

**POST-CABINET PRESS CONFERENCE: MONDAY, 18 OCTOBER 2021  
HANSARD TRANSCRIPT**

**PM:** Kia ora koutou katoa. Good afternoon. Today I'll set out Cabinet's decisions on alert levels in Auckland, Northland, and the Waikato, as well as signal announcements for the rest of the week. Firstly, though, I want to say something briefly about Super Saturday. We all know what it meant for vaccine numbers—130,000 people vaccinated in one day is enormous. It was a tribute to the health staff, to the people who have been working tirelessly alongside them for months, community organisations who work so hard to support people to be there, the business community who promoted the day and provided every reason and incentive possible to be vaccinated. The biggest success of Super Saturday, alongside the lives saved, is that it reminded us all we are still a team, and that through this really hard few months, if we have a job to do, we will rally to do it.

Today we are making decisions that are based on the here and now, alert level decisions that are based on case numbers and what we can do safety, and this has been primarily affecting Auckland, but also now the Waikato and Northland. We know that in the future we cannot ask people to live week by week, not knowing when things will change or how to help things speed up. We know that needs to change and we have a plan on how. While the announcements today will be about the next few weeks, on Friday we'll provide the detail around the system we will use to protect ourselves in a highly vaccinated environment. We'll give details on how we'll move into that new system and what will help us get there.

On Tuesday I'll be joined by Minister Henare to talk about the work we're doing to lift vaccination rates in our Māori communities. This work is absolutely critical. On Wednesday Minister Hipkins will present the up-to-date advice on schools reopening and on Friday, as I said, we'll release the details of the new COVID protection framework and how we'll get there. But for now let's come to the alert level decisions.

Today Cabinet has confirmed that New Zealand, outside of those areas with level 3 restrictions, will remain at alert level 2. I'll come, then, to the decision for Northland, the Waikato, and then Auckland. Let's start with Northland. With more than 16,000 tests undertaken since the first positive case, and testing across 19 waste water sites all returning negative results, all the evidence to date suggests that the individuals who tested positive in Northland have not spread it further. I would, however, always ask anyone with symptoms to get a test and anyone still waiting to get a vaccination. On this basis and on the advice of the Director-General of Health, Northland will move to alert level 2 at 11.59 p.m. on Tuesday, 19 October.

For the Waikato the situation is different. While the cases remain broadly linked, this linking is often occurring after the positive results are being returned. I acknowledge the testing, more than 45,000, and the vaccination efforts of those in the region beyond during this period. But as you will have seen, there have been further cases and some positive waste water testing in the greater area, and so we need to act with caution at the moment. That is why Cabinet has decided to hold the Waikato at level 3. We will review these settings and update any change in position on Friday.

And now to Auckland. Today is day 62 of alert level 4 or 3 in Tāmaki-makau-rau. That is a long time to have been living with restrictions. But those restrictions have made a huge difference. They've helped us to keep case numbers as low as possible while we continue to vaccinate people, and vaccinations continue to be so important not just in the future but right now. Only 4 percent of cases in this outbreak were people who were fully vaccinated, and of the 158 who needed hospital care, only three were fully vaccinated. But we need to keep going with both tools—our restrictions and vaccinations—because with Delta we cannot rely on just one. If we get this right, if we keep case numbers low while we vaccinate people, then it makes it easier for us to keep control of COVID while we ease restrictions in the future, and that is everyone's goal.

So the question for Cabinet today has been: how do we avoid a spike in case numbers and hospitalisations and protect vulnerable communities as much as possible in the coming weeks while we keep lifting vaccination numbers. First, it is important to remember that the alert level 3 rules in Auckland are currently the toughest restrictions in place anywhere in the OECD at the moment according to the Oxford stringency index. These are not soft rules. Despite that, a number of respected scientists and epidemiologists have suggested a return to level 4 for a defined two-week lockdown to act as a circuit breaker and limit the number of cases while our vaccinations take hold and strengthen our immunity. However, the public health advice, including from teams on the ground and from Dr Ashley Bloomfield, is that two more weeks at level 4 is unlikely at this stage to reduce the number of cases significantly because of the nature of the outbreak and the fact that compliance has been an issue.

We considered both sets of advice carefully. Cabinet has to take into account a range of factors, including the overall wellbeing of Aucklanders and how hard this period has been. But the consideration that stood out for us the most was the view amongst those closest to the outbreak that this increase in restrictions would not necessarily reduce cases significantly more than the level 3 restrictions we already have.

So the next question is: what can we do at level 3 to minimise cases as much as possible. The first thing Cabinet has decided is that Auckland will remain at alert level 3 and with the current restrictions already in place, and that we will do that for the next two weeks. Based on the advice we have, any interim easing of level 3 restrictions over the coming weeks will not work towards our plan of minimising cases while we increase vaccinations. But the biggest thing that will make a difference right alongside vaccines is asking that everyone continue to comply with the restrictions that are already there, in particular the alert level rules around indoor gatherings. They are not allowed. They are a risk to you and those around you and they are one of the most significant causes of ongoing spread in this outbreak.

