy, and for some, of course, their workplace. But I think most of that is to do with the fact that Auckland is in alert level 3 now, and people, as we saw on the weekend, are out and about more.

Media: Yeah, but not that compliance is the issue or people flouting the rules, but the risk that attaches regardless: people may not know that they're infectious, or that they've tested positive, but they're still out and about. So does that sort of increase the probability at all of community transmission?

Dr Ashley Bloomfield: Not in and of itself. It depends on the nature of the exposure events, of course, and anywhere the public may have been at are notified as locations of interest. But, of course, Auckland is in alert level 3 still, and that is still designed to really restrict movement, and people need to keep that in mind.

PM: Yeah, and most of those measures, I mean, you'll see them even in an alert level 2 environment—click and collect, mask use, social distancing all really help, and even in, you know, where we've had the detailed breakdown of what's happened in workplaces, we haven't had large-scale issues within those essential workplaces; where we have had cases, they've been contacts who have had transmission within a workplace. One of the bigger issues is still whether or not people maintain their bubbles, because if you're not maintaining

a bubble, it's more likely that it's because you're making contact with, you know, secondary household members. So they might be considered to be part of your household, even if they don't reside with you, and that's where we've often seen some transmission, albeit limited.

I did say Thomas I'd come to you, and then Michael.

Media: On the wage subsidy, I think applications close Thursday midnight—normally, if you were to extend it, you'd probably have signalled that applications for another round would be reopened on Friday. Obviously, you wouldn't want to prefigure the Cabinet decision—

PM: Yeah!

Media: But when is there—when will there be some—

PM: Yeah, it's all linked to alert levels—yep.

Media: So if there is an extension—

PM: So no need to read into anything.

Media: —we would not know until Monday.

PM: Yeah. So it's all alert level - linked.

Media: And last week, Michael Baker suggested that if this current outbreak isn't contained by the level 3 restrictions, the embers could sort of flow through into Christmas. What does that make you think about travel from Auckland to the rest of the country for families wanting to reconnect over the Christmas period?

PM: Yeah, and whilst, you know, for obvious reasons, of course, as we have all the way through, continuing to work hard to make sure that we have a situation where we have a contained outbreak, where we don't have widespread community transmission, where we continue to work to stamp it out—whilst at the same time, looking to see how we can ease restrictions in a way that allows us to maintain that goal. And so that's been our strategy and that's what we're continuing to work to. And, of course, you'll understand why I'm very focused on an approach that allows us to do all of that whilst allowing families to reconnect as well. That's key, and so for me it's not just about Christmas; it's actually just reconnecting families.

Media: Prime Minister, in that vein, do you envisage—

PM: Do you mind if I just—I've left Michael waiting. I will definitely come to you, Jenna, though. Michael.

Media: Do you have an update on the number of people left behind in Afghanistan at the moment, and I guess who these people are—like, if they are residents, and I guess an update on—

PM: So I've asked—

Media: —plans to get them back to New Zealand.

PM: So I've asked—yeah. I've asked officials over the course of this week, now that we've had enough time to process those who've returned, to assess those visas that have been approved but where people may not have been able to return, and to ascertain as best we're able who currently holds a visa who may be in Afghanistan, and that's been quite a difficult section, that we've had enough time now to try and finalise those numbers as best as we're able and to share those if can publicly this week, and then share with you the next steps around how we then assist those individuals, because there is what I consider a large number who are not in-country yet. I'm also hoping within the scope of people's privacy to give a bit more of an insight into who's been able to return with a bit more detail. Jenna, and then I'll come across to the middle.

Media: Just as a follow-up to Thomas's question, do you envisage Kiwis having a classic Kiwi summer this year?

PM: Yes. There are some things that we might have to do to make sure that that can happen. You may see requirements around vaccine certificates so that things can continue to go ahead as we usually experience over a summer period, safely. But yes, I can see us experiencing that. We did last summer and I hope that we will be able to again.

Media: Dr Bloomfield, why are the 300 police officers manning Auckland's border check points not required to get tested or vaccinated and is that sensible?

Dr Ashley Bloomfield: What I can say is that many of them are, and, secondly, they use very rigorous infection prevention control procedures and use of PPE. So I know that all the processes they've got in place will be keeping them and others safe.

PM: They use N95 masks, as I recall, as well. And whilst we haven't mandated vaccines there with those front-line workers, we do have good uptake and they've had their roll-out under way for some time.

Media: Did you consider including them in the boundary testing requirements?

Dr Ashley Bloomfield: Not at this point, because they're not, as far as I'm aware, crossing the boundary, but that's something I'm happy to have a conversation with the police commissioner about.

