

**POST-CABINET PRESS CONFERENCE: MONDAY, 4 OCTOBER
HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa. Cabinet met today to discuss the current alert level restrictions in Auckland, and to confirm our plan for transitioning the city out of the current restrictions safely and carefully over the coming weeks. I'll come to the details of that road map shortly, but first let's go to Dr Bloomfield for a quick update.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So you will have seen our comprehensive 1 p.m. statement. Just a couple of highlights from today's cases: there are the 29 new community cases, 28 of which are in Auckland, and one is in Hamilton East. It's the case announced yesterday, but in our system today. There are three other household members who have become cases, linked to the Raglan case. These people tested positive overnight and will be included in tomorrow's numbers as they were entered into the system after 9 a.m.

Seven of our cases today, at this point, are as yet unlinked, and interviews are ongoing, and as of yesterday's cases, nine of those remain unlinked at this point, with interviews and investigations ongoing. We have 12 active sub-clusters where there are still cases emerging, and these are the focus, of course, for our public health response. Looking ahead, we're expecting at least somewhere between 25 and 30 additional cases just from those close household and other close contacts.

And, finally, just to emphasise, again, the importance of vaccination. You will have heard Wellington intensive care doctor Dr Alex Psirides speaking yesterday about the concern that he and many of his ICU colleagues hold around the impact of COVID on our ICU and hospitals. Vaccines, as he said, are the most effective way of keeping pressure off our health system, as they have proven in other countries. There's no doubt that in our current outbreak, vaccination has prevented people from being hospitalised or dying, and in terms of actual cases in our outbreak, whilst nearly 50 percent of eligible New Zealanders are now fully vaccinated, just 6 percent of cases in this outbreak have had both doses of the vaccine—that's cases who are aged over 12 who are eligible. So, please, if you haven't already been vaccinated you can make my day by making tomorrow or today your day to be vaccinated.

Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield.

Right at the beginning, we said Delta was a game-changer, and it has proven to be so. It has been more infectious and more persistent than the previous variants of COVID-19 that we have faced. What we have called a long tail feels more like a tentacle that has been incredibly hard to shake. Having said that, our alert levels and the actions of Aucklanders on behalf of all of us has made a huge difference in this outbreak. Early on, level 4 meant that we were able to contain the spread of the outbreak geographically. The restrictions have also stopped what could have otherwise been exponential growth over a prolonged number of weeks, and that sacrifice, carried mostly by Aucklanders, has given us the gift of time—time to get vaccinated.

At the beginning of this outbreak, we said we were adopting an approach of elimination while we vaccinated. That was the right choice and the only choice. That was because at that time, only 42 percent of Aucklanders had one dose and 25 percent were fully vaccinated. In the seven weeks since, those numbers are now 84 percent and 52 percent—effectively, doubled. So, in people terms, that's 387,642 more Aucklanders who are now fully vaccinated, and we can see vaccines are playing an important role. Only 3 percent of cases in this outbreak were fully vaccinated. Modelling is also now telling us that while we're still seeing cases, they are 50 percent less than what we could have seen without vaccinations. That's an incredible number.

In the future, vaccines will be able to make an even bigger difference. They won't be the only tool we need, but they will be able to act as a form of individual armour, which means we won't have to rely solely on restrictions like alert level 3 or 4 to act as a barricade for us. But while we're transitioning from our current strategy into a new way of doing things, we're not there yet. We need more people fully vaccinated across more suburbs and more age groups. As we do that, we will be in a better position to safely lift those restrictions that are the hardest to live with.

But in the meantime, the questions that Cabinet, working with the director-general and his team, has been asking are: how do we continue to keep everyone safe while looking to find ways to make everyday life a little easier; how do we make the transition from tough restrictions at level 3 to a place where public health measures sit alongside vaccines and life feels a bit more normal again? Together with the public health team, we've designed a road map to help us do that. It will take us being careful and methodical, and we all have a role to play. Let me walk you through it.

Firstly, the health advice has been that, to date, we've managed to largely control the outbreak, but as you can see with this outbreak and with Delta, the return to zero is incredibly difficult and our restrictions alone are not enough to achieve it quickly. In fact, for this outbreak, it's clear that long periods of heavy restrictions has not got us to zero cases, but that is OK. Elimination was important because we didn't have vaccines. Now we do, so we can begin to change the way we do things. We have more options and there's good cause for us to feel optimistic about the future, but we cannot rush. That's why we need to continue to contain and control the virus as much as possible while we make our transition from a place where we only use heavy restrictions to a place where we use vaccines and everyday public health measures.

We need to keep using the tools we have: we need to vaccinate, we need to test, we need to find cases, we need to isolate them and actively control any outbreak, now and in the future. This is a change in approach we were always going to make over time. Our Delta outbreak has accelerated that transition, and vaccines will support it.

So what does that mean for our next steps for Auckland? Over the past week, the public health team has been analysing each of the restrictions that we have and assessing which of these have played a key role in controlling this outbreak. That analysis has been used to identify those restrictions we believe can be eased while controlling the virus to the best of our ability.

This phased approach is in three parts. At each stage, we will assess the impact of the previous phase before stepping down further.

Step one, Cabinet has already confirmed, will come into place from tomorrow, Tuesday, 5 October, at 11.59 p.m. Here, Auckland remains at level 3, but with several key changes.

The first: Aucklanders will be able to connect with family and loved ones again, but only outside. The science tells us COVID finds it hard to spread outdoors, so from midnight Tuesday, Aucklanders will be able to meet another household outside with a cap of no more than 10 people at any given time. Children can have a play date in a park. Friends can meet outside for a walk, a picnic, or a beer. You can slowly see people you have missed over these past seven weeks, one household at a time. But, please, it may sound like the outdoor part isn't relevant, but it is, in fact, the most relevant part of all. Keep it outside—this part is absolutely fundamental to this change. The natural ventilation provided by being outside makes it hard for the virus to spread, which makes outdoor gatherings the safest option.

