

**ALL-OF-GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 20 OCTOBER 2021
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou, everyone. I'll hand straight to Dr Bloomfield for an update on the latest case numbers, and then I'll run through a few decisions around schooling, MIQ, and vaccines. Sorry, didn't give you much time to prepare, did I!

Dr Ashley Bloomfield: Thank you, Minister. Right. Kia ora koutou katoa. So, today there are 60 new COVID cases in the community to report; 56 of those are in Auckland, and four are in the Waikato. Our total number of cases in this outbreak is now 2,158, and, pleasingly, 1,389 of those have recovered. It is a drop, obviously, from yesterday's 94, but we do expect the numbers to bounce around, and, as we've said before, the overall trajectory is that they will keep rising.

Twenty-two of today's cases are yet to be linked to a current case, but interviews are well under way, and of yesterday's 94 cases, 34 still remain unlinked at this point, but, again, interviews are proceeding with those cases from yesterday.

Today, there are 43 people in hospital. Five are in ICU or high-dependency units, and all are in Auckland except for one person, who is in hospital in the Waikato.

Testing yesterday was really good: 26,330 tests processed around the motu, and there were 11,692 swabs taken in Auckland. It's very important we maintain that community testing at a high rate in Auckland in particular, and testing continues to be available right across Auckland at pop-up centres and, of course, at GPs and urgent care clinics. Please check the Healthpoint website to find out exactly where.

Of the four new cases today in Waikato, two of those are close household contacts who were already in a quarantine facility, and the other two are known to have likely links to existing cases. So the total number of cases in Waikato to date is 56. Ten of those have now recovered.

Testing continues across the Waikato, and I'd ask anybody with any symptoms in the Waikato to please go and get tested, particularly anyone in the Te Awamutu area, and/or if you know you may have been in contact with one of the people who is now a case, please go and get tested, whether you have symptoms or not.

Now, yesterday New Lynn's Shadbolt Park was classified as a location of interest. It's now been reclassified as an exposure event and has been taken down from the Ministry of Health website. Having looked further into the event, which was being managed by a PHU elsewhere in the country, it's now been assessed as being an exposure event with a small number of people who are contacts. They are all known and have all been contacted and are all isolating. No one else is being sought in relation to the event.

Testing in Auckland—the team up there has moved away from using suburbs of interest because the infections are now quite widespread across Auckland. Testing is going to be focused on those areas where they are finding a higher test positivity rate, where the risk of unidentified cases is potentially higher. So in that vein, people with symptoms, even if they are mild symptoms and even if you have been vaccinated, in New Lynn and in the North Shore suburbs of Rosedale, Redvale, and Bayswater, please do go and get tested as soon as possible, and, of course, isolate until you get your result. The testing will just help provide us with assurance there are not undetected cases there in that community, and if there is, that that gets detected and dealt with as soon as possible. Today, testing is available in the community testing centres at Health New Lynn, the North Harbour Stadium, and the Northcote Community Testing Centre, and from tomorrow there will be additional testing available in Wairau Valley Road.

From Thursday this week, healthcare workers in our managed isolation and quarantine facilities will be allowed to work in other healthcare facilities without the need for a 48-hour stand-down and negative test requirement. This will allow greater flexibility of using that

MIQ workforce and of others being able to supplement that workforce and reduce some of the real pressure that is on that workforce. It's particularly important in Auckland and Waikato as they move to supporting community cases to isolate at home. There is a range of public health and other measures in place that will provide a high level of security—and low-risk—from these moves. That of course includes that all those workers have been fully vaccinated, there is frequent surveillance testing and robust infection prevention control measures in place, including use of PPE. I should say that there have only been three MIQ workers infected since the pandemic began, and all three of those were in 2020.

Just a quick clarification around the third dose for immunocompromised people—and, again, just reiterating this is a third dose in the primary course for people who are immunocompromised. This is a third dose of the Pfizer vaccine for those 12 and over for a small group of people. There is further detail going up on the ministry's website this afternoon about what the inclusion criteria are and about how those people will be both identified and then receive their third vaccination. That will not be through using the Book My Vaccine approach, so you will not be able to book a third vaccine on the Book My Vaccine website. And the detail about who is included and how that process will roll out will be on the ministry website later this afternoon.

