

**ALL OF GOVERNMENT PRESS CONFERENCE: TUESDAY, 12 OCTOBER 2021  
HANSARD TRANSCRIPT**

**PM:** Kia ora koutou katoa. Good afternoon. I'll shortly set out some of our plans for this weekend's "Super Saturday" vaccination drive, but first I'll hand over to Dr Bloomfield for the latest case numbers. And, just as a heads up, our expectation—scripts are short today. Our expectation is that we should hopefully keep this press conference to on the half hour.

**Dr Ashley Bloomfield:** Thank you, Prime Minister. Kia ora koutou katoa. So, today, we have 43 new community cases to report. Forty of these cases are in the Auckland region, and three are in Waikato. There are also three cases to report in recent returnees in managed isolation. Now, of today's 43 cases, 19 remain unlinked at this point, but I should say that the interviews are outstanding with all of those, and they are under way at the moment. Of note, and pleasingly, all three of the Waikato cases are household contacts who were already in isolation. Of yesterday's 35 cases, 14 remain unlinked at this point, with investigations also ongoing.

Now, as you'll be aware, this morning we confirmed that the travelling companion of the Northland case has also tested positive for COVID-19, and both cases are now in the Auckland quarantine facility. There are currently 18 close contacts associated with the original case, and of these, 17 have been located and tested and are isolating. The remaining person is being actively followed up by our contact tracers. Our public health staff in Auckland are working closely with both cases to determine any further locations of interest or exposure events, and they're making progress there. Any new locations of interest will be added to the ministry's website; so, if you've been in Northland or are in Northland, please do keep an eye on that. And, of course, likewise, if you are or have been in Auckland or the Waikato, if there are any other locations of interest related to the new cases there, they will go on our website. Meanwhile, just confirming the whole-genome sequencing for the original case we had who had travelled to Northland shows that this case is linked to the Auckland outbreak, as we had expected.

There are 34 people in hospital today with COVID-19, five of whom are in intensive care or high-dependency units. One of those people currently requires ventilation.

We are now publishing the vaccination status of the cases in the outbreak each week on our website. So far, that shows that, of the 158 people hospitalised to date, since the start of the outbreak, only three of those 158 were fully vaccinated with sufficient time—that is 14 days—to have passed for them to develop full immunity. It reinforces the huge protection that vaccination offers.

And, on a separate note, I am very pleased to report today that the Fijian UN worker who was transferred to and treated in New Zealand for COVID-19 has made a recovery and has been discharged from Middlemore Hospital today after 76 days in the care of those there. And I just want to thank all the staff involved in providing outstanding care for this person.

You will have noted, and we talked about this yesterday, a number of exposure events at our hospitals around Auckland and also, last week, in the Waikato. These are being appropriately managed by the hospitals. They have a number of processes in place both to prevent and then respond to exposure events, including—and we discussed this this morning with our Middlemore colleagues—quite liberal use of rapid antigen testing, not just on symptomatic people coming through the door but others where they feel that there may be value in testing there. So I want to assure people who are unwell: please do seek care at hospital if you need it, because you will be safe and treated well.

And, finally, good testing rates: yesterday, there were just under 14,000 swabs taken in Auckland, 2,430 swabs taken in Waikato, and over 1,200 in Northland. And, at over 16,000 tests processed yesterday, testing remains a really important part of our efforts to

aggressively find and then contain any cases. So please keep that up. Back to you, Prime Minister.

**PM:** Thank you, Dr Bloomfield. You've all heard me say many times before that getting vaccinated is the number one thing that you can do, alongside following restrictions, to help stop the spread of the virus. Vaccination helps in playing your part to protect children and vulnerable people and get back to a life that feels a little more normal. This Saturday, all across the country, we are pushing the vaccination message. Super Saturday is your chance to roll up your sleeve for New Zealand and help make us one of the most vaccinated and, therefore, protected countries in the world.

So here are the stats as they stand: currently, 82 percent of eligible New Zealanders aged 12 and over have had their first dose of the vaccine, and 58 percent have had their second and are now fully vaccinated. In Auckland, those numbers are 87 percent first dose and 63 percent second dose. Overall, these are good figures and, according to Our World in Data, put us ahead of the United States and Germany, and just behind the United Kingdom. But they aren't high enough yet to feel confident that we can ease restrictions dramatically without seeing a big surge in cases that could overwhelm our health services.