I know one of the hardest things about lockdown is not seeing the ones you love. We've also seen that in this outbreak families getting together has led to cases spreading, but by gathering outside, we can balance both these issues. So, please, be careful—wear a mask, if you take them off to eat or drink, keep your distance; give other groups a wide berth—but reach out and see people. I know it will help get people through.

And, just to be clear, again—I've got a long way to go yet, Jessica, sorry. Just to be clear again, that's two households; a maximum of 10 people at any given time outdoors.

The second change is the return of more children to early childhood education. At alert level 3, children have been going to early learning services where their parents or caregivers have to go to work and there are no options to care for them at home. Our public health team believe that with the right precautions in place, including limiting the size of groups to 10 children within a bubble at an ECE with strict infection prevention and control, the risk posed by the return of ECE is low.

Early learning services can welcome more children back from Wednesday. The exact number will depend on the number of bubbles of 10 children they can manage on their site, and, you'll remember, this was an approach we took with our original lockdown. Parents, caregivers, and teachers will also need to wear face coverings during pick-ups and drop-offs. Early learning services will contact parents in Auckland about the plan for their service and options for their children.

To ensure this is done as safely as possible, though, we're encouraging early learning teachers to get tested alongside other Aucklanders who have returned to work, and we'll look at options for more regular but less invasive surveillance testing going forward. This is an added precaution and an acknowledgment that our children of that age cannot be vaccinated.

And the final change for this first phase is the ability to move around Auckland for recreation purposes. You'll be able to visit the beach, play bowls, sail, hunt, do outdoor CrossFit or yoga classes—all must continue to comply with the rule of being outside and keeping it to 10 people physically distanced.

This is the first phase of our gradual transition. Some may ask if this is a risk to the current outbreak. Here, I think it's important to note that the public health advice is that these changes are unlikely to contribute to uncontrolled growth in the outbreak, but we will monitor the situation very carefully to give us confidence as we move. At the same time, we believe that these changes will make a material difference to Aucklanders' ability to maintain the restrictions that we have in place. These are all things we've taken into account with this decision.

I'll now set out the next two steps in our phased transition. We do not have a date for these steps, but we will make an assessment of our readiness to step into them on a weekly basis, starting from next Monday.

At step 2, we predominantly remain in level 3, with some further changes. Retail will be able to open their doors again. Once open, the usual measures for retail will apply, and people will need to wear face masks and keep up physical distancing. Public facilities will be able to open again—that means places like libraries, museums, pools, and zoos would open. At this step we'd also intend to increase the number of people who can meet outdoors to 25.

The third phase of our plan then brings back those higher-risk settings. Here, hospitality such as cafes and restaurants will be able to open, but with the precaution of seated and separated, with a limit of 50 people. Close-contact businesses like hairdressers will also be able to reopen at this stage, with the usual mask use and with physical distancing. Gatherings at this stage would also extend to 50.

These are the three phases of our transition that our public health team have designed and that has been approved by Cabinet. Alongside these phases, the separate question of the reopening of schools has been considered. Here, we'll need to assess our progress as we lower restrictions, but the current public health advice, if we move carefully, is that schools will be able to return after the school holidays on 18 October with a range of precautions in place.

We'll continue to review this preliminary advice and we will signal in advance of 18 October this final decision. In the meantime, if your child is aged 12 and older and is not yet

vaccinated, we strongly urge you to use the coming two weeks to get them vaccinated before school reopens to make the transition safer for everyone.

In total, this phasing amounts to a careful and methodical transition plan for Auckland. As I said at the beginning, movement to each phase will be reviewed weekly. We'll need to assess the impact of each before making further alterations, but ongoing increases to Auckland's vaccination rates will also be essential to giving us confidence.

Now, to cover off quickly some additional important information: the easing of alert level 3 restrictions here that I've announced today will not extend to the north-west Waikato area level 3. Current restrictions there are intended to be temporary measures while we get more information from contact tracing and community testing, but while we do that, we're keeping a simple level 3 arrangement for that area.

As Auckland moves through all three phases of the plan we've set out over the next few weeks, I can confirm that the wage subsidy will continue to be available on the current settings. Auckland is still for the most part at alert level 3, and therefore the policy rationale for the continuation of the wage subsidy has been met.

So—just for clarity—all three of the stages I've set out today, the wage subsidy will still apply for. As has been previously indicated, the resurgence support payment will be available in three-weekly instalments as long as anywhere in the country is at alert level 2 settings. We'll update these policies as we transition to the new framework.

You may have noticed that these three phases don't bring everything back online, like large-scale events in Auckland. That's because at the conclusion of this three-stage transition period, we will likely move to a framework that reflects a more vaccinated population and the ability to use vaccine certificates as a tool in the near future to reduce the risk of the virus spreading, especially in crowded indoor settings. This is our best pathway back to gatherings. We're currently talking to our events sector and hospitality around what this framework looks like, and we'll present the details on that plan next week, well in advance for any implementation of that framework, so that people can prepare.

In the meantime, the rest of New Zealand needs to continue to support Auckland to do the heavy lifting for the rest of us. This means we'll be staying at alert level 2. The cases we've seen in the Waikato and the driver who has visited Palmerston North are a very clear indication of the need for us to maintain that stance. I know it's frustrating for communities such as those in the South Island that have not had a COVID case for a very long time, but it's important to remember that the reason there have not been cases is the careful and cautious approach we've taken, and we don't want to risk unnecessary lockdowns.