No one is in an area where the rules don't apply. We now have cases in 124 suburbs. They are across the entire geographical spread of Auckland. That means everyone, especially those who are unvaccinated, continue to be at risk of getting the virus regardless of what suburb you live in. So a reminder of the rules at level 3. They're there to help us for this critical phase. Please stick to your household bubble. The only social catch-ups that are allowed have to take place outdoors, because the natural ventilation and fresh air reduces the risk of passing on the virus. We ask that you be masked, and distance, with no more than 10 people from two households at any one time. Indoor gatherings, parties, social catch-ups are not part of level 3, and it's one of the things we cannot afford to let slip.

I know this is hard, and I want to acknowledge the ongoing impact in particular on Auckland business of staying at level 3. We've heard the call from the Auckland business community for additional support given the extended period of restrictions. Minister Robertson is currently working on an enhanced business support package for Auckland and will be in a position to share more of the details of this on Friday.

Finally, a quick preview to the announcements on Friday. When we come to outline the new COVID protection framework, we will establish a vaccination target or, as Dr Bloomfield calls it, a milestone for Auckland and New Zealand in order to move into that framework and to start easing restrictions. The target will be high, to give us the greatest confidence possible. We've looked closely at the evidence overseas and what works and what doesn't, and we'll be aligning our target with those countries that have managed the transition from restrictions to vaccination in the safest way possible, but regardless we hope that this will give Aucklanders especially as much certainty as possible about what lies ahead and, importantly, a goal that we can all rally behind.

So in summary, our plan is as follows. Auckland will stay at level 3 with no further changes to the level 3 settings at this stage. This is the best way to continue to suppress and minimise cases while we work towards high rates of vaccination. These settings will remain for two weeks. On Friday we will set out the new protection framework, a plan to continue to protect New Zealanders from the virus and it will include a vaccination target to meet before moving

into that framework. I have one final message. On Super Saturday we saw what was possible. The vaccine is all about opening up opportunities and easing restrictions.

Just as we smashed our target of 100,000 vaccines on Saturday, we know that when we set a goal, we can reach it. We're making great steps forward, and there is a way through. New Zealand can be one of the few countries in the world to get to high rates of vaccination without the human and economic carnage it has inflicted on so many other countries. It is possible, and I know we can do it. I'm now happy to take questions. Yeah, Tova.

**Media:** Prime Minister, what's the target?

**PM:** We'll be sharing those details on Friday.

**Media:** You already know, though, so why not—

**PM:** We are continuing to work, refining some of the details of both the framework and the way the target will work, and so that is why we'll be releasing that on Friday.

**Media:** Based on what you know of the vaccine numbers now and how they're likely to roll out over the coming couple of weeks, do you expect that Auckland will move down to level 2, or a loosening of restrictions in 2 weeks' time?

**PM:** So our view was to set out, as much as we could, the path for the next few weeks, and based on what we see now and our ongoing job to continue to just keep this outbreak in check while we continue to vaccinate, the advice was to hold where we are. You know, again, we won't rule out future changes after that point, but we know what Auckland needs is a long-term plan, and that is what we'll be setting out on Friday.

**Media:** Dr Bloomfield, is the target 95 percent?

**PM:** We'll not be giving the target today, and, look, I think it was only fair to tell Auckland that there will be one so that that we know the way that we will be working with the new framework. But I don't want to waste everyone in this room's time—

**Media:** But it might—

**PM:** —fishing for it, at this point. Tova, do you want to ask a question?

**Media:** Yeah. Dr Bloomfield, do you think if you set a target of 95 percent today it might actually incentivise people to push up?

**Dr Ashley Bloomfield:** I think we've seen the situation in Auckland, including the outbreak, as well as support and campaigns from the media and others to get those vaccination rates up as high as possible, have really paid dividends. And, you know, we can see Auckland's getting close to what is a very important milestone of 90 percent. And the reason I call it a milestone is we are not stopping there: every percentage point above 90 really matters. So we're just going to keep the effort going.

**PM:** Keep in mind as well—for the most part, we see those who get one vaccine go and get their second, but, actually, there tends to be about a 5 percent difference between the two. So that is why we need to keep going. It's not enough just to say, you know, you've hit one milestone and you stop; we do need to keep going.

I'll come to you, Benedict, and then I'll come over to Jane, and then Jason.

**Media:** How close was the call around the circuit breaker, and can you give us a little more information on why public officials don't think a circuit breaker would have a significant impact on—

**PM:** I'll let Dr Bloomfield speak to that himself. But we have always listened to all of the advice that's been available to us, both from the scientific community, epidemiologists, and our public health experts. And the strong advice that came through to us from public health on the ground was that, knowing what they know about the outbreak as it stands, their view was that level 4 would not necessarily make a significant difference to the cases that we have in this current outbreak. And that's because what they know in a detailed way about where

the outbreak has occurred, and whether or not an increase on restrictions would necessarily stop the kind of activity that has led to a flow-on of cases. However, level 3, if followed, actually would make a difference, and will continue to make a difference, and that's why that strong message to Auckland is you've done an amazing job, I know it's been hard, but please stick with it while we vaccinate. We need ongoing compliance.

**Media:** You've mentioned that compliance is an issue. What makes you think that Aucklanders are going to be any more responsive to following the rules at the moment, when we're seeing, you know, some pretty widespread incidents, and how critical is that if they're going to stay in for another two weeks?

**PM:** So I think the important point for us to note is, actually, we're seeing that, as I've said, that households mixing with others indoors or at a larger scale is one of the contributing factors to the outbreak. We also know that we have had an outbreak in parts of the community where life is particularly tough. So we've talked before about transitional housing, and so on. And so for us, it's about continuing to highlight, where we know restrictions will make a difference, please stick with them. We don't just make them up; they are based on evidence and the advice of public health, and where we do say it is possible to mingle with others outside, that's because the advice is that that is safe. So it is all based on strong guidance.

