

PRESS CONFERENCE: WEDNESDAY, 13 OCTOBER 2021
HANSARD TRANSCRIPT

Hon Chris Hipkins: Kia ora koutou everybody. Good afternoon. Shortly I'll provide an update on the alert level settings in the Waikato and Northland and talk a little bit about some of the actions under way and already planned for Super Saturday, coming up this weekend, but first I'll hand over to Dr Bloomfield for an update on today's cases.

Dr Ashley Bloomfield: Thank you, Minister. Kia ora koutou katoa. So today there are 55 new community cases to report—53 of these are in Auckland and two are in Waikato. So our total number of cases in this outbreak is 1,719, and of these 1,188 have recovered. There are no new cases to report in managed isolation among returnees from abroad. Of today's 55 cases there are 26 that are yet to be linked to a current case but interviews on many of these are still to start, and of yesterday's cases, 10 remain unlinked at this point, with investigations also ongoing. There are 32 people in hospital today with COVID-19, and six of those require ICU or High Dependency Unit - level care. One is being ventilated. All are in the Auckland region, bar one who is at Waikato Hospital, and one remains in Palmerston North Hospital.

Good testing again in Auckland yesterday—just under 13,000 swabs taken and 25,799 swabs processed across the motu. To date, since the start of this outbreak, our labs across the country have processed almost 1.1 million tests. It's a huge effort—thank you to everybody who has been tested, and, of course, our staff who both take the swabs and process them. We spoke yesterday a bit about the processing times for tests. The benchmark we have is that 80 percent of tests should be processed within 24 hours. I can say from Monday this week, for example, 90 percent of all tests were processed within that 24-hour period.

Just on the Waikato two community cases, these are two members of the same household who live in Hamilton and they are being transferred today to the local Hamilton-based quarantine facility. At this point these two cases have not been linked to others in the outbreak, based on initial interviews, but those are ongoing. There is only a limited number of exposure events outside the household, and please do keep an eye out for our website for any locations of interest. Great vaccination rates across Waikato again yesterday, so thank you to everybody there who was coming out to be vaccinated.

A quick update on the second person who had been located a couple of days ago who had travelled up to Northland. There was a further interview yesterday but at this stage there are no further locations of interest from that visit by those two people to Northland.

I want to continue to encourage people across Northland to be tested, especially if you are symptomatic. Yesterday there were nearly 1,800 swabs taken in the region, which was excellent, right across the region, and today there are testing sites open in Kaitiāia, Kerikeri, Ōmāpere, Pānguru, Ōhaeāwai, Moerewa, Whangārei, and Dargaville. For address details please see the Healthpoint website, and there are vaccination centres in all those same places as well.

There is some information out in the media about an Auckland-based delivery driver who travelled to Northland on the 9th of October and subsequently tested positive. They're being assessed at the moment to determine if there are any exposure events but at this stage it seems like it's a very low-risk journey. The person was there from 3 in the morning till 12 delivering to a number of places, most of which were closed because of the alert level 3 arrangements there, but if there are any locations of interest, those will, of course, go up on our website.

As part of the Auckland cases, we have been advised that there was an adult who is a teacher in an Auckland early learning service centre that tested positive yesterday. This person has had one dose of vaccine and their infectious period has been assessed as commencing on the 8th of October. At this stage there are 11 close contacts, including six children who were in two separate bubbles of three each who were being supervised by that person. All those who are close contacts have been identified, so this is an exposure event rather than a

location of interest, and the early learning service won't be therefore listed on our website as a location of interest. We had also previously referred to an exposure event at the dialysis unit adjacent to North Shore Hospital. There are now a total of two patients and two staff members who have tested positive as part that exposure event.

There are very strict precautions and measures in place to ensure that anyone accessing that dialysis unit now will be kept safe, including screening everyone coming in, and, of course, very rigid use of PPE and intensive cleaning between each session of dialysis. The staff are undergoing rapid antigen testing before they start each shift as well. And all the results, as you can imagine, this morning were negative again for those staff still working in the unit.

Just, then, finally, an update on My Covid Record, about which there was an announcement last week. I'm pleased to announce that that is now accessible to the public via www.mycovidrecord.nz. In the initial phase of this website, you will just be able to view your vaccination record. In the first instance, people will need to create a My Health Account and then they will be able to access that record. That is available for people 16 and over—at this stage, it's only for 16 years of age and over.

From late November, people will be able to access two different types of vaccination certificate—one for use in New Zealand, and one for travel overseas. In the meantime, there is already a process in place for people to receive a letter of confirmation of their vaccination status from the Ministry of Health. That process will remain in place. And, also, of course, anyone under 16—12 to 15—who's been vaccinated can continue to use that process to get confirmation of their vaccination status. Thanks, Minister.

Hon Chris Hipkins: Thank you, Dr Bloomfield. Based on the latest information that you've now heard, Ministers have decided that the parts of the Waikato that have been at alert level 3, and the Northland region, will remain at alert level 3 for a further five days, until 11.59 p.m. on Monday, the 18th of October. Auckland remains at alert level 3, on step one of the stepped transition that was outlined earlier.

The Waikato's done a phenomenal job over the last few weeks of getting tested and getting vaccinated. The region's achieved a record increase in the number of people vaccinated within one week, recording a 5 percent jump in first doses. So thanks to everybody who went out and got vaccinated to keep themselves and their whānau and their community safe.

And also a big thankyou to people in Northland who have been getting tested and vaccinated. In Northland, there have been 19,691 vaccinations in the last seven days—that's more than double the rate of vaccinations delivered in the previous week. And we really want to see that momentum continue. We still don't have confidence that we've got a full enough picture of the situation in Northland. Getting information from the two cases who travelled around the region whilst they were infectious—and they're now in quarantine—has remained slow-going. So the best thing that people can do in Northland right now is to get tested if they have any symptoms of COVID-19, even if those symptoms are mild.