In the meantime, as we have throughout the pandemic, we've reassessed the settings at level 2 to see if there are any further ways to ease those settings and maintain a cautious approach, and we believe there is. Currently, we ask hospitality to be seated and separated with 1 metre between customers; we then overlay a cap on the top. The view of our public health officials is that for the rest of New Zealand, we can remove that cap for hospitality. The seated and separated rule will provide the safety we need. This will also apply to other events spaces, and we'll issue guidance on this. Because social gatherings do not use the seated and separated rule, the limit of 100 will continue to apply for these. But, right now, most important thing that people outside of Auckland can do if they want to see the return of large-scale gatherings and events is get vaccinated, or, even better, if you are vaccinated, support and encourage someone who isn't to get along to a centre this weekend.

Tomorrow, I'll set out our plan for the final stages of our vaccination campaign and activities to drive our numbers up even higher. On Thursday, we'll provide an update on the testing strategy going forward. At Cabinet today, a report prepared by Professor David Murdoch from Otago University was presented. Professor Murdoch leads our testing advisory group, and his work will form the basis of a new, rigorous testing regime that will be central to our strategy to control the virus, going forward.

To conclude—and thank you for bearing with me for a lot of information to impart this Monday afternoon—vaccines will mean that in the future we can do things differently, and that change is within our sights, but even then our strategy remains that while cases will continue, we want to control the virus, stamp out cases, and prevent hospitalisations. But with vaccines we have more options on how we do that, but that does mean we need you to be vaccinated.

I've heard some people who are willing to be vaccinated say they are waiting for just a little longer till they make that choice. They may not be worried about the immediate side effects, but they want to see long-term health effects. I want to give you the assurance you need that the vaccine is safe, but I encourage you to have that conversation with your trusted medical professional—but, please, do not wait.

Maintaining control of COVID, easing restrictions—it relies on the help of the vaccine. It's already making a difference, but we need everyone to do their bit, wherever you live. This is not an Auckland problem, but rather a solution that only the team of 5 million can deliver on, and we need everyone to play their part.

Yeah, Tova—Jessica.

Media: Prime Minister, now that we're moving away from the elimination strategy, does this mean no more level 4?

PM: Well, in the future, as we've said, our goal is to move to a highly vaccinated population so that we don't have to use blanket level 3 and 4 restrictions in the way that we have to date, and you've heard us talk about that extensively and now it is within our sights to achieve those high vaccination rates; we just need the help of every New Zealander. In the meantime, we are in a transition. We are not ready to remove the really strong approach that we have taken to COVID-19. We will continue with that. We will test, we will trace, we will isolate, and we need everyone's help with the restrictions to continue with that focus.

Media: And no mention in any of those phases about the boundary around Auckland. When's that likely to be released?

PM: No, we'll keep that under constant assessment as well, basically, as we move through, but we haven't set a specific date. It's something we'll keep under constant advisement.

Media: Could it be lifted before that third phase, though?

PM: I wouldn't necessarily rule that out. We'll continually monitor the role of the regional boundary, yeah.

Yeah, Jessica.

Media: Prime Minister, with the case numbers, we've had almost 90 cases in the last three days. If you're now feeling like it's safe to ease off and have some more freedoms in Auckland at level 3, why not have done that a week ago?

PM: Well, perhaps given that we make all of our decisions based on the health advice, I'll have Dr Bloomfield—

Media: But I'm asking if this is a political decision, because Aucklanders have been feeling the—

PM: No.

Media: I mean, there's got to be some of it there, though, because Auckland—

PM: I guess I wouldn't consider that political, I guess, is what I would say. Look, the decision that we have to make as a Cabinet is one that does rely heavily on the health advice that we receive, and what we ask Health to do, and what they did themselves, was, some time ago, to go through and look at the individual restrictions—rather than just saying, "Can we safely move in one leap to level 2?", go through individual restrictions and look at those that will have the least risk attached to them but will also make a significant difference to Aucklanders and their ability to continue with the restrictions that do help us with this

outbreak. Their view was that outdoors is a safe place for us to be. So they were comfortable in allowing two households, up to a maximum of 10, to meet outdoors, and I have no doubt that that, whilst being a small move, will make a big difference to people.

Perhaps for the—

Dr Ashley Bloomfield: Thanks, Prime Minister. So, yes, our advice, of course, a couple of weeks ago was to hold Auckland in alert level 3 through to today, and the team has then done quite a bit of work elaborating, really, this sort of stepwise process, and I think this is the important feature of this next four to eight weeks: it is being methodical and stepwise and doing it safely. As our vaccination rate goes up, that helps, and it's already helping, as the Prime Minister has said. So it's great to see that vaccination rate still climbing up. We want to, obviously, see it over 90 percent. And the second thing is we looked very carefully at the things in each step that would not increase the risk much at all, and we advised—and this advice has been taken—that it is reviewed on a weekly basis, and it's on the basis of that review each week that the decision is taken to move to the next stage.

PM: Yeah, I think—yeah, I'll let you finish, Jessica, and then I'll come to Jane.

Media: With the elimination strategy, you asked us all to buy into that and I think the team of 5 million did. Are you disappointed that that's now had to go?

PM: No, not—and look, just to be clear, the elimination strategy has served us incredibly well and was the right thing to do for New Zealand, and, seven weeks ago, entering into the elimination strategy, which is “Stamp out cases”, was the right thing to do. And for now, as we transition, continuing to stamp out cases is the right thing to do. But over time, we were always going to have to move to a place, and intended to move to a place, where our vaccines helped us so that we didn't necessarily, every time we had a single case, move ourselves into alert level 3 and 4. Vaccines won't be enough on their own, but we will be in a better position to remove those things that have been the hardest for us, and that is a transition New Zealand was always going to make. It's been somewhat accelerated.

Oh, sorry—I'll come to Jane, then happy to come back.