Media: Prime Minister, vaccination is obviously almost the entire ballgame at the moment. You've got the Government aspiration of 90 percent or more for not just the whole population but a whole lot of groups that might be more vulnerable. But when you talk about how to get there, we haven't really seen a strategy. You've talked about what the Government will do—

PM: I disagree.

Media: Well, I'll give you a chance to [*inaudible*]. You've also said it's up to the community, and seeking their solutions and stuff. Can you give an assurance that'll actually get us there?

PM: Yeah, so over the past few days Dr Bloomfield and I have been on a number of virtual meetings where we've sat down with those providers and some of our DHBs to talk about the initiatives that they're using. And you'll see at the moment—and this has always been part of the plan—the transition from providing fixed base sites, so where people know where to go; it's just a matter of them accessing a site in order to easily be vaccinated whether it's walk-in, drive-in or through a booking. So we've seen the bulk of our vaccines delivered in that way.

Then you get to the point where you're hitting 80 percent and then it's an extra push, and that's where it's about working alongside our providers locally to make sure that they've got the support to be able to design solutions that work for them. A mobile bus doesn't work in Tairāwhiti. It has more isolated communities and it doesn't have necessarily the roading that supports a focus like that, but they do need mobility, and they do need to be able to have their local workforce rolling out those vaccines. And the same, I would say, across Lakes, Bay of Plenty. A number of different areas are tailoring their response to what their community needs are, and that includes if they're using incentives. So that's why we've talked about community solutions. That's not because we don't have a responsibility; we do—we need to support them. We need to make sure they've got the funding they need to roll them out. We also need to allow innovation to come from within the community because that's where we're seeing some really great stuff.

Media: You're obviously following a different path to Australia on the pathway to reopening. Australia's a lot more literal, puts out literal plans with road maps and trigger points and targets. Do you think when you get closer to the finish line you'll do something like that?

PM: Yeah, slightly different places at the moment as well, and I think in part it's because of the differences in where our outbreaks currently are. So our easing of restrictions hasn't been strictly based on vaccine levels in Auckland, just because of the status of our outbreak. So that's one of the reasons why we've got, I think, a different set of circumstances.

I highlight again, we said last week that we are working on a framework that incorporates the impact of vaccines in the way we do things. And that's part of the consultation. We're going out for some sectors where it's most likely to have impact, and that's work that is well in train, whilst, of course, we move through restrictions in Auckland.

Media: But that's unlikely to—you're not likely to do that?

PM: Not likely to?

Media: The road map's sort of like "Here it is! Here's what we're doing!"

PM: It's, I would say, slightly different because theirs has been to get out of existing restrictions, whereas we're using our existing alert level framework, which isn't solely reliant on vaccines. Yeah.

Media: Prime Minister—

PM: If you don't mind, I'll just pan across here.

Media: Prime Minister, on Friday, the *Global Times* reported that the Chinese authorities have now found COVID-19 on some Zespri kiwifruit.

PM: Oh, yeah.

Media: What advice have you received about that? What do you make of that? It seems pretty unlikely that it originated from here.

PM: Yes.

Media: What's the story?

PM: So my understanding is that this relates to a shipment that departed New Zealand after—sorry, before our outbreak. So I thought that was a relevant piece of information on the timing. And, secondly, as I understand—

Media: Before our outbreak was discovered?

PM: Yes, before our outbreak was discovered. But, essentially, it took a month for that shipment to be transferred, so there was no suggestion that there would be any necessary connection with the outbreak we had. So that was the first piece of information. That is indeed if you would suggest that you could have detection of Delta for a month-long trip in a non-frozen environment.

The second relevant piece of information, as I understand, it was picked up at market rather than within storage. So that also seems to be relevant information. So we are working very closely to convey and to provide all of the assurances around the way that our producers operate, which is a very safe environment—I've visited some of these processing and pack houses; they're very, very stringent—but also all of the timing issues as well.

Media: Is there any sense in which there could be another reason behind this—

PM: No, no. I don't get that feeling. There's been a fairly consistent approach from Chinese Customs officials around ensuring the ongoing safety of imported products. So, no, no suggestion of that, and I've received no advice to suggest that either.

Media: Just quickly, so the Ministry of Health said that—it might be for you, Dr Bloomfield—just 705 tests were taken across those half a dozen suburbs of interest in Auckland yesterday. Is this a high enough ongoing rate to rule out that there isn't transmission that's out there that should be being picked up?

Dr Ashley Bloomfield: The important thing is to look at it over Sundays, and my recollection is that the—

PM: Ten percent of—

Media: Yeah—the average Auckland-wide daily testing rate's around 8,500 over the last seven days. So, yes, we always get a dip on Sunday. I think the weather was quite nice in

Auckland over the weekend as well. But those suburbs of interest have still got testing happening there and there will be an invitation for people, ongoing, to—and just to give it another plug; symptoms or not—go and get a test.