Delta's a highly infectious virus, and almost everyone it has infected so far has been unvaccinated. Just 3 percent of the cases in this outbreak have been vaccinated. So I want to reiterate again: the best thing people can do to protect themselves and their whānau is to get vaccinated.

Today, we've hit a significant milestone in our vaccination campaign. I was informed just on the way down here: 6 million doses of the vaccine have now been delivered across New Zealand. That's a big number, and we're seeing some really encouraging other numbers as well—half of the total population of New Zealand getting vaccinated. Of the eligible population, 75 percent have either been fully vaccinated or are booked in for their second dose to get fully vaccinated—that's three quarters of the eligible population in New Zealand who will soon have a really high level of protection from COVID-19. That's hugely reassuring. If you've already been vaccinated, a big thankyou, but let's get the rest of New Zealand out

to be vaccinated this week and heading into next week. So, please, talk to your friends, your family, your workmates, and help them to get vaccinated.

I want to run through a few more details. Over the coming days, you will see sports stars, actors, health professionals—many familiar faces—throwing their weight behind the vaccination campaign. The vaxathon details that were announced yesterday are continuing to take shape. On Saturday, we'll have general practices, pharmacies, community providers all vaccinating throughout the day. We've got 100 additional vaccination sites opened on Saturday around the country, including a drive-through here at Sky Stadium in Wellington, through to things like pop-up vaccination sites at farmers' markets and sporting events. Many of our existing sites are offering extended hours. Members of Parliament and community leaders are working together to try and turn people out to be vaccinated. There will be dedicated sites for those with disabilities, including New Zealand Sign Language interpreters, accessible parking and ramps and flat entrances, low sensory spaces, and accessible information around the vaccine will also all be provided.

A couple of examples of some of the innovative things that people can expect to see: vaccination campervans are heading up and down the country, particularly in the North; the Department of Conservation is offering up their four-wheel drives and their boats to help people in remote rural areas to get vaccinated; Air New Zealand's turning one of their Boeing 787 Dreamliners into a vaccination clinic at the Auckland Airport for Super Saturday—I'm told people will be vaccinated in business class before waiting out their time in economy class with some snacks provided. Other companies have done a number of things. Good George Brewing has been rebranding their lager with the tagline "For Legends that Vaccinate", and you can expect to see sausage sizzles, coffee carts, and a whole variety of other activities taking place.

Our goal here though is very clear: it is to get New Zealanders vaccinated. What does success look like? It looks like getting New Zealanders vaccinated, whether it's one person or 15 people that you convince to be vaccinated over the coming days, all of that is success and leading to a successful outcome.

A final word on Super Saturday, we're still getting queries from people who want to be involved. There is a dedicated email address: helpvaccinate@health.govt.nz for those who have ideas or who want to offer additional contributions to the national effort over the coming days.

I'll open up—Jessica.

Media: Minister, I think we understand why Northland needs to remain at level 3 with the information being hard to get, but what's the justification for the Waikato? Did you have more debate over whether to keep them at level 3?

Hon Chris Hipkins: We have two cases in the Waikato that we don't have any links for. Now, if you rewind back to prior to this current outbreak that we were dealing with, if we saw two cases popping up in the middle of the Waikato and we didn't know the origins of them, then we would be looking at an alert level escalation in those types of circumstances. So we certainly weren't willing to step down alert levels in the Waikato when we've got two cases where, at this point, we don't know how they were infected. We don't have yet a full understanding of who else might be involved in the chain of transmission there.

Media: With Northland, why didn't you just on Monday say "Look, we'll keep them in for another week"? Because this kind of yo-yoing, "maybe today," is unsettling for people.

Hon Chris Hipkins: Look, it's still possible that we could have gained more information in the early part of this week that would have given us more confidence to move down. We haven't been able to get that information.

Media: So Minister, Baker, Hendy, Plank, Gorman, Jackson, among others, have all said that Auckland's boundary needs to be significantly tightened to stop cases spreading. Why are you dragging your heels on this?

Hon Chris Hipkins: I don't think we're dragging our heels at all. The Auckland boundary—we're always looking at how we can continue to tighten the restrictions we've got in place, but it isn't possible just to have no movement in and out of Auckland, which is what some would argue for. The reality is, we've got to have goods moving in and out of Auckland, and yes, we do need to have some people moving in and out of Auckland. It's just not feasible for us to completely isolate Auckland from the rest of the country, so we try and make sure the movement at the border is as safe as possible. We're always looking at how we can continue to strengthen that, but it isn't feasible just to isolate Auckland completely.

Media: Yesterday, Dr Bloomfield, you said that you were looking—

Hon Chris Hipkins: I'll let Tova ask Dr Bloomfield his question.

Media: Thank you. Yesterday, Dr Bloomfield, you said that you were looking at extra requirements to cross the boundary. What exactly are these, and what's the time frame?

Dr Ashley Bloomfield: So at the moment we're looking at two things: one is just reviewing that testing requirement for essential workers who have to show proof of having had a test in the last week—and, actually, that's served us very well, it's picked up several cases, including this most recent one, one of the two cases that went to Northland—to see whether the frequency of that testing might be increased. So that's under advisement. We were also asked to look at whether or not there should be a requirement on people crossing the boundary—particularly those who are doing that regularly, as essential workers—whether there might be a requirement for vaccination. But, as has been discussed here by the Prime Minister, that does raise some issues. We are still having a look at that and we will provide advice through.

Hon Chris Hipkins: We'll come to Jane then Derek then Jason.