So, instead of big surges in cases, we want to see a big surge in vaccinations this week. In order to help with that, I have the pleasure to announce today a blast from the past to support and encourage our nationwide vaccination effort. This Saturday, between 12 and 8 p.m. on channel 200, and supported to date by Discovery, screened on Three and Māori TV, and streaming on Hahana Facebook, we'll be holding a "vaxathon". The vaxathon will go live across the country, highlighting vaccine initiatives from Cape Reinga to the Bluff, and urging anyone who hasn't been vaccinated yet to make Saturday the day for their first dose, and anyone who has been three weeks or longer since their first dose to get their second.

The vaxathon will include real-time data on how each region is tracking with vaccination uptake throughout the day. There will be prizes locally for those getting vaccinated, information from experts on the safety of the vaccine, and some healthy competition between towns and regions. Vaccinations will be available throughout the day and into the night on Saturday across GP clinics—many of whom are opening especially for the day—pharmacies, marae, churches, mosques, community centres, workplaces, and drive-thru centres. You can go to [covid19.govt.nz](https://covid19.govt.nz) to find out where you can get a vaccine locally this Saturday. And, if you're a business or community group who wants to support the vaxathon on Saturday, visit [covid19.govt.nz/supersaturday](https://covid19.govt.nz/supersaturday). A huge thankyou to those who have already come forward. The support from business, in particular, has just been fantastic.

Nationwide, we have the capacity to administer well over 100,000 vaccines in a single day. That would lift our vaccination rates considerably. There is nothing stopping us other than people showing up. Our current vaccination record for a single day is 93,334 vaccines in one day, which was on 26 August. And our biggest number of vaccines in a single week is 552,586, and that was the week ending 5 September. So those are the records that we should try and beat this week. And, Auckland, let's aim to get first doses over 90 percent by the end of Saturday and see a surge in second doses too.

New Zealand has been world-leading on keeping down our case numbers, hospitalisations, and deaths, as well as delivering a strong economy and low unemployment. I believe we can be world-leading on vaccines too and become one of the most highly vaccinated and protected countries globally, which will mean we'll be able to get back on track to safely open up our restrictions that we currently have and get back to something that feels just a bit more normal. But, to get there, we need a big collective effort, and we need it soon. The countdown is on, and waiting for your vaccine means we need to wait longer with some of those restrictions, and I know how frustrating they've been.

So I'll urge everyone, especially our young people, who have shown great leadership already, to help us get the job done. And I ask everyone to do it for children who can't be vaccinated, for the vulnerable and most at risk of getting sick, and so that you can be part of festivals and events safely. I think it's the least that everyone deserves this year.

We're now both happy to take questions.

**Media:** Did either or both of the women who travelled to Northland attend a tangi or funeral?

**PM:** Not that I've been advised, but at the time that we were briefed this morning, the second individual, who, of course, we only located yesterday—early evening—was in the middle of being interviewed. So we've not yet been provided with fulsome information around their movements.

**Media:** And what type of document did the women use to get past the border? Was it a personal exemption letter or one with a QR code?

**PM:** I believe that they went through the MBIE process.

**Media:** Is the Government aware of any other illegitimate border crossings connected or otherwise with the two women who went to Northland?

**PM:** Associated with that particular trip? Not that I've been advised, but, again, interviews are under way. Dr Bloomfield?

**Dr Ashley Bloomfield:** Just a couple of things. One is: on the original exemption that was sought through the process, the essential worker exemption, there were four people for whom the exemption was asked for. All the investigations suggest that just two of those people crossed the boundary, and those are the two that we now have in quarantine. The second comment, just an update, is that, of those close contacts of our first case, 17 have returned negative tests; the other is the person who was found last night, who's now returned a positive test.

**Media:** What assurances can the Government give to concerned iwi leaders about the vetting process and the robustness of the border crossing system?

**PM:** Yeah—so, obviously, this is someone who has come through the system; the issue has been that they have falsely acquired the ability to travel. But they have been picked up through the fact that they were required to be tested. So, look, we're constantly looking at what more we can do to ensure protections are in place, but testing is a really important part of that.

**Media:** And the Wellington case that's connected—what more can you tell us about that?

**PM:** I'll let Dr Bloomfield—I was advised simply that they were identified as a contact and tested. But I'll leave Dr Bloomfield—

**Dr Ashley Bloomfield:** Yes, that's right. So one of the contacts is in Wellington and, as I've just been able to update, having just got a text, all those contacts—the ones in Northland, Auckland, and the one in Wellington—have returned negative tests, aside from this second individual who's now a case.

**Media:** Can you describe a little bit more about the contact tracing in this particular scenario? And are you having to go and find people who may have had particular contact with either of these two women—through, for example, CCTV—who haven't wanted to come forward? And are you confident that those 18 is the full extent? Because, again, we're still seeing quite a low number of actual locations of interest comparatively.