PM: My recollection, for instance, one of those suburbs of interest over a two-day period, I think we tested 10 percent of the population. We just want to keep going in those suburbs of interest. We might give another update on those suburbs of interest. There's a bit of work going on just to canvass around whether or not—which we maintain and which ones we might add. So stay tuned tomorrow on that.

Media: Prime Minister, is it still correct to call the outbreak, describing it as having a tail, because we're still looking at an average of 17 over the last seven days? In theory, a tail implies tapering to nothing. Is it really a tail?

PM: Unless it's really long! Fair question. We were musing on this today. Dr Bloomfield, you had some thoughts on this.

Dr Ashley Bloomfield: Yeah. So the average for the last seven days was 15, down from 17 the week before, and 19 the week before. Really there are two things going on, and we've got some nice modelling that shows this. There is the classic tail of the original outbreak, but then over the last two or three weeks, in a way another group of sub-clusters that has developed—and these are these active sub-clusters which are sort of trickling along at a higher rate than the tail of the outbreak. And the modelling has shown us that, actually, they've got two different R values. The R value for the original outbreak is way below 1 and tapering off, and the R value for our current group of active sub-clusters is around 1. So it's controlled, but it's almost on its own separate but parallel trajectory. So that's where all the effort is focused.

Media: So would you need those sub-clusters—that R1—to be down below 1 before you could go down to level 2?

Dr Ashley Bloomfield: Well, two things there. First of all, because they still are households with—they're quite large households. There are still cases we will expect to come through. I was looking at the numbers today—somewhere between 45 and 50 cases still expected from even the cases in those sub-clusters now. But secondly, it will be just the extent to which we feel they are controlled. These are clusters where there is a lot of work going in to engage, and that's been very good; to get the testing rates up, and that's been very good. So it's more about the control of those sub-clusters. Yes, we're confident at the moment eventually that we will get them controlled and so see the tail.

Media: So “eventually”—does that mean, though, that they won't be controlled in time for the next Monday decision about Auckland going to 2?

Dr Ashley Bloomfield: Well, let's see, but, actually, as I said, the average number of cases is coming down, even with these active sub-clusters, and so that's a good sign.

Media: One for Dr Bloomfield. What is the level of vaccination rate where you would be comfortable that our ICUs and our health system could handle any inevitable outbreaks once we open up?

Dr Ashley Bloomfield: It's not so much the level of—the vaccination rate—but, obviously, as I've said before, and I'll say it again, northwards of 90 percent. It's about the other measures that we will have to have in place to protect people. The best way to protect people, vaccinated or not, is to stop them being exposed to COVID in the first instance. So it's not just a vaccination at a certain level and nothing. It will be making sure we have the right balance of measures that actually—and the key thing here is we want to ensure our health system can keep delivering the full range of care that people need for non-COVID - related conditions. Every time the pressure goes on it, it can't do that. So it's vaccination plus other measures, and it's just the extent to which those other measures will be more or less restrictive.

Media: Just a couple of questions on the Australia flights. Do you know how many came back on that Melbourne flight yesterday, and do you know how many people are still in Australia who are wanting to come back on flights, and do you know how many will run in October?

PM: Forgive me, I don't. But if I can take that question away, that's usually information that the MBIE team can get to us quite quickly, so happy to provide it. Patrick, and then—Thomas, have I taken one? I think I did. I'll go Henry and then I'll finish with Thomas.

Media: So you won't mandate vaccinations—I understand why. What are your other options, at least to give either guidance or to regulate or to legislate, to allow employers in particular to understand the circumstances under which they may be able to prevent people from—

PM: Actually, MBIE have produced some guidance around this already, and so you'll forgive me for not speaking in great detail to that, but we've been very mindful of the need to provide that guidance, as we see it, around how they can manage within a health and safety framework both with their existing staff but also circumstances when they're employing people around what they are able to do within the law.

Then there are things that we can do as an employer. So you've seen what we've done on our border workers. The mandated port worker requirement comes in at the end of this month. And you'll see that we've done work—currently under way—around our health sector workforce. So where we believe we have a real duty of care to take that next step, we've done that.

Then there's the extra incentives or disincentives that we can use via access to different parts of life, and there are some areas where it will be a no-go because we need to make sure that people, regardless, are able to access essential services. But that's the next space for us in what we're actively exploring.

Media: Would you consider putting a blanket across the public sector and saying public sector employees need to have vaccinations?

PM: So there has been guidance from the Public Service Commission on this, but it hasn't been blanket requirements. I said Henry, and then we'll finish with Thomas.