Media: So are you worried about undetected community transmission in Northland? Is that why they're in for another five days?

Hon Chris Hipkins: One of the things that we're concerned about is that people who could have been infected, and may even be showing symptoms, may be reluctant to come forward and get tested. So my message—and, again, I want to reiterate this very strongly: any information obtained by COVID-19 contact tracing or testing will only be used for the purposes of stamping out COVID-19. It will not be used for any other purpose. So to those in Northland who may be reluctant to come forward because they don't want identified and they don't want the activities that they have doing to be identified, I want to provide an absolute reassurance. The most important thing they can do at this point is come forward and be tested. And, yes, we are anxious about the risk that could be associated with people not coming forward to be tested.

Media: And is it more difficult, too, because of the water supplies? Like, not everybody's on a mains water supply in terms of waste-water testing. Is that patchier to pick up through that kind of testing as well?

Hon Chris Hipkins: Certainly, there is a risk that if you have COVID-positive cases and they're not on mains waste water, then potentially that becomes more difficult to detect unless they're coming forward to be tested. And that is a part of the country where we do have more people living with septic tanks, for example. But I'll ask the director-general to—

Dr Ashley Bloomfield: Yes, if we look at the places we know where those individuals went, they are towns in places big enough where they would have reticulated waste-water systems. So, so far, it's encouraging there haven't been any positive results there, but we are waiting for tests taken yesterday; we'll have those back later today. And I guess it's the, sort of, known unknowns. There are clearly some places that these individuals have been that we don't know about, and so we are waiting to see—and this was quite a discussion when we did our public health risk assessment, but we did agree and provided the advice that Northland would do well to stay for a few more days in alert level 3.

Media: Can I just ask you about anti-vax GPs—anti-vax doctors and one psychiatrist in the Wellington area today. I mean, how much are they compromising the effort given their status, and also do the oversight bodies have enough power? We're hearing about it taking months, for example, for a Medical Council complaint to be dealt with, and then the damage is done. Can you talk a little bit about, you know, your worries and whether more needs to be done?

Hon Chris Hipkins: I think those people are being irresponsible. Yes, they are undermining what is a really, really important public health objective for New Zealand, which is to keep people safe from COVID-19, but in terms of the professional issues, I'll hand that to the director-general.

Dr Ashley Bloomfield: The first comment I would make is these people are in a very, very small minority. There is a huge majority of health professionals, including those for whom vaccination, infectious diseases, and epidemiology are their specialty, and they are all, almost to a person, supportive of the vaccination programme. Secondly, yes, the Medical Council and other regulatory bodies have had complaints. They have to follow due process, and, of course, that does take some time, but there is a process in place. I would just point people towards the vast majority of medical, scientific, and other health professional opinion on this.

Media: But is it fast enough given the damage they can cause because people listen to them and believe them, and six months later is far too late, isn't it, really—

Dr Ashley Bloomfield: Well, I dare say that any censoring process through a regulatory body doesn't stop them communicating, but I think, again, to point to the fact these people are in a very, very small minority.

Media: Why not require a negative test to go across the boundary, and can you say whether the two women who went to Northland—if they had evidence of a test or of a medical certificate saying their symptoms, or if they had indeed shown a negative test before they went to Northland?

Hon Chris Hipkins: We do have testing requirements for crossing the boundary. Now, we could increase the frequency of those, and—

Media: It's not a negative test, though, so my first question is why not require a negative test before going?

Hon Chris Hipkins: Well, the issue is that for the people who are having to be tested regularly because they are crossing regularly, there are logistics there around timing. For those who are doing a one-off border crossing, most of those people in that category need to produce a negative test before they can cross. So it is always difficult to get the balance right here, because you don't want to make it impossible for someone who has to cross regularly to do their work just because of the timing of when their test swab was taken and when they got the result back. We want them to be tested regularly; they are being tested regularly. We'll always look at whether there are further adjustments that we can make to make that as tight as possible, but also we've got to keep in mind that it's still got to be practical.

Media: Do you have information about the Northland travellers, whether they'd had a medical certificate or proof of a test in the last week, or, indeed, a negative test at all?

Hon Chris Hipkins: So my understanding is that the reason that our first case was being tested was in order to satisfy the requirements of the border crossing, so it was to make sure that they'd been tested and they could produce a test result at the border.

Media: She was tested in Whangārei, was she not?

Hon Chris Hipkins: That's correct, in order to go back into Auckland.

Media: So she was allowed to go over the boundary before—because they went to Auckland, to Whangārei, and then back, is that correct?

Dr Ashley Bloomfield: Yes, so they had both had a test in the seven days prior to—my understanding is—prior to travelling outside of Auckland, but then that seven-day period expired while they were in Northland, so both had another test in Northland in order to be able to travel back across the boundary. And it was the testing of the first case that returned a very weak positive, and on the basis of that there was a subsequent follow-up test done when that person returned to Auckland.

Media: Can I just quickly follow up on that one, please? So did the positive woman actually show police a negative result or just that they'd had the test, or do you not know that still?

Dr Ashley Bloomfield: Well, the requirement, if people are crossing the boundary as an essential worker, the requirement is to show evidence of a test in the last seven days.

Media: So they didn't show a negative test at that point? It was just that they'd it.

Dr Ashley Bloomfield: They're just required to show that they've had a test, and this is the point the Minister made. Some people, maybe not in this instance—but many essential workers are crossing the boundary, some on a daily basis and some even more than once a day.

Media: Can I just follow up? Saliva testing venues at all those boundary crossings, because that can be returned within three hours and obviously—you talked about rapid antigen testing not being needed, but that is obviously 15 minutes.