**PM:** I expect that that's likely to change. So, in the first blush, we had one individual who was not sharing the information we needed to adequately contact trace; so we were heavily relying on the work of the police to identify the movement of the vehicle, the places that they'd been sighted, CCTV footage, and, of course, talking to those where we knew the individuals had been—so identified a number of contacts through those mechanisms. We now have an interview under way, and we've been advised that we are getting information through that interview. So our expectation would be: if that is indeed the case, then we should be able to share more information as a consequence.

**Media:** But, in the scenario that we're looking at, is it a bigger risk because there might not be contacts who want to come forward? They're not going to be, necessarily, identified in the normal contact tracing way, in terms of being named or identified by the people involved. So is that an extra risk that there are potentially people who were exposed out in the community that you don't know about?

**PM:** That is not a new risk in this outbreak. Unfortunately, we've had this experience before. This is rather extraordinary in the fact that we've got almost complete silence from one of the individuals, and that is something we've experienced less often. But we now have a second individual, who, I'm told, is sharing the information that we need and was travelling with the other individual for the duration.

**Media:** Is either of the women a 501 deportee or recent returnee to New Zealand? And, also, what about the locations of the first case's contact? Where in Northland are they: Whangārei, Kawakawa, Paihia? Because Kawakawa is listed but Paihia is not. So what's happening with those locations where they have been reported as being?

**PM:** So that's where the contacts are reported as being. Those contacts may well have been at sites like petrol stations and things like that, but it's where they're located.

**Media:** But Paihia, I don't think, was—last night, wasn't on locations of interest.

**PM:** I'll hand over to Dr Bloomfield. The question you asked around the 501—that is not information I have; so I simply cannot answer that either way.

**Dr Ashley Bloomfield:** Yeah, so there are two separate things. One is: the Police have been able to assemble information about the places that the individuals were. And so sometimes they were in this town; in other cases, there are specific locations of interest, and those are the ones on our website, where we're clear about a specific petrol station or an accommodation facility and the time period there. Those are the ones already on the website. Back to your—

**Media:** Were they in Paihia?

**Dr Ashley Bloomfield:** I'd have to check. I don't have that information just to hand here. But what I would say is, of course, any new locations of interest we will put up. But the people, as you've hinted at, we really want to be tested are the ones who know they have had contact with them, and they don't have to say who they are but, as I've appealed over the last couple of days, just go and be tested.

**Media:** From your point of view as, you know, the health official dealing with this, what difficulties and challenges have there been in the contact tracing, in particular, with this case, and how would you assess the different risk to Northland because of that?

**Dr Ashley Bloomfield:** Obviously, it's helpful if we get all the information as soon as possible about places where people have been, but we have seen right through this outbreak that our teams have adapted to different situations and, I think, done a really good job of using different approaches, different networks, and, in some cases, third parties to assist with not just getting information but getting people who we want to be tested tested, and that's been hugely helpful in us being able to, to date, maintain our case numbers at a level which is, you know, much lower than you would expect if you just had uncontrolled spread out there.

**PM:** I expect that probably later on this afternoon, we may be in a position to identify further locations of interest if they, indeed, exist. But as at 11.30, that interview—that extensive interview—was still under way.

**Media:** So waste-water testing is coming back clear so far, as well?

**PM:** Yeah—so I'll come to Tova, and then I'm going to come back to Derek.

**Media:** When a person gets a test, how quickly should positive test results be notified to a case?

**Dr Ashley Bloomfield:** Well, when there's a positive test result, it's actually notified to the medical officer of health first, and then the public health unit rings the person to let them know, and in these sorts of situations we prioritise, and right through the outbreak, tests on people we know are contacts.

**Media:** So how quickly should they know that they're a positive COVID case? Is it 24 hours, 48 hours?

**Dr Ashley Bloomfield:** Well, generally, within 24 hours is what we aim for.

**Media:** And what risk does it pose to the community if people—if there are delays in getting those positive test results back to COVID cases?

**PM:** Have you got a specific example of concern?

**Media:** I do, yep.

**PM:** Very keen to know—we've been tracking quite closely the processing, particularly of tests as they've been coming back through the Northland region, to ensure that that's happening in a timely way, but we do expedite the positives. I'd be interested to know if you've got a situation where someone knows—

**Dr Ashley Bloomfield:** Yes.

**PM:** —a positive result has been received—

**Media:** Yeah, generally speaking, though, what risk does a COVID case who's unnecessarily staying in the community because a test result has been delayed—what risk do they pose for a community?