Finally, a shout-out to all New Zealand's COVID-19 modellers. My colleague Dr Ian Town, our Chief Science Adviser, has described modelling work as crucial in helping both my public health colleagues, the public, and, of course, our decision makers understand the impact of different policies and decisions, including the impact of vaccination, on our pandemic response. Scenario modelling, in particular, is incredibly useful in understanding the links between case numbers, hospitalisations, and the impact of public health measures and vaccination. Our advice that we put through to Cabinet around alert level changes is informed by that modelling, and I just want to acknowledge how critical that modelling has been and how fortunate we feel to have a group of such capable modellers here in Aotearoa. Back to you, Minister.

Hon Chris Hipkins: Thank you, Dr Bloomfield. COVID-19 significantly disrupted many of our lives, and I'm acutely aware of the impact restrictions have had on our learners in our education system. Exams are racing up for our senior secondary school students in particular, and the stresses and strains that learning from home creates become more evident by the day. The decision on schools and early learning services in alert level 3 areas is a really finely balanced one. We want to get our young people back into the classroom as soon as we can, but we also want to keep them and the wider community safe. We've been consulting with education and sector leaders and, based on the latest public health advice, have determined that students in years 11, 12, and 13 will be able to return to the classroom in an alert level 3 area from Tuesday, 26 October, i.e. after Labour weekend. That'll allow those students back to school so that they can prepare for their end of year exams and complete their NCEA assessments.

Learners in the age group are able to be vaccinated in that age group, and we'll require them to wear masks whilst they're at school. Staff and volunteers working onsite will need to have a negative COVID-19 test before returning. Children, young people, and staff at higher risk of severe illness from COVID-19 should stay home unless they are fully vaccinated. Records will be required to be kept for contact tracing purposes. Face coverings on school transport will be mandatory, and staff and volunteers at schools in all regions will need to receive their first vaccination by no later than 15 November.

I'm also confirming today that NCEA and Scholarship exams will proceed, including in alert level 3 areas. With Auckland, Waikato, and Northland experiencing further COVID-19 disruption during term 4, the New Zealand Qualifications Authority has confirmed that these students will be eligible for an unexpected event grade that recognises the work they've done. While students will still be expected to attend exams where possible, the long-established unexpected event grade process will reflect what happens in any year where a student's attendance or performance in exams is affected by illness or injury. This grade is worked out based on their schoolwork throughout the year, so students in Auckland,

Waikato, and Northland who can't attend an exam because of a COVID-19 - specific disruption will receive their unexpected event grade. Where they do attend the exam, they'll receive the better of their exam grade or their unexpected event grade. NZQA will be working with schools to put public health measures in place to protect staff and students in the exam rooms. Those familiar with exams will know that social distancing is an integral part of the examination process, and a normal part of exam conditions.

While classroom teaching and learning was disrupted by COVID-19, students have continued to work hard, and they deserve the opportunity to safely demonstrate what they've learned. So today's decision provides certainty to our senior secondary school students, while recognising that those who are not able to perform at their best will have their specific circumstances recognised.

For years 1 to 10, the picture is a more difficult one. I'm not completely ruling out these students in level 3 regions being able to return before the end of the school year, but if they do, we'll need to be satisfied that there are sufficient processes in place to be able to minimise any risk.

We have to acknowledge that any settings where there are groups of children under the age of 12 create higher risk. These are people who are not able to be vaccinated at the moment. But there some mitigations that can be put in place to help keep risks as low as possible so we can consider things like rostered attendance, to reduce numbers onsite at any given time; in the warmer summer months, education outside the classroom in an outdoor environment where it is more difficult for COVID-19 to spread is also more possible. So Cabinet will consider the latest health advice and further decisions on schooling, particularly focused on years 1 to 10 and early childhood, next Tuesday.

Coming to managed isolation and quarantine: the changing nature of our COVID-19 response as we enter a phase where we've got a more highly vaccinated community and when we're dealing with locally acquired cases in the community does prompt changes to our border settings. We're considering shortened MIQ stays and greater use of self-isolation for those coming into New Zealand, and I hope to be in a position to make more announcements on that in the coming days. In the meantime, we are making some changes to address specific challenges that some groups are facing. From the end of November, there will be an ongoing allocation of 300 rooms per month in our MIQ facilities set aside for critical health workers. We have created an allocation for ministerial travel, for trade negotiations and international relations, and decisions have been made about the November and December time-sensitive travel allocations. These are predominantly going to the health sector, agricultural sector, engineers and technicians, military and diplomatic personnel, and 284 rooms have been allocated to 350 people across those groups. That'll help us to see skilled workers from a range of sectors enter into the country to carry out work that will have significant benefits to New Zealand. I acknowledge that there's heavy demand for MIQ spaces at the moment, especially as we head towards Christmas. We do need to strike the balance between reconnecting with the world, bringing people home, looking after our local community cases, and, of course, looking ahead.