Dr Ashley Bloomfield: Saliva testing is being used quite widely as part of that testing of essential workers crossing the boundary, including—there have been collection and drop-off points for those samples close to the boundary, but those are processed just through the normal process. You can do rapid PCR testing of a nasal sample or a saliva sample, but that's not done in this case.

Media: Could you give us a sense of just how responsible these two uncooperative people that went into Northland are for the region staying in lockdown for a further five days?

Hon Chris Hipkins: Difficult to know because, without information on exactly what they were doing in Northland and how much contact they had with people in Northland, it's very difficult to identify what the level of risk there is. And so, ultimately, by not providing information, yes, that does have an impact on our ability to make informed decisions about alert levels in Northland. There is still a possibility that there are more cases out there in Northland that have not yet been detected.

Media: So what's the hold-up here? I mean it's been a while since they've been wherever they are being questioned. Are they just providing nothing? Are they stonewalling you? What's the process of the interview?

Hon Chris Hipkins: My understanding is that they're providing very little information about where they've been and who they've been in contact with.

Media: Can I just clarify, with the Auckland truck driver that went to Northland, do you know their vaccination status?

Dr Ashley Bloomfield: I don't, but we can find that out.

Media: I know it comes back to the point that the PM was making yesterday and you referenced it before, Dr Bloomfield, but isn't this quite, sort of, opening yourself to the opportunity of [*Inaudible*]? You know, truck drivers, for example, is there not a way that you can get the industry on board to get these people vaccinated? And you said that you're doing some work around that. I mean, how much do you prioritise that and looking at that as an area where there is leakage?

Dr Ashley Bloomfield: Well, in terms of vaccinating truck drivers and other essential workers, that's been quite a big focus for the Auckland vaccination teams and with great cooperation and support from those delivery firms and other employers across the Auckland region over the last few weeks, so they have been a specific focus, and there've been mobile

teams going out to workplaces to make vaccination readily available. And I guess what I would say is here, even in the absence of a mandatory requirement, anyone who is crossing the boundary out of Auckland, I'd strongly encourage to get vaccinated if you haven't been already.

Hon Chris Hipkins: Just on the truck driver, I can give you a few more details there. This wasn't a significant factor in the alert level decision around Northland. The advice that we've got is that the driver was in the region between 3 a.m. and midday. Most of the sites in which the driver was undertaking deliveries were closed at that time. There's one site, I understand, where there was some low-level exposure. So it's not a huge risk. And so it wasn't one of the factors that we took into account in the alert level decision.

Media: I take the point, but, I mean, that's luck more than anything. The point is is that if these truck drivers who have—you know, in some cases people have the privilege of getting to cross the boundary when other people aren't, and if they're choosing not to be vaccinated, surely that's something that you would want to fix if it is going to lead to a situation where vulnerable communities that have low vaccination rates like Northland could be exposed.

Hon Chris Hipkins: Absolutely, I want everybody in New Zealand to be vaccinated. It's safe, and the more people that are vaccinated the safer we will all be.

Media: On the ECE exposure event, the sector warned you that they would be at risk if they had to go back, especially in Auckland, and that the bubble system was arbitrary; it wouldn't work. And the fact that all of the children are now deemed close contacts, doesn't that prove that it was a risk to force them to go back?

Hon Chris Hipkins: Almost anything at this point is a risk, and we do have to weigh that up against the need to provide, in the case of Auckland, to alleviate some of that immediate pressure that we have been seeing in Auckland. So we weigh those risks up really carefully. We did put extra requirements in place in order to try and keep the system and the children in the system as safe as possible. You saw me further strengthen that standing here two days ago with the vaccine announcement.

Media: But the fact that all of the children are contacts is proof that the bubble of 10 is arbitrary, no?

Hon Chris Hipkins: In this case, it's six children, and so my understanding is that that's two lots of three children, and wherever you draw the line—yes—there will potentially be risk. The only way that you completely eliminate risk is to say, "Everyone, stay home for ever."

Media: Just on the mandate, as well: the school leadership say they've been left high and dry about what happens to the teachers who won't or can't get vaccinated. Can you clarify: will they lose their jobs, or is there an option for them to be redeployed?

Hon Chris Hipkins: There's a process to work through, and we're working through that with schools at the moment. It does involve conversations about whether there are alternative options for them to continue teaching, perhaps in a different environment where they'll be supporting remote learning, for example—and bear in mind there is actually more demand for remote learning. But we are talking about a limited range of options here. So those discussions—the ministry will be working with schools, so will the School Trustees Association, to make sure schools are provided with good guidance and good support. There is a period between now and the end of the year to work through that process, so it doesn't all have to happen immediately.

I'll let you finish that.

Media: Yeah, thank you. You knew this mandate was coming and the leadership says that there's been an information vacuum and they're fielding all these calls from worried teachers and principals, and there is no advice that they can give them. Why wasn't there anything ready to go to the sector to help them to work through this?

Hon Chris Hipkins: Look, it is a process to be worked through, and that process will happen over several months between now and the end of the year, and we don't yet understand the true extent of what the issue will be. My expectation, actually, and from the feedback I've had is we're expecting to see very high vaccination rates across both of the workforces that we talked about on Monday.

Media: Minister, off the back of that: have you identified any potential staffing issues, though—in particular, smaller regional schools, where large proportions of the teaching workforce there aren't keen to get vaccinated and don't want to get vaccinated?

Hon Chris Hipkins: I'm not seeing evidence that there are large proportions of the workforce that aren't willing to be vaccinated. Potentially, where we could experience issues is if there is an isolated school where that teacher—you know, it's a sole-charge school and that teacher doesn't wish to be vaccinated, then that is something that we're going to have to work through in terms of making sure that we can staff that school. That is one of the reasons that we've said the 1st of January is the deadline, so that we actually have some time to work through that before kids come back after the summer holidays.