Media: Can you please outline the thresholds at which you may not step down—you know, you may go, “No, we're not going to go into level 2”? I mean, we know the drill with alert levels—

PM: Yeah—similar.

Media: —so how will you be applying that?

PM: We'll—because it will be a combination of both looking at what's happening with the outbreak but, at the same time, also looking at vaccination rates as well, and the impact that that's having on the outbreak as well. But the reason we haven't put dates is because we do intend to be very careful and methodical in each of our assessments and just ensure that we have a sense of the difference that some of those changes might be making, and daily checking with our public health team on the ground as well.

Media: And is there a point at which you might peel back if the health advice doesn't show to be that accurate in terms of—if these changes do see a growth, for example, in unlinked cases, would you come back to where you are now?

PM: Look, we haven't set out dates for the very reason that we could pause, but the thing that will help us not remain static is people continuing to be vaccinated and being fully vaccinated. People going out and getting their second dose all makes a difference. That's quite a hard psychological change to—a difference to make to factor in the difference of vaccines, and that's why I think it is really important to share what we've been told—that modelling already suggesting it could be making up to a 50 percent difference to our case numbers even now, and that's significant. So it is not just a token effort; it's meaningful right now.

Jane, I'll let you finish.

Media: Waiheke Island has asked for a border within the Auckland border, just to help control the coming and going of people. Is that something that you would consider?

PM: We haven't talked about an inter-regional border. I imagine, in part, people from Waiheke do need to come and go to continue to access essential services, but, look, I'm happy to always have our team talk to regional officials, as we always do when we come to borders, to discuss the concerns that exist there.

I might just come to the front, Tova, and then I'll come to your point of clarification—Derek, Jason.

Media: Melbourne and Sydney basically abandoned elimination for COVID suppression because they virtually had no choice because cases had gone so large and it couldn't get controlled any more. Here, it's felt—the public health experts think that elimination is still possible, so why abandon it now?

PM: Well, again, as I've said, we're in a transition, so I think it's a bit too crude to say that we've given up on the strategy of using that really aggressive "Stamp it out", because we are continuing to do that. We contact trace every case. We isolate every case. We're still putting them into our managed isolation facilities. No one is suggesting that that will change now or even in the future, so I do think it's a bit crude to simply say we're abandoning our approach. What we have acknowledged is that even with the long-term restrictions we've had, patently, you'll see we haven't reached zero with that. Previously, lockdowns may have achieved that—in fact, they did—but we do have a different set of circumstances: Delta, the nature of the outbreak, but at the same time we also have vaccines. So the fact that we haven't reached zero is not nearly the same impact as what it may have been previously, when we had no other layer of protection.

Media: Yesterday, you said that 90 percent in Waikato might have seen that region to be spared level 3. Auckland is still nowhere near 90, yet we're starting to see more freedoms from Wednesday—

PM: Just to be very clear for everyone listening: Auckland will be very clear that they are still in level 3, and what we've introduced today is the ability to see one other household outside. So it is a still a very constrained environment in level 3.

Media: How do you expect that to be policed with 10 people? I mean, there could be four or five households meeting with 10 people, there could be multiple households mixing—and how do you think that change from Wednesday will not lead to hospitals being overwhelmed?

PM: I'll let Dr Bloomfield speak to the assumptions around public health risk, but, of course, it is the public health team within the Ministry of Health that makes these assessments and these judgments. We always have an eye to an ability to police, but, actually, whenever you're going to come to a point where people are able to meet outside, that of course is difficult, and I think everyone accepts that. But the idea that you'd say, "No, there can be no contact with anyone." simply because we can't police it aggressively is not a reason for us not to allow, under this guidance, the ability to have contact with others. We have all the way through our alert level system had a certain degree where we rely on people to do the right thing. Yes, we've an overlay to ensure that there aren't large mass gatherings—all of that continues—but we also rely on people to do their bit.

Did you want to speak to the rest of that question?

Dr Ashley Bloomfield: Just to reiterate that comment, actually. Most of the actions by most New Zealanders are not being policed by anybody. People are doing the right thing. They did right across New Zealand when we first went into alert level 4 last year, and they've continued to do it, especially in Auckland, even though it's been a tough journey. That will continue and, as the Prime Minister said, the extension, or for the first stage in Auckland, people being able to get together in small groups, two whānau at a time, outdoors is not a material increase in risk, and it will still require—the most important thing is that people still keep doing everything else that is under the alert level 3 framework.

PM: If I may, Derek, the point that the public health officials made most strongly was that it was the outdoor element that made it low risk, and that's based on all of their analysis of this current outbreak but also what they've seen in overseas research and evidence—outdoors and the ventilation that provides makes all the difference. So don't for a moment be tempted to suddenly, if the weather turns bad, switch up to switching into your home. Being outside is actually the only reason we're allowing this. It's because we know it makes such a material difference.

Media: We also know—if I may finish. We also know that if the virus is extending into marginalised communities and we know that if young Māori, whose vaccination rates—the latest figures for them were only 50 percent. Is that not a huge worry for you?

PM: And, all the way through, of course, that has to remain our focus. No one here is giving up on the need for us to continue to vaccinate aggressively. That is why Auckland is still in level 3 today, Derek, after seven weeks of level 3 and 4, because we must continue to vaccinate. Yes, we're in a transition, but, as I've said, we are not there yet. We have incredibly important work left to do to make sure that everyone has the chance and the ability to be protected and vaccinated. We've doubled our vaccine rates, but we need to keep going.

I'll come to Jason, then Tova.

Media: This is a bit of a two-parter. We've seen a number of compliance issues over the last couple of days, whether they be large-scale protests or gang funerals. Are you worried about compliance waning within Auckland, and, if so, how are you going to get on top of that before it escalates?