**Media:** And I don't know if it's anecdotal, and I don't know whether this is what you were referring to in your opening remarks about it doesn't matter where you live in Auckland—

**PM:** Yes.

**Media:** —you know, you are vulnerable. I mean, we're hearing it in some of the wealthier suburbs, there's quite a high level of non-compliance. As I said, this is not scientific; it's anecdotal. Is that what you were talking about?

**PM:** So what I was talking about there is that I've picked up a sense that some people think that this is an outbreak in just certain parts of Auckland, and that is not true. It is absolutely not true. We have cases across the entire geographical areas of Auckland. Basically any suburb you can name, we probably have a person or a household that's been affected, and so no one should say or think that they can act differently just because they're in a particular part of Auckland. That will not be the case.

**Media:** Is it a bit of a rich/poor divide? You know, has that become a bit of a feature of it or is that just—

**PM:** I've sensed that, and that would be wrong. So that's why I felt it necessary to just highlight that that is not correct; it's an assumption that is absolutely wrong. I'll let Jenna come in on that—I'm sorry, and then I did say that I was going to come over to Jason.

**Media:** In that vein, have you seen the footage of the party that happened on the North Shore over the weekend?

**PM:** I have not seen the footage. I have had it described to me. The description was enough.

**Media:** And what would you say to those involved in that party?

**PM:** That clearly it was a blatant breach of the rules, clearly, and I think you've seen the reaction of Aucklanders to what's happened there.

**Media:** Are you going to have a different approach to compliance through the police? I mean, I know that often for these sorts of things they are guided by Health, when we were talking about it last year, but, you know, is there a point at which the police will take a tougher stance on, I suppose, these more domestic situations or blatant breaches, especially when it's like out on social media—you know, it's obviously infuriating a lot of people as well, but—

**PM:** Yeah, and you can absolutely understand why. Police have, though, as I understand, confirmed that an investigation is under way in response to that particular event and into the reported breach of COVID-19 restrictions there. So that's where, you know, we'll

let the police do their job. But, obviously, they were called to that address, they followed through on that, and now they're investigating what happened there. So no one should assume that, you know, you can just break the rules and that there won't be a consequence for that.

**Media:** But the police approach and the enforcement approach part of this—you know, as part of this compliance issue, and as we go forward, when people are more resistant, the knowledge that if you're going to do it blatantly you are going to face consequences—

**PM:** One of the things that, you know, because we've looked around the world where you've had long periods of time where people have been in restrictions, and I think we talked about this last week. You know, looking at Australia, who had the same restrictions for a very long period and then you just see it, a tipping point, after a period of time where cases just balloon. And one of the things that we thought a lot about, before making the decision around people being able to meet outside, was if you are going to break the rules, you're probably by and large going to try and do that in a hidden way so as not to draw attention to yourself, and that is likely to be inside, which is the most dangerous place for people to break rules.

So that's why we were very deliberate in saying: "Here is a safe way that you can have social contact to help you continue with what are pretty tough restrictions, but that means we're asking you: do not congregate inside with others. That is, we've given you a safe way where you can be seen to be complying and where people can see that you're just doing the right thing outside. Please don't go inside and continue that kind of congregation." That is the risk and we've seen it in this outbreak.

**Media:** Just back to the traffic light system, I mean it seems like this is quite a strong incentive—or whatever the system might be. This seems like it would be quite an effective way of getting the vaccine rates up. Why isn't this something that the Government did a number of weeks ago in a bid to try and boost those vaccination numbers quicker?

**PM:** We've been working on the framework for a number of weeks. It is something that you will have seen, based on, I think, everyone's reporting, that it is something that we've been consulting people on and we've had the ability to do that while we're vaccinating because it uses vaccine certificates, and so in order for those to be used, of course, you have to have reasonable levels of vaccination and we also have to have the vaccination certificate regime in place. But I think the framework itself will also be an incentive because it uses vaccine certificates as well, and so people will be able to see that and have time to adapt and get ready for it.

**Media:** There's been a lot of reporting about it being a traffic light system. Can you confirm that's what's on its way?

**PM:** Oh, yeah, you've obviously covered and we've talked publicly, or we've talked in consultation with people around a system. And so, yes, that's the way people have described it. I think you'll hear me using a COVID protection framework, because it still is about protecting people from COVID and that what it's designed to do. I'll just come into the front and—Derek.

**Media:** Do you have a projection based on bookings where Auckland's eligible population vaccination will be in two weeks' time?

**Dr Ashley Bloomfield:** In two weeks' time?

**Media:** Any suggestion that that—

**PM:** We have the current—what the bookings in its totality will take us to. I don't know if it's broken down by Auckland, though.

**Dr Ashley Bloomfield:** The expectation is our team is modelling out the Auckland increases on a daily basis and then carrying those forward. So sooner or later this week—we're hoping sooner—Auckland will hit that 90 percent milestone for first vaccinations, and

then you would imagine between three and four weeks after that overall 40 percent. That's for the whole of Auckland metro region.