Ben.

Media: The cases in the Waikato—are they in places that haven't been reported to have COVID-19 cases so far?

Hon Chris Hipkins: Sorry, the—?

Media: Any new cases in the Waikato over the last couple of days—are they in new towns or places that haven't had COVID-19 cases?

Hon Chris Hipkins: So the two cases today—we obviously don't know much about them yet and we don't know how they might have come into contact with it. I know that the three cases we dealt with yesterday were all known people, so they were already isolating. I think two of them were in isolation, and one of them was isolating at home. I can't remember to the day before that, but we have seen it relatively contained up until today, when we saw those two extra cases come in.

Dr Ashley Bloomfield: These two cases today are in Hamilton, so all 37 cases in Waikato to date have been either in Raglan or in Hamilton.

Media: Can I also ask—just to zoom out—because we've had a week of phase one of level 3 restriction in Auckland so far, and I think case numbers, off the back of the envelope, are 43, on average. Was that how you were thinking, Dr Bloomfield, when you gave the advice to expand those freedoms? And there have been predictions of 100 a day—is that within your expectations? Do you think that's a possibility?

Dr Ashley Bloomfield: Well, clearly, the case numbers are going up and, as we've talked about the last couple of days, the R value remains above one, and if it's above one, they will continue to grow. At the moment, it's sitting about 1.2, and everything that goes around alert level 3, including at stage one and the requirements on people—particularly about not mixing inside—remain really important for us keeping those case numbers as low as possible, and that's what we're aiming to do.

Media: Minister, can you tell us why the COVID-19 Technical Advisory Group wasn't consulted on the move away from elimination or the introduction of stages in Auckland?

Hon Chris Hipkins: I'm not sure which advisory group that you are referring to there. There are a number of different advisory groups. Which one were you—

Media: The COVID-19 Technical Advisory Group. It's got Michael Baker in it and Dr Collin Tukuitonga, Dr Matire Harwood—they've advised a pretty big chunk of our COVID-19 response so far.

Hon Chris Hipkins: Well, the first thing I would say is that the decisions around COVID-19, we continue—I think the word "elimination", and the way it's being used and the way it's being

interpreted across a variety of different places: it means different things to different people. The Government's use of the word "elimination" has been relatively stable right the way through. Because we've had periods of eradication, people have come to confuse those two things together—i.e., "elimination" means getting back to zero cases. That's never been the definition of the original elimination strategy, and I think a lot of this comes back to terminology. We are continuing to try and pursue COVID-19. We are continuing to try and drive cases out. And that's what we continue to do; it's why we still have restrictions in place. We have not given up on driving COVID-19 cases out of our community; that's exactly what we continue to do.

Media: But the introduction of stages in Auckland that are easing restrictions is a clear move away from what we've been doing so far when cases are still rising. So why wasn't that group of independent experts consulted—

Hon Chris Hipkins: We've taken a wide range of advice, including the fact that we've had a group focused particularly on this question, chaired by Professor Skegg, looking exactly at the sorts of things that the Government needs to consider in making these decisions. I would just remind people too that the alert level system relies on a high degree—a very high degree—of voluntary compliance. If you look at New South Wales, for example, they still saw a spike in cases despite not lowering their restrictions, because people stopped following them, to some extent—that was one of the reasons. So of course we keep all of those things in mind.

I'll come to Jenna.

Media: Which independent experts were consulted? Because I've been told that David Skegg and his group—last Monday's announcement totally blindsided them. Which independent experts were consulted?

Hon Chris Hipkins: These have been ongoing conversations that have been had over quite a period of time.

Media: Has a COVID-positive person given home isolation fled their home, and if so, how was that possible?

Dr Ashley Bloomfield: I can update on that. There's been—one of the people who's returned a positive result the public health unit in Auckland hasn't been able to get in contact with. So as they do in these circumstances, using a section 70 notice, they've asked for assistance from the police to locate that person so that they can then get them transported to a quarantine facility and undertake case interview.

Media: So they haven't specifically been given an exemption to home isolate?

Dr Ashley Bloomfield: No, it's someone who had been tested and the result has come in and the public health unit hasn't been able to locate them as yet.

Hon Chris Hipkins: Jessica.

Media: People who've been vaccinated overseas with jabs recognised in New Zealand are getting re-vaccinated in order to qualify for the vaccine certificate. So they've had to because they've received no guidance from the Ministry of Health. What's your reaction to that?

Hon Chris Hipkins: We were really clear when we made the announcements around the vaccine certificates—bear in mind the vaccine certificates are not yet available—that before the vaccine certificates are made available, there will be an opportunity for those who have been vaccinated with an approved vaccine abroad to make sure they're providing that information so that it can be included in the vaccine certificate. So if someone has been vaccinated abroad, with Pfizer or with the approved vaccines, then they do not need to do that again when they're here in New Zealand, as long as they have a record of their vaccination that they can then supply. When we've got that part of the system ready to be able to receive that, then they won't have to do that again.

Media: Could the ministry have provided better advice on that?

Dr Ashley Bloomfield: Oh, I think the advice was clear during the announcements last week. That's one of the important aspects of the functionality that we're putting into the new system—that people have been vaccinated overseas. That can be recorded in the COVID immunisation register, and therefore reflected in the record that people are able to produce.

Media: There have been differing accounts of how many ICU beds there are with some of the people on the ground and with Ministers. How many ICU beds do we have at the moment? Can you clear that up?