**PM:** If they are a contact, they should be isolating already—

**Dr Ashley Bloomfield:** That's right.

**PM:** —and, if they're symptomatic, they should be isolating already, regardless of when the result has been received.

**Media:** So you've got no qualms with testing delays?

**PM:** Well, again, we've been working very hard to ensure we don't have delays. We were tracking what was occurring in Northland to ensure those were being processed quickly, but we've had no reports of delays in recent times in Auckland, if that's a suggestion.

**Media:** Five days from test to a positive result.

**PM:** Something has gone wrong there. That is absolutely outside of what we would normally expect.

**Dr Ashley Bloomfield:** And very happy to get the feedback on that.

**Media:** Do you actually carry that data, because I've asked the Ministry of Health about—

**PM:** Yes, we do—of processing.

**Media:** But they said that they don't have any central tracking or monitoring of those delayed results.

**PM:** We do know processing times for tests.

**Dr Ashley Bloomfield:** Yeah, we do routinely record every day the number of tests that are still outstanding, either under 24 hours or under 48 hours or over 48 hours. If there—I'm very surprised in this situation where there's been that long a delay for a positive test. That would normally come to our attention—very happy to follow that up and see what happened.

**PM:** Sometimes we have noticed differences where it's gone—where they've been GP clinic tests, for different reasons. So, happy to take it away. I did say I'd come to Derek.

**Media:** Can you say whether both of the women who went to Northland were vaccinated or unvaccinated?

**Dr Ashley Bloomfield:** Don't have that information at the moment.

**Media:** Have you considered, Prime Minister—you've talked previously about whether it should be—whether it would be worthy to make it mandatory for travellers leaving the boundary to be vaccinated. Have you given that any more thought?

**PM:** There's certainly been a lot of discussion around that, and I expect that Cabinet will continue to discuss ways that we can ensure, you know, that that boundary—we're keeping people as safe as possible. At the same time, there is a call on us to enable further movement because of the length of time that the boundary's been in place. So there are judgments to be made here, both in ensuring it's secure but also acknowledging there's a lot of pressure on it already.

**Media:** There have also been some people like Michael Plank—Professor Plank has talked about how rapid antigen testing could be useful at the boundary, just to shore up the PCR testing that's already happening there. Is that an option, or is it still not actionable?

**PM:** Probably, as an example, I'd imagine our Northland case wouldn't have been picked up by antigen but would be picked up by PCR. Is he suggesting both still?

**Media:** He's suggesting to complement PCR.

**Dr Ashley Bloomfield:** Yeah, we're having a look at it. In the first instance, what I've asked the team to look at is whether we increase the frequency of the once-every-seven-day testing for essential workers crossing at the boundary. I would—that would be my first go to, and one of the reasons is, whilst rapid antigen testing is called rapid antigen testing, it does actually take—it's quite a process and does take quite a bit of time. So the team is looking at that at the moment. We're really keen to make sure that boundary is as tight as possible to help avoid spread out of Auckland.

**PM:** I'm going to come to Māori TV and then back to TVNZ, and then I'll come over to Jason.

**Media:** Dr Bloomfield, we've heard reports of a 60-year-old woman who's waiting for a call back for a test in the Hokianga area. She's also considering maybe having to go to Kaikohe for a test, which includes a ferry ride and a 45-minute drive. Is that good enough?

**Dr Ashley Bloomfield:** One thing I do know is that the Northland DHB has increased the number of testing sites across the rohe over the last couple of days. There was some feedback, including from discussions with iwi up there, about their desire for greater testing sites. A lot of them are based around the hospitals there. So they have put in place more testing sites.

**Media:** There are three testing stations north of Kaikohe, covering almost 200 kilometres. Has Northland been left high and dry, given the fears and anxieties that Northlanders are experiencing at the moment?

**Dr Ashley Bloomfield:** Look, I think the team up there is responding to requests for additional testing access, and I know they have put a lot of effort into increasing access over the last couple of days.

**PM:** They've been particularly focused, as I understand, on pop-up and availability in areas where we know that those positive cases have been. So we'll have to keep assessing that we've got good proximity of testing alongside those communities where we have those real concerns too.

**Media:** Can I just quickly ask about the vaccine mandates? Māori teachers currently make up 12 percent of the workforce, and we've already spoken to a number who won't be getting a vaccination who are leaving the industry. What impact do you see that having on the already strained workforce and, ultimately, Māori education outcomes?

**PM:** The first thing I would say is that I really do hope that those teachers do reconsider, and there is time built into those mandates for them to seek the advice of those that they

trust, and I would encourage them to do that. We don't want to be in a position of losing any of our Māori educators, but we also have to balance that against ensuring that we're keeping our tamariki safe. I did say I'd come back to you, Jessica, and then I was going to come across to Jason, and then I'll do Jo.