**Media:** Do you have a projection for what the double dose will be in two weeks' time?

**Dr Ashley Bloomfield:** No, but we could have a look at that. I imagine—I think at the moment they're over 70 percent. So I'd imagine it would be well—

**PM:** Yeah, double doses.

**Media:** —in excess of 80 percent.

**PM:** Double dose at the moment—71. Do you want it on just bookings or projections?

**Media:** On projections, and also, obviously, some people are walking in—

**PM:** Yeah, cos bookings aren't a great forecasting mechanism for us any more.

**Dr Ashley Bloomfield:** Yeah. A lot of—over the last few weeks, most of the vaccinations have been each day, in Auckland and elsewhere, walk-ins. There's a lot of capacity there in the system. But in two weeks' time, I would fully expect to be well—it'll be between 80 and 85 percent of Aucklanders overall would be double dosed.

**Media:** And based on that, Prime Minister, if the current cases trajectory doesn't continue as it is, do you think, in two weeks' time, Auckland would be—you'd be prepared to move to level 2?

**PM:** Yeah, so what we've said is that we will continue to, at that point, look at—as we said, that stepping down framework, will continue to use that in the meantime. So we will keep making a judgment about whether or not we can safely continue to step down.

**Media:** Just on Māori vaccination rates, are you happy, I guess, with the way that, sort of, collaboration and communication has gone on there with Māori health providers? I take the example of Tai Rāwhiti, who crowdfunded \$100,000 at the weekend for what seems to have been something that the Minister Peeni Henare had said he spoke to them last week and they never mentioned it was something they needed and that it would have been funded through that money.

**PM:** Absolutely.

**Media:** And then take the example of, say, the Taranaki DHB and [*Inaudible*] who's one of the Māori health provider chief execs there, who said that it's really difficult to actually share information and resource with the DHB and it has been part of the problem in terms of the low general rate and a low Māori rate in Taranaki. Are you concerned that some of this collaboration of communication—the effect that's actually having on the Māori vaccination rate?

**PM:** Yeah, so I'll make a general comment and then I just want to say something very briefly about Tai Rāwhiti, if I can. So over the last, oh it would be, two to three weeks now, after hearing some of the feedback that there may be barriers for our Māori providers, we wanted to cut through those as quickly as we could. We brought together DHBs and Māori and Pacific providers across the different DHBs where we knew that they were working really hard to try and lift those rates. Ministers were a part of those calls and so was I. As a consequence of that, we made some commitments to try and change the way we were working on some elements of funding, data sharing, a range of things that we thought would help support vaccination roll-out. Subsequent to that, we've had Minister Henare out on the road, and that's one of the reasons I'd like to bring him here tomorrow, is to talk about some of what he's hearing and what work we're doing to overcome that. We need to remove any barrier that might exist to enable our providers, whether or not they're health providers or whether they can help us drive demand so that we can drive up vaccination rates for our Māori communities. And everyone's committed to that. It's all just about how we get there.

On Tai Rāwhiti, I saw the report. Someone sent me the Givealittle page, and no one, not one region in this country, should have to rely on a fund-raising campaign to set up something

that we are directly working hard to fund and support. We put additional money in to support Māori vaccination rates. I know in Tai Rāwhiti they have mobile facilities, because I've been on them. They have a bus in Tai Rāwhiti and Gisborne. They have a mobile vaccination clinic that they were using in Ruatōria when I was there. For me there's just this question of getting the resource in the right place. So we've got Ministers working on that as we speak, because no one—there is no need to fund-raise to get this vaccination campaign going. We just need to make sure that the resource is in the right place.

**Media:** [*Inaudible*] because I think it's about \$80 million now across the two tranches that have been—

**PM:** I want to say 87.

**Media:** Do you know, roughly, how much of that has been—what availability is there still on that?

**PM:** I'll get Minister Henare perhaps to speak to some of that tomorrow, if I may, because my intent there was to get him to talk in a little more detail about what he's observing and what more we can do.

**Media:** So it's not that there's not the money there; it's just the communication—

**PM:** In some areas the relationship with the DHBs and the movement of that funding between DHBs and providers is great. In other areas it has been a little more difficult, and so I suspect that's part of the issue. Do you mind if I—I'm just going to canvas around a little bit. Is this specifically on that question?

**Media:** When you look at that map around Tai Rāwhiti, it's very clear that there's gaps there where there aren't across the rest of the country. Why is the ministry not coordinating better—if you can't rely on the DHBs to get it done, why is the Government and the ministry not coordinating better so that people don't have to go out and go to Givealittle?

**PM:** Well, our absolute commitment is that where there are gaps or people have difficulty accessing, that needs to change. As I say, I've been in regions where they have had mobile vaccination clinics up and down the country. It so happens that on that particular day they weren't. I would've expected that they would be. So obviously there is work there to do.

**Media:** On Māori engagement, the traffic light system—there were a large number of Māori groups consulted on that over Friday, Saturday, and Sunday, and they've released a statement saying they strongly reject the traffic light framework, so how much is that going to play into what's announced on Friday?

**PM:** So I guess I'd say two things. Firstly, yes, we are absolutely out there consulting, talking to various different groups—leadership and Māori, Pacific communities, church communities, the business sector—and what I'd say is that whilst, of course, we're sharing that framework, we're not always at a point where we've concluded the way it will be implemented and how we will do it safely. So my view is that once we talk more about some of that, that may satisfy some of the concerns that exist. There may potentially be a view out there that we are fundamentally going to change our approach, which is to work very hard to keep people safe from COVID. We are not. All of this, though, is about saying we said when we had a highly vaccinated population we would do things differently but safely, and we will.