Dr Ashley Bloomfield: Well, I'm not going to provide a number right here and now, because what I do get is a daily report on the proportion of ICU beds that are filled or not filled in every hospital around the country. And generally that sits between 60 and 70 percent nationally each day. But that is the number of beds available on those days, and the beds available each day does vary, because it depends very much on the staffing available and the number that they feel they will need. But what I can say is that ICU capacity, both beds and the staffing of them, is one of the key streams of work that is being undertaken in Auckland and nationwide to ensure that we are prepared not just to respond to COVID but to continue to deliver a full range of care that people will need.

Hon Chris Hipkins: Jo.

Media: Should the surge capacity be reported in those numbers, do you think?

Dr Ashley Bloomfield: It's not generally reported. This is our daily occupancy—hospital ICU bed and ventilator use across the country—that we provide DHB by DHB.

Hon Chris Hipkins: Jo.

Media: [*Inaudible*], how much consideration has been given to allowing Kiwis abroad, particularly in places like the UK and Australia, who are double vaccinated, to come back and use MIQ for a shorter period of time so you can put more people through the system?

Hon Chris Hipkins: We are actively considering our MIQ settings in light of the fact that we are unlikely to get back to zero cases in the New Zealand community. Obviously, there are a few further things for us to work through on that, including, for example, what we do with travellers who want to come back via Auckland but then move to other parts of the country.

So we've got some work to do there, but I think you can expect to see us talking more about that fairly soon. There's a lot of work happening in that space. We are very closely looking at MIQ settings in light of what we're now dealing with domestically in New Zealand. The situation has changed here.

Media: Can I ask on that—are you looking at five-day, a seven-day period?

Hon Chris Hipkins: Look, I don't want to get ahead of that. We haven't made decisions, but we are working through a range of different options.

Media: How do people know that—do you have an arrangement yet with the likes of the UK and Australia, in terms of a vaccine passport certificate - type system or do you need to put that in place before you can do this?

Hon Chris Hipkins: We've already indicated that a requirement for all those coming into the country who are not New Zealand citizens, there is a requirement that they will need to be vaccinated—fully vaccinated—before they can come in after the 1st of November. That will largely be a manual system.

It'll be a manual system at two levels. One is that we are expecting the airlines to do some checking of those records before people check in—during the check-in process for a flight. And then secondly, they will be more thoroughly checked here in New Zealand, and there will be penalties for those who have deliberately tried to rip off the system, if you like.

Media: So some experts have said a circuit-breaking level 4 lockdown may be needed to stop cases tracking up in Auckland, as they are. What's your thinking on that, and could you rule it out?

Hon Chris Hipkins: That's not something the Government is considering.

Media: Why not?

Media: Can you say how many—

Media: Why not?

Media: Why not?

Media: Why not?

Media: Why not?

Media: Why not?

Hon Chris Hipkins: Anyone else?

Media: Ha, ha!

Hon Chris Hipkins: The reality is, as I've already indicated, the alert level system that we have relies on a very high degree of voluntary compliance for New Zealanders. And what we've seen in those countries that have tried to sustain those kind of restrictions for a prolonged period of time, they have found that the effectiveness of those restrictions actually diminishes.

So if you wanted to rewind back and say, "Had we stayed at alert level 4 this entire time, would we still be seeing an escalation in cases?", there's a very good chance that we would still be in this position, because the level of compliance, the level of support for alert level 4 can still remain high, but it only requires the small minority who don't follow the rules to increase by a bit, and the effectiveness of those alert levels diminishes quite significantly.

Media: Can you please put a figure on how many 10-and-unders, and separately, how many 19-and-unders have been hospitalised in this outbreak, in this particular one?

Dr Ashley Bloomfield: I'll have a look at that, perhaps if there's a follow-up—I'll see if I've got that information here.

Media: Thank you. Also, can I ask, please, about home quarantine? We were told by the Chief Medical Officer they're working on a home quarantine system based on modelling saying there could be about 5,000 cases a week in Auckland and Northland. What's happening with home quarantine as opposed to MIQ, and how quickly could we see that in place?

Hon Chris Hipkins: As we do see the number of cases increasing—we are expecting to see the number of cases increasing—the sustainability of putting everybody who is a positive case into MIQ starts to seriously be drawn into question. And so we have been working, for some time now, on a home isolation model for positive cases. We've done that before, in our first level 4 - level 3 lockdown last year. We did isolate positive cases within their own homes, by and large. So we've done this before and we will see that again, and I think that we will see that again fairly soon.

Media: And what about security? I mean, you know, we're going back to a situation when we first closed the borders and we had a lot of people self-isolating and really not a lot of monitoring. What do you have now at your disposal that you can put security in place, and actually—and that's obviously going to be a big concern, especially in people who are positive, that they're doing what they need to do. What can you do to make sure that they are?

Hon Chris Hipkins: So one of the things that we will do is we'll still have MIQ for New Zealand domestic cases where there's a higher degree of risk associated with them; whether it's that they can't isolate or that we're not confident that they will isolate, we'll still have the ability to use MIQ for those people in order to minimise the risk to the rest of the community.

Media: A follow up to Jane's question. The release of MIQ rooms this week, they mentioned that they had been conservative in what went out because of that very fact of

cases increasing. You know, the home isolation thing may help with that, but how much of a squeeze, how much pressure do you think is going to go on that MIQ allocation as a result of cases growing, and what can you do to deal with that?

Hon Chris Hipkins: I think we will, like I said, sooner—fairly soon—see us having to move to more of a home-isolation model for those positive cases, rather than converting more and more of our MIQ facilities to cope with domestic cases. In the last peak that we saw, you know, a couple of weeks back, I think we went to the peak of what we could do in terms of MIQ, and I don't envisage that we will go above and beyond that. So we will now be looking at other ways of isolating people, and it will be a risk-based framework that we use.

Media: Minister, in terms of this modelling that Jane's just mentioned—about 5,000, I think, was it, cases a day—is that something that you've—

Media: A week.