To vaccinations—it wouldn't be the Wednesday stand-up without a quick update on vaccinations—I think we can all be very proud of what we achieved over the weekend. We need to keep that momentum going. Today, we're launching a new campaign, called "Two Shots for Summer". It predominantly targets the 16- to 29-year-old age cohort—the group that we have to get a better vaccination rate within if we're to get our rates really high—encouraging them to get fully vaccinated by December. We currently sit at 85 percent of the eligible population in New Zealand having had their first dose, 67 percent being fully vaccinated. The country also now has its highest-altitude vaccine, a drive through clinic in Arthur's Pass. I'm reliably informed that not only do you get to enjoy the good view; you potentially get a free coffee and a pie from the local retailers while you're there.

And before I wrap up, I do want to have a shout-out: it is world cleaners day, so a very big thankyou to our cleaners. They are actually integral to our COVID-19 response as well, so

thank you to them. Thank you for all the work that they have been doing over the last 18 months to help to keep us safe from COVID-19.

Media: Minister, what provisions are in place for students whose families might be too anxious about them returning or if they're isolating as a close contact?

Hon Chris Hipkins: For those senior secondary school students, our indication here is it is safe for them to go back. The concentration of vaccination rates that we're seeing amongst our schooling population puts them in a similar position to a large workplace. Primary schools are different, because they don't have that high concentration of vaccination amongst primary populations, but for secondary schools they do. So it isn't that much different to a large workplace in terms of the level of risk there. There are those additional measures in place, schools will be working very hard to make sure they're keeping people safe.

Media: What can you tell us about the—in the ministry press release today, perhaps this is for you Dr Bloomfield, the low doses and the expired vaccines that were put in some people's arms. How is that able to happen?

Dr Ashley Bloomfield: Well, starting with the low dose one, this was similar to previous incidences where this has happened where, erroneously, a vial that's just been used—and I should say that even once a vial has been used, there's still a residual amount of fluid in there, which is similar to the amount that's in a vial before the diluent is put in. And so the incidences we've had similar to this in the past is where that vial that's just been used is picked up, further diluent is put in, and so people do receive a dose but it's a very diluted dose. Therefore, what happens, and part of the process that's in place on every vaccination site around the country, is there's a reconciliation at the end of each session, and so it's picked up immediately. And in that case, it was picked up and all those who were affected were followed up and given advice.

The other incident, which was here in Wellington, was where the vaccine was within the 24 hours after it had passed that 30-day period. It had been in the 2 to 8 degrees special fridge, but it had just passed that 30-day period. Those people have been contacted and encouraged to get a further vaccine.

Media: Are you worried about how that might erode trust in the vaccine roll-out, errors like that?

Dr Ashley Bloomfield: I'm not, because these affect a small number of people in a programme that's delivered over 6.3 million vaccinations, and the assurance I can provide people is that the fact that these were found is a reflection of the quality assurance processes that are in place to make sure—

Media: You can't say which ones, you don't know—

Dr Ashley Bloomfield: —if there are anything that could go wrong in the context of tens of thousands of vaccinations being delivered each day right around the motu, that, actually, our systems are there to find them and follow up immediately.

Media: And, Minister, with more positive cases self-isolating at home, how concerned are you about COVID spreading with people not following the rules, and what procedures are in place to stop that from happening? And perhaps you could also talk us through what happened with those three absconders from MIQ, how they were able to escape.

Hon Chris Hipkins: So my understanding is that two of them—so I'll work backwards, if you like. My understanding is that two of the absconders scaled the fences. They were spotted doing that. They were out less than five minutes. They were being watched the entire time they were out, so the system worked as it should there.

My understanding is that with the third unrelated case, this was a person who was given permission to return home to collect some belongings to care for a pet. They were escorted during that time. They were allowed to enter their home. After 10 minutes, they did not

return, and they have been unable to be located since then. So that's all the information I have on that. So it was an escorted visit, but it was clearly someone who has provided wrong information and has therefore broken the rules.

In terms of what was the—I'm just trying to remember the first part of your question.

Media: With the positive cases isolating at home, how concerned are you about COVID spreading with people not following the rules, and what procedures are in place?

Hon Chris Hipkins: So we will still be applying a risk-based approach to the management of COVID-19 cases in the community. So those higher-risk cases, particularly where we're not confident that they'll be following the rules, we still have the ability to move them into MIQ.