**Media:** Just a follow-up on that question, in terms of teachers, do you have any numbers on—and this might be a question for Dr Bloomfield—but do you have any numbers on how many teachers or health workers aren't interested in getting vaccinated?

**PM:** Health workers, we have an idea, but educators I would have to go to the Minister, I think.

**Dr Ashley Bloomfield:** Yeah, I mean, if you look at the decision made by Cabinet, it covers a very wide range of healthcare workers. The best data we have relates to DHB employees, and we know, in the Auckland region, it's very high, partly because they're at the front line of things. It does vary by DHB. But what I also know—and you've seen this in the response to the decisions announced yesterday—is very wide support across both the health and education sectors for this mandate, and I expect that there will be very high uptake across both sectors.

**Media:** And, with hospitals, we are seeing a number of cases popping up there. How are staff coping? Do you have enough staff, given that so many are having to stand down?

**Dr Ashley Bloomfield:** It very much depends on the nature of the case and the service that they're in. In some of the more recent cases, there's been no impact on staff; the staff have been wearing full PPE during any exposure—they're fully vaccinated. And so those staff, from our experience over the last two months, we don't need to stand those staff down. The more recent one in Middlemore, because the person was there for another reason and it wasn't identified until they became symptomatic a couple of days in, that has affected that service. So it very much is service dependent.

**PM:** So yours was on this?

**Media:** Yeah, just on the mandate, businesses have told us that they want more from central government to sort of underpin their own mandate. Are you planning on legislating to protect businesses if they want to introduce vaccination mandates for customers or their own staff?

**PM:** We are completing a bit more work around those areas where we're looking to use, for instance, a vaccine certificate. If you're asking that of everyone who's coming into a premise, then, of course, there'll be some knock-on effect for those who might be working within those premises. So that's another area where we're doing some work at the moment. More broadly, though, we do have Government guidance for those employers who may be considering whether or not, for health and safety reasons, they believe a mandate is something that they'll need in their workplace. And that guidance sets out the process they just need to go through in order to assess if that is indeed the case, and whether they've got the footing for that, and to support them as they explore that option. But, at this stage, we're not looking to change any other legislation, at this stage, around vaccine mandates.

**Media:** And, Dr Bloomfield, just on the exemptions to the vaccination mandate, how rare do you expect those vaccination exemptions to be and what are some of the eligible reasons that could be?

**Dr Ashley Bloomfield:** Well, the only one that's, you know, definitely an exemption is if someone's got a medical exemption, and we're expecting very few people in the country. I was reading something today—actually, it was in a media publication—based on information from Nikki Turner: probably less than a hundred people across the country for whom this vaccine would be contraindicated. Beyond that, the expectation is that people will be vaccinated, and if there are circumstances that need an exceptional look at them, we will do those on a case by case basis.

**Media:** So it's going to be extremely rare. People shouldn't bank on being eligible for a vaccination exemption?

**Dr Ashley Bloomfield:** No. That's why the mandate is there.

**Media:** Prime Minister, just on the vaxathon—great name, by the way—are you going to have a specific—

**PM:** Not my own work!

**Media:** Oh, OK. Are you going to have a specific target for that day? You mentioned that there was—93,000 was our latest, was the highest. Are you aiming to be a bit more ambitious—have, say, 100,000 on that day?

**PM:** Yeah. So, look, we've already said that we have capacity to be able to do 100,000. We want to beat the record that we had previously of 93,000 as our best day. So let's see if we can reach that capacity. And the second thing we are pushing for is to try and, by the end of the week, get Auckland up to first doses at 90 percent. But this is not just about Auckland. We need the rest of the country to have those high rates as well. We're having a look, though, at whether or not there are some other goals that we can set across the course of the week and across the course of the day.

**Media:** This might be more of an operational matter, but in telethons in the past they've had, like, a big sort of colour-in when you get to a certain mark. Is there going to be one of those, or something—

**PM:** I think you can expect, for those who have watched a telethon before, for there to be a bit of nostalgia.

**Media:** Just a bit of clarification on the Wellington contact: how has that taken place? Were they in Northland or were they an essential worker? How is there a Wellington contact with a Northland case?

**PM:** My understanding is that's just someone who's legitimately been in Northland, keeping in mind that Northland's only recently gone into level 3. This was during the time that they were not in level 3, and there are direct flights from Wellington to Northland. That's my understanding.