Media: Prime Minister, you've been talking a lot about the various providers being able to do things like incentives in clusters around to get the jobs up. This is a problem going back, is that nationally [*Inaudible*], basically, five years in the census, three years in the election, there's about a million people who don't really engage with public life in the same way that the rest of the country do. The census have a way—Stats NZ have a way of fixing this. They go door-to-door knocking across the entire country. It's really expensive, but it works. How close are you to implementing some kind of national door-to-door thing, or is that—

PM: No, door to door is already part of the mix.

Media: For DHBs specifically? Would you like to do a national catch-up programme?

PM: So door to door is part of the mix, and just to give you a sense, we have what we'd describe as mesh block data that enables us to see within suburbs areas where we have low vaccination rates. That's what's being used by our providers to determine the areas where they need their targeted vaccination regimes where we're much more mobile. So the buses have been part of that. The only issue has been how to do that safely in a level 3 environment. But, absolutely, door to door is an option, and it is being utilised, and will be utilised.

The second thing that's being utilised more is you see more hybrid testing and vaccination stations. Previously, there's been a bit of hesitance around how to establish those safely. But that's been worked through and now is available, as I understand, in Auckland now.

Media: Would you consider requiring vaccination for people—workers who have to leave Auckland under level 3? That seems like a reasonable [*Inaudible*] for people who have to

travel between—truckers, and what not. Would you require vaccination for them, or is that a step too far?

PM: We have been working with those freight companies to provide workplace-based vaccinations.

Media: But require—mandate?

PM: We haven't mandated, no, but we have the testing requirements, so you can see we're taking a step there to add that safety, but that's not a step we've taken at this stage.

Media: Would that be too far for you? Would that be seen as too much of an infringement of—

PM: It's not something that—you know, we're trying to make sure that we encourage those who, in all walks of life, whether or not they're in a freight industry or a hospitality industry, where they have interactions with other people, to be vaccinated for their own safety. But we haven't gone down the track of being sector-specific.

Media: What about like a hospitality venue and maybe allowing them when not in level 1—

PM: What's that?

Media: For hospitality venues, maybe saying, "You can only open under level 2"—

PM: So as I've said—

Media: —"if you've got"—you know, if you're requiring jobs—

PM: Yeah, as I've said, the use of vaccine certificates is something that we'll openly be talking to different sectors about. And they'll have a range of views, and we want to canvass those. But where it's very clear that there's some real value R for those large-scale events, but we're open to discussing their use in other sectors as well. But we want to hear from those business operators, because they really sit at the fore. I am going to finish up down the back. Claire, and then Thomas—you'll still be my last.

Media: Your Facebook live stream has been bombarded with messages and comments from anti-vaxers—

PM: That's not new.

Media: Do you have concerns about that, and why do you stop it?

PM: I obviously am not currently stopping it. I'm obviously here, so am not controlling my Facebook live. There are some things that automatically are part of Facebook's measures around COVID-19 misinformation. So, much, as I understand, is quite automated, and not necessarily us. Jenna, I just see this as part of the territory right now. You know, as the vaccination roll-out ramps up, yes, I see more of it across the board on social media, not just my channels. I see it in live streams. I see it. In my mind, it is often quite targeted and organised and is not representative of the vast majority of New Zealanders, because the vast majority of New Zealanders have chosen to be vaccinated.

Media: Just, Dr Bloomfield, you've mentioned before that you were doing R rates for clusters and sub-clusters. How long have you been getting that data for?

Dr Ashley Bloomfield: Actually, I don't do them, but one of our colleagues up in Auckland is doing some modelling, looking at hospitalisations, cases, and doing some clever modelling things, as they do, and, actually, this is the first time that—actually, I got a copy on the weekend where he had done an estimated R value for the main outbreak, and then done a supplementary one for these clusters. So I've offered that information up today.

Media: Right, so that was prior to the alert level decision last week—this is the first time you've been able to do clusters and sub-clusters of the main—

Dr Ashley Bloomfield: I'll just go back to a comment I made last week. When the numbers are very small, it's much harder to model. But he's using a whole lot of different data

points, including hospitalisations. And one of the comments he's made in the modelling is, actually, if you look at the number of hospitalisations, which continue to decline, or not go up, it suggests there's not a large pool of cases out there, which is reassuring, that we're not aware of. So it's just one of the pieces of information we take into account, but I think the key point here is there are these, sort of, two separate things happening, and all of our focus is on that group of active sub-clusters, which I talked about at the start.

Media: That's roughly one, at the moment.

Dr Ashley Bloomfield: Yes, roughly one, at the moment. But, so saying, that includes many of those cases that are arising, which are people who are already—in fact, today—all of the cases were either in isolation somewhere; at home or in managed isolation.

PM: And yeah. The modelling is so hard with an outbreak of this size. But modelling is difficult generally in COVID, which is why it comes with so many disclaimers. OK, thank you, everyone.

conclusion of press conference