Other cases, where it's low-risk, where people are following the rules and they can safely isolate at home—that is actually the better place for them to be isolating, bearing in mind some of these people will be asymptomatic cases. So home isolation will become more of our response.

Media: Given the criteria you outlined yesterday, Dr Bloomfield, about home isolation, the case on Waiheke Island appears to have travelled while awaiting their test, moved to a place that isn't their primary residence, and we've also been told they've been involved in previous border breaches. What can you say about this case, and is that accurate?

Dr Ashley Bloomfield: I can give you some information, not related to accusations around border breaches. Those may be out there but there's nothing to suggest that. The person's been interviewed by a public health team. They're an essential worker who was exposed, and they are isolating safely; they are able to isolate alone in a place where there's no contact with other people on the property. They've been assessed as low-risk. The way they travelled to Waiheke Island was on the vehicle ferry, and they were inside the car the whole way, and there are no exposure events at all on Waiheke Island; that's been assessed.

Media: But is it a scenario that you really would want to see? People actually travelling, like, choosing where they would prefer to self-isolate, as opposed to—you know, I would presume self - home isolation is in your own home. With a lot of the things that you talked about yesterday, Minister, is that a desirable situation, people picking up sticks because they want to be on Waiheke as opposed to Auckland?

Dr Ashley Bloomfield: Well, I can't comment on that particular case, but I do have confidence in our teams in Auckland, in the nature of the discussion they had with people about their understanding of their ability to isolate safely. And for some people that will entail going to another place so they can isolate safely away from their whānau members, to protect their family members from becoming infected. And it sounds like, in this case, that it's all watertight and that the public health officials have assessed that it's very safe there.

Media: With the third dose immunocompromised, we understand that it's not actually able to be proved or sought evidence that you are immunocompromised to get that third dose. Again, is that accurate, and is that going to cause any problems?

Dr Ashley Bloomfield: What I would say—and the information will be on the ministry website presently, actually—that the criteria are very explicit and quite narrow, and that people who fulfil the criteria will be reached out to from their clinician to come and get that third dose, it will be on prescription, and that it will be administered. But it's a very specific set of criteria. If people, once they've seen the list, are unsure, then they can contact their practitioner to see if they qualify.

Media: They'll have to have a prescription when they turn up—I just want to get that clear. They'll have to have a prescription when they turn up for third dose? They can't just go up to a clinic, walk in, and get it?

Dr Ashley Bloomfield: Correct. There will need to be—it will need to be on the advice of and on the prescription of their clinician, because this is a third primary dose in the course, which is different from everybody else who's having the two-dose first course.

Media: Can I just get some clarification, Minister, on the rationale around the year 9 and 10 group, because you're talking about the under-12s. There'd be very few in those two age groups that would be under 12, so if they're able to get vaccinated, why would you not bring them back into the schooling system?

Hon Chris Hipkins: One of the things it does do is recognise that we still want to minimise the number of students on site at this particular point, as much as that we can, as we continue to get our vaccination rates up. And there will also be some logistical challenges for the schools, as well. I actually had a conversation with a couple of school leaders this morning. One of the things they pointed out to me is that a number of their teachers have children under the age of 12 who won't be able to go back to school as well, so that will—I mean, I guess, that wasn't one of the factors in making the decision, but it's certainly a flow-on benefit from it: that it will help the schools to be able to manage that balance, as well. But ultimately, it's a numbers thing. We know that those senior secondary school students need to be back on site to prepare for exams, to do their assessments, and that's why we've prioritised them for coming back earlier than we might otherwise have.

Media: And just in terms of the guidelines that you're going to be putting out for principals to do, presumably, case by case assessments of teachers who may not be able to get vaccinated by that deadline, there will be some sort of quite niche-type scenarios there, like pregnant teachers, for example, who are wary about the vaccine, are going to be going on maternity leave and then coming back vaccinated but, you know, don't want to get vaccinated for a period—how are you going to get around those things, and when are you going to provide schools with guidelines around how to deal with it?

Hon Chris Hipkins: So what I can indicate is that the burden of compliance, if you like, between now and the end of the year, sits with the individual rather than with the school. From next year—from when the fully vaccinated requirement kicks in—then there will be a compliance-based requirement on the employer, on the schools, to make sure that they're only having onsite fully vaccinated people. We'll be making all that clear in the order, when the order is released. It is one of the things that we're working our way through, to make sure that we're very clear about that.