Media: —a week—

Media: In Auckland and Northland, sorry.

Media: That's OK. Is that modelling that you've seen—figures of, you know, thousands of cases a week—and how likely is it to happen?

Hon Chris Hipkins: We've seen—I mean, I think everyone can do some maths. So if we're looking at a value of, you know, between 1.2 and 1.3, that does see the number of new cases doubling on a fairly regular basis, and that does lead you to an exponential growth curve. So I think we can all do our own maths and figure out those models. It does see us—you know, there's no question, we're going into a period where we are likely to see quite significant growth in the number of cases. There are some things that New Zealanders can do to minimise that, so following the alert level restrictions that are in Auckland now, and following the spirit of the alert level restrictions that we have in Auckland now—it is still alert level 3, remember—getting people to follow those rules is one of the ways that we can help to suppress growth in the number of cases. And the other, of course, is vaccination. COVID-19, this particular outbreak we're dealing with, it has found unvaccinated people, and that is where it's been spreading the fastest, with the most devastating effect. So vaccination—I cannot stress this enough: it matters the most.

Media: Minister, in terms of that—you know, you've ruled out level 4. If these cases do rise into the hundreds or thousands per week, and you are looking at a scenario where the health system could be overwhelmed, in the past in that scenario we would go to level 4—if we can't do that, what do you do?

PM: Look, the Government's doing a variety of plans, and the Prime Minister, I think, has already committed to coming back in and speaking to you about what that pathway looks like. We are still at alert level 3 in Auckland, though.

Media: Minister, you just ruled out a level 4 circuit breaker. Is this response to COVID-19 still a science-led response? Because it seems to be increasingly at odds with what a lot of experts—

Hon Chris Hipkins: It is a science-led response, but it's also a science-led response in the context of an increasingly vaccinated population. And so we have to recognise that. We have to recognise that other countries who have also pursued similar strategies to us around, you know, actively running down cases, which we continue to do, have changed their approach in the light of higher proportions of their population vaccinated, as we are doing here in New Zealand. And we have to recognise no country, sadly, has been able to eliminate Delta and get back to zero—no country has been able to do that. Once Delta is out there, it is much harder to contain—or, you know, to eliminate, to eradicate—than previous strands of the virus have been.

Dr Ashley Bloomfield: Minister, just two comments on a couple of the recent questions. First of all, the modelling that was referred to, that was looking at 2022, with fully

opened borders and with high vaccination rates, but not with the range of other public health restrictions. So it differs very much from the modelling that you might have seen previously from Professor Hendy and his team, and also from the modelling that we are using for our decisions and our advice in this outbreak. So that's the first thing I would say.

And as to the question of a science-led response: very much so, because the decisions are being based on the public health risk assessment and advice that we provide through. And that's not just my personal advice; we canvass the views of a range of people, including our colleagues who are dealing with this outbreak in Auckland day in, day out, and they are public health doctors, epidemiologists, and so on. And so the advice we've given through—and we canvassed the idea very deliberately of increasing alert levels again, and that was not supported by our team or the team on the ground in Auckland, based on the work and where we are in this outbreak.

Media: Minister, just to follow Jo's question earlier on international travel, there's a heads of Government agreement between Australia and New Zealand for first-mover advantage. That created the trans-Tasman bubble earlier this year, which is, obviously, now on pause. Does that first-mover advantage still exist or is that part of a wider review now of how you're going to treat international travel?

Hon Chris Hipkins: Look, without getting into the specifics of that arrangement, which I don't know all the details of inside out and back to front, what I can say is we do have a very close relationship with Australia. We do look at what's happening in Australia. We've learnt a lot from each other in our responses to COVID-19 and we continue to do so and we continue to talk to Australia very closely. It is one of the areas where there is the most pressure for movement too, from people wanting to move between New Zealand and Australia. So, of course, whenever we're talking about any changes at the international border, Australia is one of those countries that is absolutely front of mind when we're having those conversations.

Media: Are you watching the Australian Government's re-opening to the world with interest? Is there things that you can learn from them now that international travel is likely to take place as soon as next month?

Hon Chris Hipkins: Well, one of the things that we still don't quite know is what the state response to the Federal Government's re-opening strategy is going to be. And we've seen previously that that can create some internal tension within Australia, and so it's not always as clear cut as it might first appear once the states get involved and put their own take on potential changes there.

Media: The owner of a tyre shop in Kamo has told RNZ the Northland DHB didn't know of the positive case until a Facebook post. What's the process for notifying a DHB and what's gone wrong in this instance?

Hon Chris Hipkins: I'll ask the director-general to comment on that one. That's new to me.

Dr Ashley Bloomfield: Oh, so this is the truck driver who went up?

Media: Yeah, the tyre shop.

Dr Ashley Bloomfield: Right. I thought you said Thai.

Media: Oh, tyre.

Dr Ashley Bloomfield: I was thinking of a takeaway, sorry. So yes, there was a—the company that the person works for, which is Auckland based, was notified by the public health unit and very quickly got in touch with the places that that truck driver had delivered to in Northland—actually, in Whangārei—and a social media post was made very quickly after that. And that was, in fact, before we had been informed and the public health unit up there. So it was just an unusual series of events that led to that. But, of course, once this was known and the person was informed, then we were able to establish it was a low-risk event.

Hon Chris Hipkins: All right, we'll start to wrap up in a moment. Jason.

Media: Minister, it's now almost been five days since we knew about the Northland case, but we still have precious little information about why they were up there, what they were doing, and, basically, anything. Can you just give us—don't you think the people of Northland deserve a bit of an explanation as to what's actually going on?