**Media:** So how different is the version that the Māori group and the independent experts who reviewed it last Thursday going to be from what's announced on Friday?

**PM:** So as I've—well, of course, we'll leave that to the date that it's released. But I think one of the things that people are looking for is: when will we start using it? My message is: when we have a highly vaccinated population. And I think that will make a big difference, for people to hear that.

**Media:** Can you go into whether there's going to be, like, differences in access for vaccinated versus unvaccinated people in that framework?

**PM:** Of course, wait until we release some of that framework. But you've already heard us say we will use vaccine certificates. Luke.

**Media:** Prime Minister, just on those meetings—

**PM:** And then I'll come to you, Ben.

**Media:** Dr Bloomfield, just to follow up on Derek's question, have you got any modelling on when Auckland will hit 90 percent double-dosed, if it will?

**Dr Ashley Bloomfield:** Yes.

**Media:** And when will that be?

**Dr Ashley Bloomfield:** It will be when 90 percent of people have their second dose, but—

**Media:** Is there any forecasting for about when that might be?

**Dr Ashley Bloomfield:** Well, we would imagine it will be between three and four weeks after—at the moment our average interval between first and second dose is about 28 days, so right on four weeks. It's probably coming down since we told people any time after three weeks. And we're expecting that first dose to reach that 90 percent milestone—I would say that is right across all of Auckland, and we do look by district health board, as well, and there are differences between the district health boards. Auckland is ahead of Waitemata, which is ahead of Counties Manukau, so it will vary a little bit by DHB.

**PM:** OK. Ben. Oh, sorry, Luke. I'll let you finish.

**Media:** Could you please describe—the Prime Minister said before that the advice you gave today was that level 4 lockdown probably wouldn't achieve what some of the kind of components of it say it will on the box. Can you just describe to us what the tenor of your advice was around that?

**Dr Ashley Bloomfield:** The first point I would make is that every time we do a public health risk assessment for any alert level work, we go in with an open mind, and certainly with regards to Auckland's situation, we went in considering the full range of options that could be employed. Secondly, we looked then at a whole range of factors, and I would say that our colleagues who are on the ground doing the public health response in Auckland, and likewise for both Northland and Waikato, are involved in those public health risk assessments. So we absolutely canvas their view about what they are seeing and whether or not they think the current restrictions or tightening or loosening those restrictions will support what they are trying to do. In this case, we very clearly converged on maintaining the current level of restrictions and really emphasising two things: first of all, people complying and continuing, as most Aucklanders are, to abide by those alert level 3 restrictions; and secondly, really continuing the vaccination programme apace, with a big focus on Māori and Pasifika. That was their focus.

**Media:** Yeah, you've both talked about the non-compliance, and that there's evidence of non-compliance within homes, people going to each other's places. In what form—how has that information been travelling to you? Has that been through the public health teams at the front, or anecdotal?

**PM:** Yeah, the public health teams. So when they analyse exposure events and look through, you know, as they're contact tracing, they're getting exposure events and locations of interest and possible contacts, and are identifying that there are households getting together indoors, so outside of the restrictions, which are contributing. So when they did a breakdown of the biggest contributing factor to new cases, that was amongst the most significant. And worksites was actually further down, yep. Again, I would reinforce, though, that this is not everyone. And, you know, a large portion of Aucklanders have consistently been doing the right thing. We're just asking that people stick with it, because we are reaching a point where it just gets harder, because it's so long, yep.

I did say Ben.

**Media:** Just going back on the Māori consultations, do you acknowledge that there was a groundswell of support—at least a large amount of support—for a return to level 4, and in that sort of growing sort of disconnection between what the Government is doing and what many Māori want?

**PM:** Well, actually, I've had a direct read-out from that meeting, because, of course, we had Māori Ministers present there, and the feedback that I've received is, yes, there were some who were of the view that a move to level 4 was necessary, but there were some speaking from within Tāmaki-makau-rau who had a different view. So I think it's fair to say that there were a range of views in some of the dialogue that's been going on. And you can see we've tried to take all of it account, all of those competing different views.

**Media:** Just while I have the floor, I'll just switch topics—

**PM:** Go ahead.

**Media:** —and acknowledge the climate aid announcement this morning. I just thought I'd ask when you're [*Inaudible*] announce the national [*Inaudible*] contribution ahead of COP26, and can I invite you to pre-empt what that might be?

**PM:** We will make that decision in the lead-up to COP26.

**Media:** That's around now, so—

**PM:** No, I'm not in a position to give you a date at this stage.

**Media:** Can we expect New Zealand to up its targets, up its ambition?

**PM:** We've already said, and you will have seen from the climate commission: our view was that we needed to ensure that our nationally determined contribution was in keeping with a 1.5 degree target, because that's what we've got embedded in our zero carbon Act. So we asked the climate commission to give us advice. They gave us a steer that it needed to increase, and now we're doing the work to see what that looks like.

**Media:** But that should be imminently, right—that announcement should—

**PM:** Yeah, it's not too far away.

**Media:** Prime Minister, just a couple for our colleagues quickly, please.

**PM:** Jena, I'll come to you, and then I'm going to come to—

**Media:** I have questions from a colleague too, by the way.

**PM:** I'll let you get those out of the way, and then I'm going to come to Bernard, and then we're going to come to you in the front.