The Ministry of Education have also been working with the teacher unions and others around the processes that should be put in place here to deal with those who, for whatever reason, are not willing to be vaccinated, and there is an interaction with other provisions within their employment agreements—for example, teachers are able to apply for periods of unpaid leave, for example. So if someone decides that they're applying for unpaid leave for a year, for example, because they don't want to be vaccinated, we need to have some agreements around exactly how all that would play out. So those are the things that are being worked through at the moment. Of course, we couldn't do that—that particular piece of work—until we'd told people what the requirements were going to be. So that's the work that's happening now.

Media: And just one last question for you, Dr Bloomfield: health Minister Andrew Little has said that Taranaki and Tairāwhiti DHBs have failed Māori on vaccination. Is he wrong?

Dr Ashley Bloomfield: Well, there's no doubt that the rates are lower in Taranaki and Tairāwhiti than the average amongst DHBs, and there are one or two others down at the low end of the range. What I can say is that I know both those DHBs have had very good discussions with our team and with Ministers over the last week or two, and that they're actively working to get the highest possible rates in Māori coverage in their regions. I should also say that those DHBs, along with all our DHBs, have got high rates of coverage in our older Māori populations, which is good—they're the highest-risk ones. The challenge that they are now working on—and some need to work a little harder than others—is to get the rates up amongst younger age groups.

Media: With all due respect, the question was: was he wrong? Do you disagree with him?

Dr Ashley Bloomfield: I'm just giving you my view on what's happening, and I'm telling you what has been done by the DHBs and how we're working to support them.

Media: Minister, the pair of Northland women that went into Northland and put the region into lockdown, have they been charged yet?

Hon Chris Hipkins: I don't have that information. Obviously, that's not a decision that I'm involved in.

Media: Well, what—can you give us an update about what's happening to them? Are they still being interviewed? I mean, where, literally, are they?

Hon Chris Hipkins: My understanding is that they're both in MIQ now, but I don't have any further information on that at this point.

Media: Do you expect them to face charges or have any sort of repercussions for what they've done?

Hon Chris Hipkins: That's ultimately not a decision that I make; that's ultimately a decision for others who have the appropriate authority to make decisions around charging.

Media: Why has it taken so long to make this call on schools in level 3? It's so late in the outbreak, it's late in the school year, and some kids already feel so far behind.

Hon Chris Hipkins: As I said, I think, as I outlined in my introduction, that schools are the highest concentrations of unvaccinated in the country, once schools are back to operating as normal, and that has been a huge factor—it has been weighing on our minds. Younger people, including those who can be vaccinated, they were the latest to join the vaccination campaign, and their rates of vaccination continue to be the lowest of the age cohorts being vaccinated. But they are starting to come up, and that's really encouraging. We want to see them come up further. So one of the things that we will be doing between now and the end of this week, and into next week, is making sure that where schools want to be delivering vaccinations on site, that the health providers are working with them to do that, because we know that we get quite a high uptake when that's available. So for some of those schools that are a bit nervous about this, one of my messages to them is get in touch with your local health providers and get vaccinations happening onsite, because that will add extra protection to your whole school community when you do that.

Media: Given that, you know, it's a concentration of unvaccinated people, why are you reluctant around installing air filters into the schools, like you've done at MIQ facilities, to help curb the spread? It's been done elsewhere: over in Australia we're seeing it happening.

Hon Chris Hipkins: The climate in many of those environments is different to ours. So there are warmer climates and they may have air conditioning systems already installed in their schools, so they're adding extra filtration units to those air conditioning systems. New Zealand schools, typically, are not built with air ventilation systems built into them. Well, the built-in ventilation systems are the windows and the doors, and so installing air conditioning systems is a pretty big undertaking and it would take quite some time and have a significant cost associated with it. As we head into summer, actually having windows and doors opened is often going to be the best way of ventilating those rooms anyway and would be as effective, if not more effective, than an artificial ventilation unit sitting in the corner, for example.

Media: Aren't some of them just, literally, you plug them in a wall, though?

Hon Chris Hipkins: Yeah, but, again, a plug-in unit sitting in the corner isn't necessarily going to be ventilating a room as well as having all the windows and doors open. So there are assessments being done of classroom environments. There are some schools where

the windows don't open, for example, and we have to look at what we do in those environments—

Media: So is it something you're considering at all, or are you writing it off right now?