PM: So I wouldn't characterise it generally in that way, because the vast majority of Aucklanders are not joining protests and they're not joining large-scale tangihanga outside of the guidance. But what we have considered is that there are some parts of the restrictions that are really, really critical—you know, gatherings inside homes, and those kinds of activities that do pose risk. So one of the considerations are while we're asking Auckland to stay in 3 for longer, what are the things that we can do that will make that a bit easier? So that is a consideration for us. Right when we designed the alert level system from the beginning, we said we would always look at our ability to stick with it, because that is as material in our ability to then control an outbreak as the restrictions themselves are.

Media: Just a follow-up to Dr Bloomfield. Have you had any advice to suggest that the COVID case in Hamilton in the last few days, while they were infectious, had attended a tangi or funeral?

Dr Ashley Bloomfield: No, that hasn't been raised.

PM: Yeah, Tova.

Media: Has the neonatal ICU exposure in the North Shore baby case resulted in any further positive tests?

PM: I'll have to rely on Dr Bloomfield. Perhaps while he gets his notes—because previously there has been some accusation of us not sharing live information that we've received—we have over the course of the last two hours had someone that has absconded from MIQ. I can update you that they have been apprehended.

OK. Dr Bloomfield now has his information.

Dr Ashley Bloomfield: Just to say that the baby at North Shore Hospital—so the baby's father, who was visiting, was the initial positive case, and there is the baby. But there have been no other positive tests, and the mother also has tested negative so far.

Media: What do you know about the father's movements in and out of the hospital?

Dr Ashley Bloomfield: Just that there were two visits, one on 30 September during the afternoon, and one on 2 October during the early evening. But of course there was very strict

protocol in place, and the mother and baby were in a single room, and so the father went and visited them and was in that single room with them.

PM: So I'll let you finish that question, Tova, and then I'll start panning around again.

Media: Could you do more to protect the people of the South Island with a harder, stricter border and things like rapid testing for all who go there?

PM: Look, we have been asked a question around whether or not a border further south would provide greater coverage for the South Island, and the view has been that, actually, by the time you come to that border, it may be too late. We need to get the testing actually completed before they're moving down into that area, so that's why we have the testing regime in the first place; we just do a little bit earlier to prevent movement coming down to the rest of the country. But, as we've said, that surveillance testing is not ironclad. That is why we do have the South Island, for instance, in restrictions as well, so that if we had a case like we had in Palmerston North where we identified a case early on, because of level 2 restrictions, we felt confident to contact trace that without restrictions applying. The same holds for the South Island. So level 2 prevents a case—if it's found—moving the South Island into heavier restrictions.

Media: We've had residents in Raglan expressing concerns that the spread has gone well beyond the Waikato because hordes of day-trippers and holidaymakers have visited the surf town over the weekend. Do they have a point, and, if so, what efforts are being made to see if those fears are justified beyond the soft border?

PM: I'd say it's too early to draw that conclusion at this stage. We are asking people who have been in any of those areas covered—so, in the Hamilton area, in the Raglan area, where we have those cases—that if they have even mild symptoms, to be tested and, of course, to check the locations of interest. We are undertaking wide surveillance testing, undertaking contact tracing, but it's too soon to make an assumption that necessarily we've got much wider community transmission.

Dr Ashley Bloomfield: I would agree with the Prime Minister there. Anyone who's been in Raglan should check those locations of interest. Those are the places where there may have been exposures. But, at the moment, our sense is there are not too many of those, but they will be made public.

PM: I'll come to Maiki, and then I'm going to come through the middle.

Media: Just in terms of the transition outline that you've given us today and the low Māori vaccination rates, will you set a benchmark for Māori vaccinations when you're deciding to step down in that transition period, because a lot of Māori will be looking at this, nervous for their whānau, wondering what impact that could have on them, given the low vaccination rate.

PM: Yeah, the first thing I'd say is, as you'll see today, we are very clearly keeping Auckland in level 3. There is a job still to be done, both with this outbreak but also with our vaccination rates, and we will continue on with that in earnest. When it comes to how high—particularly for Māori populations—I don't want to leave any percentage that implies there is a safe number of people not to be vaccinated. We want everyone who is eligible to be vaccinated, and our job is to not just sit and wait at vaccination centres, but to take those vaccines to those communities, to their door, and offer them that opportunity whilst providing the evidence that it's safe.

Media: But Māori vaccination rates are still low, and yet—

PM: Yep.

Media: —the landscape is now changing—

PM: Not across—not across every age profile.

Media: And yet the landscape is now changing. We're seeing the ability to meet with another household outside, we're seeing schools reopen, we're talking about a transition period. So the landscape is changing, despite the numbers remaining low.

PM: We're in level 3 in Auckland, and Auckland remains there. We've stepped out today the transition plan that we will be able to make if we continue to vaccinate and if we continue to manage this outbreak in a controlled way—so very clear that we have to be careful and methodical. When it comes to schools, the current advice from public health is it's their view that they'll be able to open on 18 October, but we will continue to assess that advice carefully and methodically. In the meantime, there's this suggestion here that we are somehow looking past those who have not yet been vaccinated—not at all. That remains everyone's job from now.

Keep vaccinating, everyone. To anyone who hasn't made that decision yet, please talk to your doctor.

And then I'll come to Luke and then—

Media: In terms of that [*Inaudible*] vaccination numbers, talking about doubling—you know, you're talking about 84 percent, 52 percent, and talking about the fact that that's been the doubling of vaccination rates since your last announcement—

PM: And you also heard me say the job is not done.

Media: —should you be using the vaccination rates of Māori, instead, when you're standing up there?

PM: And you heard me say, straight after those numbers, "The job is not done.", because the job is not done.

Media: Prime Minister, you've obviously outlined these steps to get out of level 3 in Auckland, but, essentially, the announcement today is that Auckland is going to indefinitely be in lockdown, that you'll review each week. What criteria will you or—

PM: I didn't consider that to be the announcement at all. We can see the pessimists and the optimists in the room.