**Media:** Does the Government intend to introduce another vaccine as well as Pfizer to help boost the country's vaccination rates, given there are a portion who don't want Pfizer, and do you at least plan to recognise Kiwis as vaccinated who have had other vaccines, like Janssen or Astra?

**PM:** Ah, yes. So to answer that second question, yes, we will have New Zealanders who will have been abroad who will have been vaccinated by vaccines that we ourselves, at some point, have either been involved in purchasing or have considered purchasing. And so we are working to ensure that we can recognise those Kiwis' vaccination status in New Zealand. On the issue of other vaccines, I'm going to get Dr Bloomfield to speak to that.

**Dr Ashley Bloomfield:** Yes, so we're still actively working up advice on an alternative for people who may be willing to be vaccinated but have a particular concern about the mRNA vaccines. We've nearly finalised that advice, and once it's gone to the Minister and decisions have been made, then I'm sure there will be announcement about that.

**Media:** Will the vaccination threshold or milestone you talk about on Friday—will it ensure that we wait for young Māori vaccination rates to get up to the safe level of 90 percent - plus?

**PM:** I've indicated that we'll have a milestone, as it were, an entry point, but I'm not going to speak any further to that until all of those details are finalised and presented on Friday.

**Media:** Not even to say an overall average or—

**PM:** Because, of course, you will understand that we'll want to make announcements on that at one time on Friday. It was only fair, though, that we acknowledge, given issues that have been raised by some of the experts that we're consulting with, that we have—and we, actually, have been talking about these issues with different groups; I only thought it right to indicate that that was part of our decision making and planning, but we'll be releasing details on Friday.

**Media:** Just on the advice that you got from the group of epidemiologists versus the Ministry of Health, what was the modelling from each group on how many extra cases would come at level 4 versus level 3?

**PM:** So it's very hard to model compliance, is what I've been told. What we have instead been looking at is what the R value, the reproductive value, is looking like currently. And, of course, what we've said, and I said this last week, an R value that is closer to 1 means it's more likely that we'll have a lower number of cases even in the future when we're more highly vaccinated and are looking to ease restrictions. It will make it easier for us to maintain low levels of cases. So that's the goal. The R value has trended. I think previously we were looking between 1.3 and 1.4. It's looking like it's come down a bit more recently. I'll let Dr Bloomfield speak to that because I received modelling that has two different R values at the moment, so it can be a little difficult to find the pathway through. They've trended between 1.2 and 1.3 at the moment but some R values are a little lower than that at the moment. So what—

**Media:** So the question is: which R value for which level?

**PM:** Which R value? As I've said, the modelling compliance and the likely R value out of 4 versus 3 is quite difficult.

**Media:** So you don't have advice on whether a level 4 would have lowered that R value?

**PM:** Dr Bloomfield, do you want to speak to that?

**Dr Ashley Bloomfield:** That's correct, and when we talk about getting advice from epidemiologists and the experts, most of that advice comes through the media. So the views are well known. The modelling can model what the trajectory might be with the current number of cases and depending on different R values. But what the modelling can't show is what the impact of the current settings or alert level 4 might be on that R value. And so that's much more a judgment and that's where indeed we canvass the views of a range of people including our colleagues on the ground.

**PM:** Just to add to what Dr Bloomfield has said, though, we did have a session where we've canvassed some of the future framework with public health experts and epidemiologists as part of that. We did talk about the current outbreak in Auckland and they did offer up views as part of that as well, so that was last week.

**Media:** But surely not having 280,000 people go to work, which is the difference between level 3 and level 4 is going to reduce—

**PM:** However, keeping in mind, as I've just said, some of the work that has come out of the team on the ground in Auckland has suggested that worksites have not been one of the bigger contributing factors to cases that we've seen in recent days. In fact, as I've said, one of the bigger contributors continues to be households. That's not to say we haven't seen cases in workplaces; we have, but it hasn't been one of the bigger contributing factors. OK, I am going to, as I said I would—I will come to Derek in the front, then I'm going to—

**Media:** Just I had a supp. on that from Bernard. Dr Bloomfield, can you tell us what the currently vax 1, 2 dose rates are for young Māori and Pasifika, 12 to 40, in Tāmaki-makau-  
rau?

**PM:** You want the overall region?

**Dr Ashley Bloomfield:** Twelve to 14?

**PM:** I don't have a specific—which age range would you like?

**Media:** Twelve to 39.

**PM:** OK, so for 12 to 19, dose 1 in the Auckland region is 60 percent; 20 to 34, 58; 35 to 49, 70; 50 to 64, 86; and 65 and over is 94.

**Media:** Do you have that—

**PM:** It's all available publicly.

**Media:** The last update is from Wednesday [*Inaudible*] so do you have that young age group for Māori and Pacific?

**PM:** I will say that that is from Thursday, 14 October.

**Dr Ashley Bloomfield:** They'll be updating it today, taking in all the data from the weekend as well.

**Media:** Do you have a view, then, on what that rate needs to be for the young Māori Pasifika age group before restrictions can be safely eased in Auckland?

**PM:** As we've said, we are going to speak in more detail on some of these issues on Friday. OK, Mark.

**Media:** This 5 percent gap between the first doses and second doses—some of these people who get a first dose and then don't come back for a second one—do you expect that to narrow and are there efforts to reach out to those people? Because it would seem to be, if you did set a target of 95 percent, then you'd need to get 100 percent first dose—

**PM:** Yes, that is correct—that is correct. If you wanted to hit 95 you would presumably need 100 percent on first dose.