Hon Chris Hipkins: Oh, no, we've looked at it. We've looked at the availability of the units, we've looked at the cost of the units—so hundreds of millions of dollars if we were to do that for every classroom. So clearly not feasible, and there wouldn't be enough—there's obviously a big series of international demand around these kind of units. But I certainly am saying it's possible where there's a justified need for it. So if there are classrooms with sealed windows, they can't open them, there's no other ventilation, then those are the sorts of things we would look at. The Ministry of Education do do air quality assessments on classrooms outside of COVID-19 considerations, so the air quality issues are ones that schools and the ministry have been grappling with already.

Media: Minister, what is the plan for the South Island?

Hon Chris Hipkins: At this point, we have to be aware that COVID-19 could still make its way into the South Island community, and by the time we detected that, it could've already started to spread, which is why the South Island and Wellington and the Hawke's Bay and Taranaki—and those other places where there aren't COVID-19 cases at the moment—are still at alert level 2. I just remind everybody in the South Island that we're in this position we're in now because one person, somewhere along the way, contracted COVID-19, it was a week before we found out about it, and now we are where we are. So things can change quite quickly, and that is why we have these extra protective layers in place to slow any spread.

Media: But there's an argument that if this was the other way around—if there was cases in Christchurch and not in Auckland—you would not lock down Auckland, so why have you not made some kind of arrangement for the South Island where you, effectively, use the Cook Strait as a moat?

Hon Chris Hipkins: That's—well, the Cook Strait is not a moat. There are still planes—dozens of planes—every day flying between the islands. There are inter-island ferries sailing between the islands. There is still a lot of movement between the islands.

Media: And, Dr Bloomfield, there seems to be a concession that COVID's spread to the South Island is imminent. How likely is that, and why is it likely?

Dr Ashley Bloomfield: Well, it's not imminent, and the way to ensure it's unlikely, in terms of imminence, is to keep the current tight boundaries we've got around Auckland and to retain the rest of the country in alert level 2 so if there is an incursion, it's able to be got on top of very quickly.

Media: I was just going to ask, Dr Bloomfield, about the testing request in Redvale and other North Shore suburbs: does that reflect some ongoing risk from the party over the weekend?

Dr Ashley Bloomfield: Not specifically. There's nothing—and we've checked with the public health team—there's nothing to suggest that there's been infection or any super-spreading - type event related to that party. It's certainly coincidental, and it reflects as much low testing rates there. So they've got a positivity rate that's crept above 1 percent, and we're wanting to get more testing done there.

Media: I was just going to ask you, with the number of unlinked cases in Auckland, and the fact that cases now are in nearly every suburb, there's been some talk about how contact tracing has changed. Can you just talk briefly about how contact tracing is different today than, say, it would've been in August?

Dr Ashley Bloomfield: Well, the first thing is, having learnt from our experience to date in the outbreak, we're not actively following up people who previously we would have classified as casual-type contacts, because we've not seen any spread from casual

interactions through the tens of thousands of people that, initially in the outbreak, we classified and followed up very rigorously. So that category's sort of been dropped. The other thing that's happening, of course, is we're moving to prioritising cases where we think there may be people who are at higher risk, maybe because they're essential workers and they're in workplaces, and really focusing on those higher-risk cases. And we will be moving to an approach where that first interaction will be done in a very timely way, but through a phone call and a sort of a triaging phone call to assess the level of risk, the level of support someone might need, and then using our public health teams to follow up more intensively with those cases that are higher risk to find out those contacts.

Media: And just related to that, Caroline McElnay said last week that the contact tracing system will come under strain at 170, 180 cases a day. Are you trying to bolster contact tracing capacity to have more breathing room in that regard, given that the modelling suggests we could be at 150 cases by the start of next month?

Dr Ashley Bloomfield: Yeah. Two things about that: Dr McElnay was referring to if we kept the current approach, then the system, with that quite intensive follow-up of every case and contact, that would put strain on the system. So there are two things: one is we're now having delegation out of Auckland. They're delegating quite a proportion—around 50 percent of the cases every day—to other public health units around the country to follow up, and our national team. But, secondly, it's shifting the model, as I've said, to one where we're triaging the cases with an initial phone call, and then our public health units focus their efforts on the ones that are higher risk.

Media: What would your estimate be on the capacity under the new model, then?

Dr Ashley Bloomfield: Oh, well, that could go to, you know, hundreds of cases a day, because the initial outbound call would be quite short and just eliciting really key information, and then we can use our public health teams, who are on standby right around the country and have resourced up to maximum capacity. They would just follow up the cases that were highest risk.

Media: Can I just ask you about the number of unlinked cases as well? I mean, it's often viewed as, like, an indication of the size of the iceberg underneath the water, right? So we're at 166 in the last fortnight now, so do you have an indication from modellers or from your own point of view on how many undetected cases might be out there that we don't really know about?