Hon Chris Hipkins: Yes, I think the people of Northland absolutely deserve an explanation and I certainly encourage the two people concerned, who have that information, to share that so that we can in turn share that where there's a public health rationale for doing so.

Media: Given that the Northland women were only required to show that they'd had a test and not a test result, is it possible that they were infectious as they passed through the border?

Hon Chris Hipkins: I think given the—I'll perhaps get the director-general to comment on that.

Dr Ashley Bloomfield: It's possible one of them was, but very unlikely given the date that her test was done and the result of that test. But, again, the requirement is that people who are travelling across the border on an essential worker permit show that they have had a test in the last seven days. And if a test comes back positive, as we saw in this instance and in other instances, then that is followed up immediately.

Media: And just—the person that we were talking about before, who has COVID who can't be located, are they known to police and do they have a previous criminal record?

Dr Ashley Bloomfield: I don't have that information. It was very much a last minute update I got before we came down.

Hon Chris Hipkins: I'll come back to Derek because he looks like he's about to expire.

Media: Can you please—either of you or both of you—paint a picture of what the outbreak is looking like in Auckland now? We have 75 unlinked cases, that's five times as much as there was a week ago. Is it still centred on those eight suburbs of concern? Has it gone beyond that now? Is it still in those marginal communities or has it gone beyond that now? And if it is beyond the reach of the public health team, is vaccination now really the only way of Auckland seeing level 2?

Hon Chris Hipkins: I think it would be fair to say the advice we are getting is COVID-19 is spreading in Auckland and that the number of locations that we're seeing cases popping up is increasing. The overall diversity of the parts of the community that are being infected with COVID-19 is also increasing. Vaccination is absolutely important at this point. We're seeing good, high vaccination rates in Auckland, but I can't stress enough, we want to push harder and faster with vaccination in Auckland. It will make a difference. It will be a very important part of the pathway to less restriction for Auckland, there's no question about that. But in terms of comment on the overall nature and shape of the outbreak, I'll get the director-general to—

Dr Ashley Bloomfield: So I think the Minister has described the shift we are seeing here and what I would also say is that high testing continues to be fundamental to us being able to control the outbreak and keep the number of cases as low as possible, as does people's willingness and compliance with the alert level 3 restrictions. That's very important alongside our increasing vaccination rate.

Media: Last week it was still quite possible—people were saying the public health unit could still find those last embers and stamp them out, and even possibly return it to zero, even though that was quite a dim hope. When has that shift happened that that no longer seems to be the case?

Dr Ashley Bloomfield: Well, let me be clear. The public health team is following up every single case. In fact, they're being distributed to public health units around the country to ensure we're following them up in a timely way, and all contacts are being followed up at

the moment. So there is still a very active and aggressive public health effort to follow up cases and isolate and test contacts.

Media: Minister, you said earlier—forgive me if I'm wrong—that you're re-evaluating the use of MIQ for vaccinated international travellers. Are you indicating that, like, travellers from maybe the UK or Australia if they're vaccinated could enter New Zealand without MIQ as we know it before the end of the year?

Hon Chris Hipkins: No, I'm not making any pronouncements on that. What I am saying is of course we are looking at our overall border settings, our MIQ settings, in light of the changed situation that we have domestically in New Zealand. But I'm not going to get ahead of those conversations or any decisions on that and I'm not going to foreshadow what's on or off the table at this point. But I'd say that the work is being done.

Media: Just during this press conference, there have been reports from a couple of people saying that the My Covid Record website is overloaded. Are you confident that the system is robust to cope with big influxes like when it's mentioned in the press conference and things like that?

Hon Chris Hipkins: The feedback that I've had so far is that the My Covid Record does draw on the National Health Index in terms of accessing people's numbers and that that is a system that is under strain at the moment because of the volume of activity associated with it. The overall My Covid Record system itself is very robust but it is drawing down data sources from other places, and so that does create some strain there. So one of the reasons that we've opened up My Covid Record before the vaccine certificate is in order to spread the demand while people do this first part of the process, to make it more sustainable.

So we'll wrap up now, but the lucky last question is over there.

Media: Is Waikato in the same boat as Northland in terms of people reluctant to come forward or are there other factors at play like those two—

Hon Chris Hipkins: No, I haven't seen any evidence of people reluctant to come forward in the Waikato. The feedback that we've had is that people have been very forthcoming. People have been good at sharing their information. These two mystery cases that we've seen pop up, though, they're really underpinning the decision to extend there in the Waikato at this point.

Media: The reluctance to come forward that you mentioned—do you think there will be a reluctance to come forward because there is criminal activity involved?

Hon Chris Hipkins: I wouldn't want to speculate on that.

Media: Well, why have you said there's reluctance, then?

Hon Chris Hipkins: Look, it is possible that the activities that people are engaged with in Northland means that they have some wariness of coming forward; they are concerned about potentially exposing some other aspects of their lives that they don't want to. So I want to just reiterate—

Media: Could you be a bit more straight-up about it?

Hon Chris Hipkins: No. And I just want to reiterate that we won't use any information obtained through this process for those purposes, and that includes we won't be sharing them publicly unless there's a very good reason to do so.

Media: Minister, why don't you just say that they are a sex worker? Isn't that simpler?

Hon Chris Hipkins: That's not the information that I have. Now, there's a lot of speculation about that but that's not the information that I have. So I will wrap up there. Thanks very much everybody.

Media: Are there any other suburbs of interest of Auckland that you particularly want people to come forward to get tested in, outside of the ones you've said?

Dr Ashley Bloomfield: Not at the moment but we will have an update on that tomorrow and what I will say is, of course, anyone in Auckland, Northland, or Waikato with symptoms, please do get tested straight away and isolate until you have that test result back. Thank you.

conclusion of press conference