**Dr Ashley Bloomfield:** Yeah, I don't have any other information.

**Media:** OK. And, just going back to Derek's question earlier, in terms of looking at vaccination at the boundary, it's a couple of weeks ago now that we had the unvaccinated truck driver and the Palmerston North example, and you spoke then about talking at Cabinet and looking at it. So, I mean, how actively are you looking at making sure those who are crossing the boundary are vaccinated, or is it just too difficult?

**PM:** It is certainly complex, because, of course, we do have a large number of people who legitimately travel, that are moving freight, that are part of the essential goods and services for all of New Zealand—thousands of people legitimately travelling. And so we are able to check at the border, in reasonable time, documentation and testing status. Adding in the ability to test vaccination status and, indeed, ensure that those goods and services are still able to move if you brought in a requirement like that would take some time to stand up. You've seen, where we've mandated, we've had to build in enough time for people to complete their vaccination. So it isn't a straightforward ask, but it isn't one that we've dismissed out of hand.

**Media:** Are there any particular industries or perhaps some of the more compassionate exemptions that you would considered doing it for? Like, is there a way that you can break it down and at least have some coverage?

**PM:** Sorry, so just try—well, the way that we're trying to get at least some coverage, of course, is by pushing as hard as we are for good universal uptake across Auckland. And so you would expect that there would be a large number of people who are moving through who



have been vaccinated, just by virtue of the fact that the percentage of eligible Aucklanders continues to increase. We did target, right at the beginning with our workplace-based vaccinations, the likes of freight companies because of that movement, and they've been really cooperative when we've worked with them as well, and we'll continue to do so. I think I did say that I was—I'll come to Benedict, and then I'll come to Tova again. And then Ben, and then Mark.

**Media:** What is the latest COVID modelling you've seen telling you is going to happen this outbreak?

**PM:** So, at the moment, as you heard me say yesterday, at the moment our modellers have suggested that the R value for this outbreak sits between 1.2 and 1.3. So that does suggest that we will continue to see growth in the outbreak at this stage. That is why we are asking everyone to really help us by continuing to follow the restrictions that exist but also by being vaccinated.

**Media:** So are you expecting we could see triple-figure days pretty soon?

**PM:** No. No, not necessarily. In fact, an R value of between 1.2 and 1.3 suggests—correct me if I'm wrong here, Dr Bloomfield—over a two-week period you may see a doubling in cases, but it very much depends on whether we sit closer to 1.2 or 1.3. We do need everyone's help to continue to comply with those restrictions, but also we are seeing the impact of vaccinations. They are already affecting the growth in the outbreak and helping to control it, and it's why vaccines and following the rules are so important.

**Media:** That would take us close to triple figures, though, if it doubled in the next two weeks, right?

**PM:** You didn't give me a time frame in which you would expect that, but, again, as I said, we've already shared the R value, at this stage, is 1.2 and 1.3, and you can model out from there what you would expect in terms of growth. But, again, what we are seeking here is to really control this outbreak. By controlling it, that means complying with those restrictions helps. Vaccination levels—the more we're able to control its growth means we give ourselves more time for that vaccine to have a real impact on the growth of this outbreak.

**Media:** When people have an exemption to not wear a mask, they don't need to carry proof of an exemption. Why have you left the rules around mask exemptions so loose?

**PM:** Sorry, what was that? Starting from the beginning, Tova.

**Media:** When people have an exemption to not wear a mask, they don't need to carry proof. Why have you left the rules around mask exemptions so loose?

**PM:** I actually thought that we were asking people to carry proof. It's issued by a third party. I'm not as familiar with the requirements on the issuing of documentation on that to give you a hard and fast. Dr Bloomfield, you might know more.

**Dr Ashley Bloomfield:** My understanding was that people are issued with a document and then encouraged to carry that with them to show their proof of an exemption.

**Media:** And can I just follow up on that earlier question about the exemption? You said four people were granted an exemption and only two of them took it up to go to Northland, and you said it was an MBIE exemption—

**PM:** So it was through the online process.

**Dr Ashley Bloomfield:** Essential worker process.

**PM:** Essential worker process as opposed to through the order, where you just bring your documentation with you.

**Media:** So those essential worker exemptions—do they carry a QR code?

**PM:** I couldn't physically tell you physically what is included in the documentation, but I do know it requires you to submit information through an online process.

**Media:** And it was at that stage that they submitted the false information?

**PM:** That's my understanding.

**Media:** What can you tell us about an investigation into a man—

**PM:** Hang on; sorry, I did say I'd come to—I'll add you to my list. I did say I'd come to Ben, Mark, and then, Jane. How about we finish with you?