Media: And would you mind facing this way, please, Dr Bloomfield, just towards the cameras?

Dr Ashley Bloomfield: Right. Sure—yes. So the question is about unlinked cases. What I would say about unlinked cases is—well, first of all, I would say that the modelling does still show that the R value is between 1.2 and 1.3, and therefore our case numbers are expected to grow and probably double around every 10 to 12 days, and will bob around a bit, as I said earlier on. The other thing here is that the number of unlinked cases we would expect to grow, and the important thing now is not to try and trace where the link is to the outbreak but to focus on following up those cases and any contacts. So we're not quite so worried about where the cases have come from.

Media: So if the contact tracing system does get overwhelmed, if it can't manage—what did you say?—hundreds of cases, will you revert to asking positive cases to start monitoring their own family members, use the DIY system that they've used in New South Wales?

Dr Ashley Bloomfield: Well, in a sense we do that already, because for many families, if someone's gone into a facility and other family members are staying at home, the most important thing we're asking them to do is if any of them develop symptoms, to get in touch with health authorities very quickly. So yes, of course the system will adapt and continue to evolve, just as the Minister's pointed out, that we're continuing to evolve the quarantine system, and I've talked today about the nature of how we use staff across the quarantine system as well.

Media: Following Jo's question earlier about vaccine mandates for teachers, there's a kura kaupapa in Hokianga where more than half the teachers don't want to get vaccinated, the school feels that they haven't had any support from MOH for any vaccine information. It's on the brink of closure because of this. Is that concerning for you? Are you seeing that happen throughout New Zealand, and what should they do?

Hon Chris Hipkins: No, we haven't had widespread reports of that. If the schools are concerned about that, contact the Ministry of Education in the first instance and we'll make sure that they're getting some additional support there.

Media: I don't know if you saw earlier: National released its economic plan for COVID-19 and included opening up post 1 December or when vaccination rates get to 85 to 90 percent. What was your thoughts on some of those proposals?

Hon Chris Hipkins: Look, it's difficult to keep track. They continue to change; the proposals they've put forward this week seem to be a bit different to the ones they were talking about a couple of weeks ago, so I haven't had a chance to see them, sorry.

Media: The MIQ changes you've foreshadowed in coming days, does that mean it's going to be part of Friday's big announcement, or is that next week?

Hon Chris Hipkins: Sorry, the—

Media: Your changes to MIQ that you talked about today.

Hon Chris Hipkins: Most likely to be next week.

Media: OK, and under the Skegg reopening plan, the change to allow people to skip quarantine or to spend less time in quarantine would be coming into effect in the early part of 2022. In recent days, the Prime Minister and Deputy Prime Minister have talked about Delta outbreaks speeding up that time line. Is there any prospect of those changes coming into force in 2021?

Hon Chris Hipkins: Look, I think you will see some changes to our MIQ settings this year, and I hope to be able to set them out either late this week or early next week—probably early next week. We're working through the details of that, so there will be some changes, but it'll be a progressive series of changes. One of the complicating factors that we have to work through is that at the moment our COVID-19 community cases are contained to Auckland but MIQ operates right the way through the country, and, of course, people coming across the border want to be able to go right the way across the country and not just be in Auckland. So that means the risk assessment is different in different parts of New Zealand at the moment. That is one of the complexities that we've got to work our way through, so we will have more to say on that and it will be soon. And I acknowledge that there are a lot of people very interested in the answers to those questions, so we're working very hard to get them the answers as quickly as we can.

Media: Have you circled Christmas as a date you'd like to give people some good news, though?

Hon Chris Hipkins: Look, I don't want to raise or lower expectations either way on that one at this point.

Media: Are you concerned that when senior students return that classes may not be at full attendance, not just because of public health risk but because students have had to drop out and work and prioritise providing income for their families, particularly in those low socio-economic areas?

Hon Chris Hipkins: Yes, I am concerned about that, and one of the things I'm also acutely aware of is that the longer we leave it before we allow secondary school students to come back, the more students there will be in that category, and that has a significant flow-on effect for those students for the rest of their lives. So that is why we've prioritised senior secondary school students first, above all else, because we want them to have the opportunity to do their exams, to get their assessments. It'll help to set them up for much

greater success in the workforce or in whatever they're doing next, their further studies and training and so on. So they are our number one priority, because yes, I'm absolutely attuned to all of the risks there.