Media: —that may be so—

PM: Yes.

Media: —but what criteria will you be using to assess in a week's time that Aucklanders—that some shops can open, that it can keep going. Will it be a mixture of—you know, what is the criteria?

PM: Yeah, well, given that assessment is first and foremost undertaken by Health, I'll let Dr Bloomfield answer.

Dr Ashley Bloomfield: Yes, so there are a series of criteria, which are the ones we've used for every piece of advice on alert levels, actually, right since the start of our response to the pandemic, and those include, as you'll well expect, the number of cases, the nature of those cases, what pressure there might be on the health system—not just in the hospital setting but the public health aspect of it, including our capacity around contact tracing—obviously, our testing capacity, which is good, and alongside that, we will also be looking at vaccination rates. And that is something that we have started to consider, and it's obviously material to informing our advice about timing of continuing to ease any restrictions.

Media: So hypothetically, if, basically, the case rates stayed about the same, but the vaccination rates shot up, then that would be a bit in the plus column, for example.

Dr Ashley Bloomfield: It would be, and I want to make this comment about the case numbers, which you've raised, is, actually, keeping the case numbers as low as possible, even if it's not zero, is absolutely material, and it is material to this transition, both when we can do it, and also doing it safely. And so that's why we're continuing to put all our effort into that.

PM: OK, I'm going to go to Amelia and then I'm going to whip around—I'm going to collect up the last of the hands.

Media: Thank you. On Auckland ECEs reopening, there are concerns that they could be the new front line for outbreaks. Are you prioritising parents' need for childcare over children's health and wellbeing?

PM: No. No, and we would never make a decision based on a judgment that didn't have a public health overlay. So you'll see that one of the really important things that we've said here in preparation for that return is that we're asking our early childhood education teachers to be tested. So that gives an extra layer of precaution. Alongside that, you'll remember that from our last time we transitioned, we used bubble arrangements within early childhood education, and we're asking them to do that again. Further guidance will be provided by the Ministry of Education, and parents can expect each centre will lay out their expectations of when they'll be able to be open. But this was a public health judgment. No one made a request of the Health team to do anything other than provide us with their view on those options available to ease that posed the least risk to Aucklanders.

Media: And given the concerns about them sort of being the front line for the outbreak, are you considering mandating vaccines for ECE teachers and staff?

PM: So I'll make a general comment, if I can. Across education, there's a piece of work to be done around: how do we protect our children who are unable to be vaccinated from 12 and under? So the Minister of Education is working at the moment on a range of initiatives: how will mask use apply across the board, how can we use regular testing as an extra precaution, and what role will vaccine for our teachers play? So he's doing that work now. You can expect us to say more around what we can expect for education over the coming week.

This is a little bit sneaky, but I did say I'd keep panning around. I'm going to come to Māori TV.

Media: Prime Minister, around 82 percent of the current cases are Māori and Pasifika. What contribution did Māori and Pacific health experts have in the development of the road map, and what were some of the key themes and suggestions that were made?

PM: Well, actually, at the moment—so this is our phased approach out of alert levels. In terms of the—one of the most significant pieces of work that we're doing at the moment is what does a vaccinated framework look like, and there we are out consulting at the moment with iwi leaders and Māori health professionals on that piece of work because that's a piece of work that will carry our response through for a number of months. For this phasing, of course, we keep up those conversations with all of our regional representatives, our Māori Ministers—and, of course, within the Ministry of Health, the guidance is prepared by our public health officials.

Anything further you wanted to say on that, Dr Bloomfield?

Dr Ashley Bloomfield: No, that's fine, Prime Minister.

Media: Just to add to the concerns around the vaccination rates being low for all Māori, have you forecasted at all a further breakout amongst the Māori community once these restrictions start to change?

PM: So, DHB by DHB, I do believe they have additional work that they undertake within DHBs, but I personally can't speak to that now. But, again, our strategy here is to continue to use all the tools that we have available to keep COVID away from people in the community, because we're not ready to transition into a framework that relies on vaccination because not enough people are vaccinated.

Yeah, I'm going to come to Bernard, then I'm going to come to Ben, then I'm going to come to Justin, then—OK, some people have had a go. Marc, in the front, and then we'll finish with Sam.

Media: Prime Minister, what advice have you got about whether the hospital system can handle the new three-level system within level 3 in terms of deaths, hospitalisations?

PM: Well, that's of course why we pause and assess as we go. We are not committing to a time line here.

But, Dr Bloomfield.

Dr Ashley Bloomfield: Look, I think, the most important thing to say about hospital capacity, including ICU capacity—in response to your initial question, yes, we've got some modelling to show just what case numbers might lead to a level of hospitalisation ICU use that would then force hospitals to stop doing some other things, so it's actually about the opportunity cost. And what, of course, we're aiming to do is, and one of the reasons we're still so intent on controlling the number of cases so heavily, is to reduce that having to make those trade-offs and stopping other care. So of course the hospital system can cope with quite a lot, but you'll reach a point where you'll have to reduce planned care or delay some care, and that's what we're trying to avoid.

Media: So, at any point in the three levels talked about today, do you get to that point where you have to start dialling back other work?

Dr Ashley Bloomfield: So it's not specific to the three levels per se, but one of the very important reasons we've said that it should be reviewed every week is to look and see what is the level of hospitalisations. Today we had 30. I think at the peak of this outbreak, we were up in the 40s—between 40 and 50—and then dropped down into the low teens. It's up around 30 now. So that's one of the things we will be monitoring very carefully.

Media: Prime Minister, just one more on the vaccinations—

PM: I'll let you—and then we're just going to pick up the pace a little bit, everyone.