**Media:** So it's 90, your target?

**PM:** No. I was answering the question around if you were seeking 95 percent, which has been recommended by some advocates, that you would need to have 100 percent first dose in order to reach 95 percent second dose. It has—

**Media:** And I'm extrapolating that you might be going then for—

**PM:** You are absolutely incorrect to do so. That was merely an answer to a question. Dr Bloomfield.

**Dr Ashley Bloomfield:** Yeah, so to date it's been about a 95, 96 percent sort of follow-through on that second dose, but that's using a specific cut-off point, and so it may be just some people have delayed that second dose beyond the cut-off that is used, but there is an active programme, which Whakarongorau healthline is supporting in making phone calls out to those people whose second dose is overdue, as it were, to boost that second dose uptake.

**Media:** On the level 4 issue, the expectation is that a level 4 lockdown might not make such a big difference because the people who aren't following the rules at level 3 won't be at level 4 either.

**PM:** You perhaps said that a little more directly than I did, but yes.

**Media:** As the outbreak continues to grow elsewhere in Auckland and reaches out to the wider city, is there a chance that that arithmetic changes a little bit, impacting level 4 of lockdown—

**PM:** Yeah. So, look, I think what it's fair to say is that we will always keep under review our settings, and whilst that's been the decision today, we are going to do what we've always done and constantly look at what's occurring, what the outbreak is telling us, what we can learn from the nature of the outbreak, and if all of that data changes, then the advice may well change. But this is the advice we have for now.

**Dr Ashley Bloomfield:** And, Prime Minister, what I would say is, talking to my counterpart Dr Brendan Murphy in Australia last week, he said it was really clear what the impact was of high vaccination levels in Sydney. And the levels they have got there are just slightly ahead of what we've got in Tāmaki-makau-rau. But he said it's very obviously impacting, and you can see their case numbers are really dropping there.

**Media:** Prime Minister, just a couple of questions. Were there any COVID cases that have been announced today or yesterday that had attended the protests on Saturday? And also is there any update on the five- to 11-year-old age group vaccination eligibility?

**PM:** Yeah. So what we tend to do in our case reports is we will have proactive reporting from our team on the ground as to whether or not there's anything that's considered particularly high risk or of note. I haven't had it reported to me that there's been a case amongst protestors.

**Dr Ashley Bloomfield:** No, not as yet, and our great hope is that there aren't, but I would ask all those people who were at those events, or indeed any other social events over the weekend, if they have symptoms, please get a test straight away. On the five to 11s, look, there's no real change in that. The only country that has had an application, as I understand it, so far is the USA. And we are expecting the data to be provided to Medsafe soon for an application to get approval for a vaccine for five- to 11-year-olds, and we will let you know as soon as that is received.

**PM:** So, yeah, that's a really important point to note, that, actually, we can't actively move on the issue until Pfizer submits data to us for consideration, and they have not yet done that. But, as soon as they have, we'll let you know.

**Media:** Prime Minister, just on inflation today, were you concerned by that level?

**PM:** Look, it is not out of step with what we are seeing internationally. And I was just looking at the reports. Of course, the US is at 5.4 percent, Canada at 4.1 percent. So you can see that the impacts of COVID—particularly in New Zealand, the impact on supply chain you'd see coming through in the increase that we've seen today.

**Media:** Prime Minister, in terms of support for businesses, will that be targeted to industries or will that support depend on falls in revenue, similar to the wage subsidy?

**PM:** If you don't mind, I am going to let Minister Robertson just stick with sharing more information on Friday.

**Media:** OK, and in terms of households, you previously indicated that low-income households might receive some more financial support?

**PM:** Yeah, what I might do is see whether or not we can actually put a date on when we're likely to announce those, because I am aware that we have signalled to you that that's coming; decisions have been made. So I'll make sure that we set some dates and communicate them to you.

**Media:** Can we assume that that will be a fairly limited amount of financial support?

**PM:** You can assume that we continue to be quite targeted in trying to reach those households who need it the most.

**Media:** Minister Hipkins said over the weekend that Cabinet was going to—

**PM:** I'm going to come down to Patrick and then I'll come over to you.

**Media:** Change of subject. What's the current state of play in terms of decision-making on the three waters issue?

**PM:** I'll let Minister Mahuta make announcements on that in due course as well. So nothing further to update you on at this point.

**Media:** Minister Hipkins mentioned on the weekend that Cabinet was considering today MIQ alternatives. How quickly could Kiwis overseas be staring down shorter stays in MIQ or home isolation?

**PM:** Yeah, so we've always said as part of our reconnecting New Zealand work that shortened stays and home isolation were and are part of our future plan for reconnecting New Zealand to the world. And, of course, though, the calculation for us is to continue, with whatever changes we make, to do that safely and in a considered way. When we've got further announcements to make there, we will.

**Media:** That said, everything's kind of been brought forward—cases are isolating in the community; that discrepancy is growing. So when can Kiwis start coming home—

**PM:** Yes. It is fair to say that, of course, this outbreak has caused us to bring forward some of the plans that we may have already had. That's not to say that we won't still continue to be really considered in the decisions we make, make sure that they make sense in the environment we're operating in, but that also we're operating safely. We don't want to unnecessarily seed potential cases in the community when we are still continuing to control and manage and reduce cases as much as we can, particularly in Tāmaki-makau-rau.