Media: And with those students, will they be able to qualify for the unexpected event grade or, if not, what support can be given to those particular students, whether it's by employers or the schools that they're a part of?

Hon Chris Hipkins: So those seeking an unexpected event grade still need to be at school. So those students should be sticking at school, they should be sticking with their studies, and I really encourage them to do that. I acknowledge that the going is pretty tough at the moment, but they have to think about their whole lives, not just the next couple of weeks.

Media: Is MIQ actually full? You've said recently it's filling up and there were 488 in that other category. Is there any room left?

Hon Chris Hipkins: Yeah, there is a bit of room left in the community quarantine, for us to bring more cases into community quarantine. And, of course, people are leaving all of the time, so we still have the capacity to honour all of the bookings that have already been made. So those who have secured vouchers to come in, they'll still be able to come in. We have managed to free up a bit of additional space for further community cases—the higher-risk community cases—to isolate within MIQ. But it's a system that's—you know, it's pretty full.

Media: Are you getting pretty full? You're getting pretty packed to the nines?

Hon Chris Hipkins: Pretty full. It's been pretty full for a while now, yeah, and so, yes, that does put a bit of pressure on the system.

Media: How many people with COVID are isolating at home?

Dr Ashley Bloomfield: I don't have the number from today. I do know yesterday was 88, from 55 households, but we can get an updated number for you from today.

Media: Just on maintaining the momentum of vaccinations, obviously Super Saturday, as you called it, was pretty significant, but it's significantly dropped since then. Have you just basically brought forward vaccinations that were already going to occur and therefore you're not seeing that momentum anymore?

Hon Chris Hipkins: I think if you look at the first dose rate, the answer to that question is no. We did see a higher first dose rate on Super Saturday, and that was really encouraging. Many of those second doses that will have been the case, so they will have been people who would've got them otherwise, but the first dose rate and the momentum behind that certainly helped us to get more first doses.

Media: But for the sake of brevity, I mean, we've not returned to the rate of doses that we had last week, for instance, right? We've dropped off since. Have you lost the momentum?

Hon Chris Hipkins: It starts to get harder and harder from here. There's no question about that. We still need about another 200,000 people across the country to come forward and be vaccinated, who have not yet been vaccinated with any dosages, to get up to that 90 percent marker across the country. So I think it might be just under 200,000 now, but it's hovering around that marker, and it is going to be harder and harder. There's no question about that. We were always going to reach this point at some stage. We're certainly there now. We know that we need to move closer to those people in order to encourage them to come forward to be vaccinated, rather than wait for them to come to us.

Media: How soon can we see booster shots offered to older Kiwis who may have had their vaccines more than six months ago?

Hon Chris Hipkins: We are all ready to go with booster shots. So we've got the booster shots available. Clearly, we've got the network available to deliver them, just as soon as our

technical experts, our health experts, say, “Yep, this is where we think the science has landed on boosters. This is the time frame that we think the boosters should be made available to people.” So we’re ready to go just as soon as that process is completed, and I might get the director-general to update on that part of the process.

Dr Ashley Bloomfield: And just the first thing we’re waiting for and expecting next week: the application from Pfizer for an adjustment to the current provisional approval to include a third or booster shot.

Media: How long could that take to approve?

Dr Ashley Bloomfield: We’ll be doing it as quickly as possible, and we hope next week to lay out what the time frames are.

Hon Chris Hipkins: But we are expecting to be starting booster shots, assuming that’s where the science all lands up, this side of Christmas—so, this year.

Media: Apologies if this has already been asked. The party in Redvale—that’s obviously one of the suburbs that you are looking at. Were there any cases that have spawned from that party or from that gathering in the Auckland Domain last weekend?

Dr Ashley Bloomfield: No evidence from either at this point.

Media: Those 300 extra rooms or the allocation in MIQ for healthcare workers—what’s that going to mean for our COVID-19 response? Are you stoked to see that we’ll have more boots on the ground eventually, both of you?

Hon Chris Hipkins: We’ve been working really hard to bring in critical health workers since the borders closed. They’ve been prioritised for MIQ previously. This is just giving them more certainty to be able to plan and to allocate out those spaces across the people we know need to come in. I mean, I can’t remember the latest number, but it’s a significant number of health workers who have already come in through our MIQ system.

Dr Ashley Bloomfield: There’s thousands, but it’s great to have those 300 places set aside, and we can work with the DHBs and PHOs then, yes, to make sure that we get our highest-priority workers into MIQ.

Hon Chris Hipkins: All right. Thanks very much, everybody.

conclusion of press conference