Media: Just on vaccinations, why doesn't the Government accelerate its moves on mandating vaccination and the use of vaccination certificates to try and get the vaccination rates up faster?

PM: So, of course, every lever we have on vaccines has now being pulled, right? So they are widely available—walk-ins, ample bookings—and now, then, the question you're asking is “What about carrots and sticks?” You will have heard me say that we are going to talk a little bit more about vaccine certificates, both this week, and then next week, we'll be setting out what a framework for the use of a vaccine certificate would look like, and we're doing that well in advance of when it would likely be implemented so that people will know where they will need to be vaccinated in order to access different activities. So we are doing that well in advance, and we'll talk a bit more about that tomorrow.

Ben.

Media: Prime Minister, can I draw upon a couple of things you said in your opening statement? You said it won't contribute to “uncontrolled growth” and it will make a material difference to Aucklanders being able to maintain the restrictions.

PM: So that was me surmising, essentially, the public health advice—that what we've added today they consider to be low risk to the outbreak.

Media: Sure, but is that also a low-key concession that it will contribute to some level of case growth—

PM: No.

Media: —and that fatigue is the major reason for making this switch?

PM: No—no. No, because the first and most important point was low risk, and, as I've said, outdoors equals low risk. But that's where we're asking people to be compliant with that most fundamental part of that change, which is the outdoor piece. So that's why the public health team felt confident in making that recommendation, because the outdoors element is so fundamental. On the other side, you were asking about keeping people compliant. Here's

something that's low risk because it's outside, but it may also help Aucklanders stick with the things that actually are higher risk. So we don't want people to meet indoors, so we're giving them an option to do it outside and safely to try and prevent any fraying at the seams by people meeting inside. So we do think about both those things.

Media: Just reading some of the reactions, as much as you can, sitting here at a computer, and it seems like it's an abandonment of the public health principles that you're so well-known for, such—

PM: Well, I would reject that, because that seems to imply that we are not continuing to aggressively focus on every COVID case we have, and that continues. But what I've outlined today is that there is a transition that would always need to be made with vaccines. Now, we're not ready to complete that transition yet, but it is important to set out where we might be in the future.

I am going to keep panning around, though, if I may—Justin.

Media: Dr Bloomfield, over the last few days there's been a number of health experts who have said that any relaxation from level 3 is probably unwise. Can you say, hand on heart, that this is the road back that Auckland should be following, based on the best public health advice?

Dr Ashley Bloomfield: Yes. We're not relaxing the alert levels. Auckland is still in alert level 3. What we have advised is some additional features of alert level 3 that have minimal associated risk while we continue, as the Prime Minister said, very strongly—and the hallmarks of an elimination approach are keep it out and stamp it out. We are going after every case. We are putting a lot of effort into testing. We're aiming to increase our testing rates over the coming two weeks, contact tracing, and isolating, and putting people into quarantine. That remains the hallmark of our public health approach, and Auckland remains in alert level 3.

PM: And—

Media: And when you were speaking with Derek earlier, you talked about the need for policing, but one of the things we've discovered with Delta seems to be that when there's a way—when there's a possibility of infecting someone, it finds it. Does this not open up a number of points of friction where people do things—and I guess I was wondering what your modelling would show on that. As an example, my colleague's asked me that if you're having a wine in someone's backyard and you have to go to the toilet, can you not go inside—do you have to go home? And if you can't go inside, then you're breaking the outdoors rule. Does that not create a point of friction? What does your modelling say on this?

PM: Keep it outside—nice and simple.

Dr Ashley Bloomfield: Yeah, I don't think we've modelled that.

PM: If you haven't got a good bladder, don't stay for long.

Dr Ashley Bloomfield: We haven't modelled that particular scenario, but it's the gathering of people inside, and I'm assuming they're not all going to the toilet at the same time.

PM: Very practical advice. OK, I'm going to keep panning around—sorry, I didn't see you, Jenée. So—

Media: Thank you. I mean, today's news will come hard for some business owners, particularly in the hospitality industry. Just wondering if the Government is considering additional financial support for businesses but also for vulnerable households, people who might have had their hours cut, and so on?

PM: Yeah. So, on the latter point, yes we are. I don't have anything further to add on that today, though. On the former point, we are trying to give as much certainty as we can. So you can see here that even though phase 3—you know, materially, people might say that

looks a bit like Delta 2. We are still setting out today that we would expect to continue the wage subsidy at that phase, so that's us signalling as much as we can what to expect for those different industries and also, of course, the ongoing fortnightly payment of the resurgence payment.

Media: In terms of more support for households, when can we get more information on that?

PM: Shortly, but it's just not today, I'm afraid. When final decisions have been made, but just not today, unfortunately.

Media: Dr Bloomfield, you've moved nurses to Auckland to help with the Delta outbreak last month—it was 112. Have more joined them, and how does this leave the rest of the country, other public health units, considering that there are now cases outside of Auckland, and just for Waikato, people are being turned away from testing sites there. Are there enough staff and testing kits in the Waikato?

Dr Ashley Bloomfield: My recollection on the former question is that we've finished the last rotation of people, or the last rotation of people into Auckland is finishing up now. The way we use our public health staff now tends to be more delegation and using other public health units to support Auckland. On the latter question, I know there was a lot of demand for testing this morning. They've put on extra staff this afternoon, and a couple of the centres are open till 8 p.m. So I'm very pleased that people who are symptomatic or who have been at a location of interest are going to be tested, and they're the ones we want to be tested. So just thanks to everyone who's going and for their patience, and they will maintain an increased testing capacity to meet the demand.

PM: OK, I've got Marc, and then I've got Sam.

Media: Prime Minister, two weeks ago, when you moved Auckland down to level 3, you said that you still expected to be able to get to zero cases in Auckland, and that was still the goal. What has changed since then?