**Media:** Are you concerned, Prime Minister—the Ministry of Health has revealed that 7.2 percent of people that have had their first dose haven't come in for their second dose despite it being at least six weeks after. Are you concerned by that number—that a substantial amount of people aren't getting their second dose?

**PM:** My understanding is that, on average, it's roughly 95 percent of people, still as a general rule, are coming forward for that second dose, which is a relatively good rate. But we do want people to come back for their second. It really does have an impact. That second dose really sits on the foundation of the first, and it is really the thing that's going to give you that extra protection. It's not a one-dose vaccine for it to be complete.

**Media:** Can I also ask about processing of tests in Northland? So how much capacity does Whangārei have to process those tests? Do a lot of them have to go to Auckland? Is there going to be a lag—an understandable lag given the regionality of the place—to getting those results back?

**Dr Ashley Bloomfield:** Yeah, so Northland, the hospital there—in fact, all the hospitals have the ability to do rapid PCR testing on one of their machines, which does a small number. Most of the tests are couriered down to Auckland and, in the case of the current week or so, they have increased the number of couriers from right around the rohe to expedite the transportation down to Auckland. So the turnaround time is a bit longer than it is in the Auckland region, but they are, of course, being prioritised and turned around. So virtually all of the tests done to the end of the weekend have been processed, and yesterday's ones are obviously now being processed today as well.

**Media:** So a day lag, but potentially not for close contacts—you might expedite those. Is that a reasonable expectation?

**Dr Ashley Bloomfield:** Yes. If there's someone for who there's a high index of suspicion because they're symptomatic and/or a close contact, they would do that as a rapid test on the PCR up there.

**Media:** Prime Minister, a question for you and Dr Bloomfield: you've said over the past couple of weeks that you don't see a strong reason why many of the cases we are seeing now are due to Auckland moving to level 3 and that you don't necessarily think they wouldn't have appeared had we stayed at level 4—

**PM:** I think probably you heard me talk yesterday about some of the work sites where we are seeing cases—

**Media:** Yeah, but—

**PM:** Sorry, let me finish your question—

**Media:** But that seems to be a more limited percentage of the cases that we're seeing. What do you think is responsible for the rise in cases if it's not level 3 given that we—

**PM:** So, look, we have seen cases in workplaces that weren't operating in a level 4 environment. That is true. And you heard me talk yesterday about food delivery, taxis, and construction sites. And there I will do a little public service announcement: please, even the most mild symptoms there, we do want people to go and be tested, in particular. To try and summarise this outbreak quickly is difficult, but it is fair to say there's a couple of things at play. I think the fact that here we're dealing with Delta has played a role. You're hard pressed to find other countries who have managed to completely crush quickly Delta outbreaks. It's more transmissible, and that poses a lot of challenges for contact tracing. Early on, we saw

the point at which someone became infected and then infected another with a very, very short window. But I think the research now is suggesting it's roughly three days, on average, and so that makes things very hard. A second factor is simply where this outbreak has reached into. It has reached into communities that have been sometimes hard to reach. It's also reached into vulnerable communities. We know that we've had cases and outbreaks across some members of communities where life is incredibly, incredibly difficult, and I would say COVID is probably not the biggest challenge in their life at the time it reaches them. And a number of other factors at play. But that gives you a little bit of a flavour on the complexity of this outbreak. But, for me, the ultimate landing point is that no one is to blame here for the situation for which we find ourselves, other than COVID-19, and that for me is still the central point.

**Dr Ashley Bloomfield:** I think, if we look at this the other way, here we are, two months into a Delta outbreak in Auckland—very challenging. And the reason our cases—and it feels like a lot, but they're still relatively low compared with, say, where things were at at a similar point in Melbourne or in Sydney. And the reason is we've had alert level 4 and alert level 3, and the vast majority of people have done what was asked of them. Secondly, our teams have been absolutely aggressively testing, tracing, quarantining people, and our teams in managed isolation and quarantine have taken in hundreds—well, over a thousand people—to care for them and make sure that they are not transmitting in the community. And, third, there's very real impact of vaccination already, and getting those vaccination rates up is the way that we can then continue to go back down through the alert levels and maintain control of this Delta outbreak.

**PM:** Coming back to Benedict's point, trying to look at what's happened in Australia—much higher numbers—and where their outbreak was at the point at which their vaccination rates were, and trying to see the impact of vaccination rates in those outbreaks to see what lessons we can learn about what the likely impact of vaccination rates here might be as well.

**Media:** So, in terms of that point where cases did start to trend upwards again, that was more or less perhaps when the virus started finding its way into transitional housing and that sort of thing?