PM: Well, look, you can—I, of course, can only present the numbers as they stand, and you'll see that we haven't reached zero, but I think the important point here is we continue to maintain those restrictions, because we still feel that they're still necessary and still required. At the same time, we still aggressively are treating every case in the exact same way we did the first case that we had—none of that has changed. What I'm indicating, though, is that in spite of not having reached zero, that doesn't mean that we are not able to successfully continue our work to keep people safe in the long term and take an aggressive approach to COVID. Vaccinations will help us. Our contact tracing will continue to play a role. We still isolate every case, and in the future, public health measures will still be part of the mix as well. But, ultimately, New Zealanders are asking for us to give an indication of what the future may look like, and while we're not ready to move entirely to that system yet because we're still vaccinating, there is a new framework in the future that means we can move away from those aggressive lockdowns while still taking the approach New Zealand has valued, which has been very aggressive with COVID-19.

Media: Was moving to level 3 the wrong decision?

PM: So there's—you know, whilst we've seen, you know, the odd case where they may have been a level 3 worker, for the most part we haven't identified necessarily that those individuals have picked up COVID-19 at that place of work. So I think it would be a bit simplistic to say that that has been the determinative factor. But, again, you will have seen that we used level 4 for a long period of time. We've used level 3 for a long period of time, and we remain there, because we are still being very careful and methodical, regardless of whether those restrictions have brought us down to zero.

Media: A question for Dr Bloomfield: did Cabinet follow all of your advice today, and will you commit to releasing that advice, because this is a pretty big decision and people should be able to see the public health advice that informed this.

Dr Ashley Bloomfield: I'm just trying to—

PM: Well, we always release proactively the Cabinet papers—we always do. So we do that with a—

Dr Ashley Bloomfield: Yeah. I think the Cabinet paper is due to be released, but—

PM: But also, here's the public health advice standing before you, ready to be questioned.

Dr Ashley Bloomfield: Yeah, I think all our public health advice was taken. One of the areas where we had some discussion with our colleagues in DPMC was: what's a practical way to implement that lift of the cap? And this is more in the alert level 2—parts in alert level 2, the cap in hospitality. And, originally, we had advised around sort of a square meterage - type approach, which is one they use in Australia. But when we looked at the practicalities of it, we realised, actually, if you maintain the seated and the spacing, that achieves what we're looking for, and virtually all indoor premises have a cap anyway because of fire regulations, so there's a natural cap there.

PM: Yeah. I'll come to Sam.

Media: So, throughout this afternoon, you talked about the elimination strategy and vaccination as being points on a spectrum, but I thought, you know, the Skegg report, epidemiologists—vaccines are part of the elimination strategy. So what sort of led you—when did you start separating those out?

PM: Well, I'm not sure that that would be necessarily a fair characterisation of Skegg, and, in fact, you'll hear that my language all the way through has been totally consistent: we eliminate while we vaccinate and we are still vaccinating, which is why we continue to take that aggressive stamp it out approach with every single case. What I've signalled here is that over time, we will be able to transition from that state because we will have vaccines which can do the job that previously level 3 and 4 has done for us. They won't be able to do it alone, and so last week, you heard us talk about the things that need to sit alongside it, and it's very much informed by international evidence and what we see from different modellers. But this is just forecasting what we could see in the future. Right now, though, we still need to be very, very aggressive in that we don't intend to change that plan, but we also need to continue to vaccinate.

Media: Have you got a message for fatigued Aucklanders?

PM: Ah, yes. They've done a huge job on behalf of all us, and I want them to know that the rest of New Zealand is grateful for the job that they're doing but we also recognise it's hard, so here we've looked for the safest things that we can do to support them to keep going, because we need them to keep going for now.

Media: Can we just clarify what Dr Bloomfield said—

PM: We can clarify a point, and then I might actually conclude there.

Media: Just a couple of things that—

PM: Oh, OK—sure.

Media: Dr Bloomfield, you said earlier the next four to eight weeks are going to be critical. Is that the time frame for this phasing of Auckland down to level 2—is it going to take two months?

Dr Ashley Bloomfield: That's the time frame for us to achieve our ambition around vaccination being higher than 90 percent double vaccinated, and then, of course, it's another couple of weeks when people then have that full protection, full immunity. So this is the period of time, really, that we want to do that in. I'm sure, like everybody—particularly in Auckland—we're looking forward to a summer where we can enjoy freedoms, and our ticket to that is vaccination. So the next four to eight weeks, into early December, is critical to get our vaccination rates up.

Media: And, Prime Minister, are you able to give us some more details about the person who absconded from MIQ? Was it out of managed isolation, was it out of quarantine, which facility, and how did they break out?

PM: Unfortunately, when you provide information in the moment, you won't necessarily have all of the information. I know it was MIQ—so, the Jet Park. I know they absconded and, in a reasonably short period of time, they were apprehended again, and that a decision hasn't yet been made as to whether or not that person will return—remain with the police or go back into MIQ. Unfortunately, that's about all I've got.

Media: Prime Minister—

PM: Yes, you had a final question.

Media: —are you concerned New Zealand's foreign trusts industry is enabling morally questionable people to move wealth around the world?

PM: So moves have been made since we've seen some of the revelations of the use of foreign trusts to change up the rules that apply in New Zealand, particularly around reporting. That's led from about 11,000 trusts to reduce down to about 3,000. But there is further work to be done and that is still on our agenda.

OK. Well, just to conclude, I should have added, as well, just for absolutely clarity, it is possible, if you keep to the limits that we've already set out, to go fishing in Auckland from a boat.

On that note, thank you. We'll see you all tomorrow.

Media: Sorry, are gyms included with swimming pools?

PM: Ah, yes, I believe so. Let me go and double-check that.

conclusion of press conference