**PM:** Yeah, or, equally, the level of confidence that we may have had over whether or not we had indeed reached or found all contacts. That has been something—of course, when contact tracing, having that denominator, really being confident that you know who all your contacts are, chasing them down, isolating them—it has been harder to be confident that, at all times, we've known and understood every single contact around a case, for a number of reasons. So that's been a challenge too.

**Media:** Dr Bloomfield—

**PM:** I'll just let Mark finish, and then I'll come to Jane and then Tova. I'll finish with you. My 30 minutes has not worked!

**Media:** A technical question, I guess, on the vaccine mandates: how will you process, then, people who may have been vaccinated overseas with a vaccine that not only isn't authorised for use in New Zealand but may not actually be particularly effective?

**Dr Ashley Bloomfield:** This is one of the things we're looking at for people travelling to New Zealand and also we've looked at for people who might be applying to work already at the border, in a border role, and who have been vaccinated overseas, and we've had technical advice on what additional vaccination might be required of those people, depending on what vaccine they already have and our level of confidence. For people who have received a full course of a vaccine that we've already approved in this country, there's nothing further that those people need to do. For some of the other vaccines, we're requiring them to have at least one dose of the Pfizer vaccine, and we will again look at that for individuals who might be in that position and are covered by the mandate in either the health or education sectors.

**Media:** What can you tell us about an investigation into a man in level 3 in Whangārei who travelled to Queenstown via Wellington without an appropriate travel exemption and the

police are looking into it? And is it time, especially given the border may be in place for a while, to look at tightening up the system, given the Northland situation and then, potentially, cases like this?

**PM:** So, obviously, you will have heard me speak a little bit to that last point that you've made. I'm advised that, of the situation that you've raised, yes, I understand a man flew from Whangārei to Wellington on a commercial flight on Saturday, 9 October—that the individual was travelling for employment but did not have the necessary documentation that would have allowed that departure from Whangārei under alert level 3. I understand the individual is now self-isolating and the Ministry of Health is working with the Police on the issue.

**Media:** So does this come back to one of those airport situations that we had—I think probably the Wanaka couple—where the checks aren't tight enough in every single port of departure?

**PM:** Yeah, so for that individual—for the Wanaka situation, false information was—

**Media:** They drove.

**PM:** Yes, they drove. So false information was provided there. What I would need to check is whether or not—we had to move very quickly, for instance, when we set up the Waikato situation, to ensure that we had individuals who could provide checks at the airport, because, unlike Auckland and others where you have the AVSEC staff, not all our regional airports have that usual staffing that can quickly change up their approach in order to ensure that we're doing that documentation check. So I don't necessarily have the full picture of whether or not that may have contributed to the issue here.

**Media:** So what does that, I suppose—you know, a lesson for potential other regional lockdowns with exactly that same situation at the airport? Because it is a gap, isn't it, where people can jump on a plane where there could potentially be an outbreak.

**PM:** Yes. Well, first and foremost, of course, we ask people to actually follow the rules. And, every day, people are doing that without having to be stopped, asked, and checked. But, yes, one of the things we will need to ensure in the future, if we're using, for any reason, localised lockdowns, is just as part of our checks to ensure that we're undertaking some of that at each airport. Keep in mind, Hamilton was a slightly different situation: we needed those checks because it bordered both an area where no one should be travelling from but also areas where you can legitimately travel. A little bit different for that area because the whole area was in level 3 at that time. OK, Tova, I'll let you finish.

**Media:** Thank you. Dr Bloomfield, you said earlier that those testing-result time frames were published. We did ask the Ministry of Health for that last night, and they've been very helpful trying to find it, but they said it's not centrally stored. So what are you talking about? Are you talking about those disease indicators from the Verrall and Roche reports? Because they haven't been published since June.

**Dr Ashley Bloomfield:** What I'm talking about is that we do collect data on a daily basis to say how many tests are outstanding for processing around the country—where it's less than 24 hours, 24 to 48 hours, or over 48 hours. And happy to get that information to you.

**Media:** OK, and then just again—because we can't get on top of Delta, can we, if we're not getting on top of those positive test results quickly enough and getting those people isolated fast enough?

**PM:** I wouldn't suggest, though, that the example that you may legitimately, of course, have is indicative of the entire system. I do recall times where we've had individuals raise that they've been waiting some time, and we've often identified that there's been an issue simply with the communication, in some cases with a GP clinic. But this is highly abnormal, to have a suggestion that someone's waited five days in that way for a positive test. I can't say I've heard an example like that before. OK, thanks, everyone.

### conclusion of press conference