**Media:** But there are so few cases at the border. There are vastly more cases within the community. Kiwis overseas are—

**PM:** I think we had five today? Five today.

**Media:** Compared to—what was it?—16 in the community. So you see there's that discrepancy, and Kiwis overseas are really stressed. If you had shorter stays in iso—

**PM:** I think I'm probably just going to—in fairness to you, I'm probably just going to repeat the same answer at this stage.

**Media:** But why not just say we're going to bring it forward this year, Kiwis can come home by Christmas, be reunited with their families—

**PM:** I'll just repeat the same answer I've given. Perhaps I can do it in a shorter sound bite for you. As part of our reconnecting New Zealand work—

**Media:** I don't want a sound bite, Prime Minister, I want a response.

**PM:** —we are looking to shorten MIQ stays, and we have been looking at self-isolation. The outbreak in Auckland has brought forward a number of our other plans. This is an area where we are actively considering as we speak. But top of mind for us when we do make changes will be safety, and we will be very considered. I don't have announcements for you today, but it's something we're working on right now.

**Media:** Prime Minister, just on [*Inaudible*]. As you continue with vaccination you're going to have to get more targeted about it for groups who are not particularly keen. We know that Māori are low. We know that, to a lesser extent, Pasifika are low as well. What information do you have around what that other group is? I know you have been into the regions in the last couple of weeks. You were in Taranaki at the end of last week. Were you speaking to people there who are vaccine hesitant? What are their reasons? What sort of demographic are they? How do you get to that other group of people that aren't the obvious Māori or Pasifika group?

**PM:** Yeah, it's a good question. The one thing I would say is that we do tend to speak in—there tends to be a generalisation about Māori vaccination rates that don't take into account how high the vaccination rates are for our older Māori, and I think it's really important to keep acknowledging that, because, you know, in Auckland alone, it's 94 percent for first dose for our over-65s.

**Media:** He's asking about the others.

**PM:** Yep. But for, you know, what am I hearing? I'm hearing that, actually, the majority of people who have not been vaccinated to date aren't what people would characterise as anti-vaccination. They have questions, they have concerns, and sometimes it will be based on incorrect information online, it'll be based on something that they've heard, and they are really just seeking an answer to some of that. Once you have a conversation or connect them to someone who can answer those questions, actually they will make that decision for themselves and their family. That takes a really targeted approach. It takes us actually finding those people, having the conversation, not waiting for them to come to us, so it is much more labour-intensive.

**Media:** But you again also have the group we saw on *Newshub Nation* at the weekend, the Taranaki midwives, and I think there's about 10 or 15 of them who are not going to get vaccinated, out of about 63—it's like 15 percent of them or something. So when you have got people in a community who are working in health, who are educated, highly skilled, middle-high income people, like, what do you do about that, because they're going to be the difficult group, aren't they?

**PM:** Yeah, and I think you do exactly what we've done: say, actually, for those really high-risk areas where we need to protect—I mean, a mother giving birth deserves to know that they're doing it in a safe environment. So we can do what we can to protect people in those vulnerable environments, and we're doing that with the vaccine mandates that we've been rolling out. Secondly, we have to create a space where people can ask questions. And I know people are getting to a point where they just want people vaccinated. Please still be willing to have a conversation with people, because that's how you move them. Putting up a wall and being unwilling to have that discussion makes it really hard.

**Media:** Is it going to be easy to record how many teachers and health workers aren't vaccinated and where they are, and are you going to do specific targeting to reach those people?

**PM:** Yeah. Well, obviously, so we—health providers do know who are unvaccinated, and, of course, we're careful with that information and who has access to it, but they do and they can do targeted work with those different groups. There will be an ability to know with education because, of course, we've got a vaccine mandate there. Sorry, I'm going to kind of run down to the last sets of questions, so I'm going to try and come to those who haven't really had that many, if I can.

**Media:** Just on a totally different tack, how concerned are you about the 4.9 percent inflation rate, and is the Government going to do anything to try and control it?

**PM:** Yeah, so, look, as I've already said, what we're seeing here in New Zealand: very similar to what other countries are experiencing. It is not considered necessarily to be a long-term position for New Zealand; a lot being driven here by, for instance, some of our supply chain issues that are actually being experienced globally because of COVID-19. So it is something that you can expect over time to resolve itself.

**Media:** And there's nothing that you can do as the Government to kind of control that?

**PM:** Well, again, for things like what's happening with shipping costs and constraints, or global oil prices, there are limits to what we can do there.

**Media:** On that issue, the low-income households are disproportionately affected by higher inflation, and getting to this point where we have higher inflation, low-income households were again affected because they didn't benefit from the asset price inflation where we saw the interest rates were cut. So people who didn't own property were hit last year. Now they're hit this year as the inflation goes up. So how are you factoring in that situation into policy making just sort of more broadly?

**PM:** Yeah, and look. That implies that somehow a focus on low-income households would be a shift or just simply a response to inflation, whereas actually we've long held a policy approach that has been about trying to lift specifically the incomes of those who

currently have the lowest wages in the country, and we've been trying to leverage that up, be it through the levers that we have: minimum wage, through as an employer ourselves, through some of the targeted tax credit regimes that we have, and we will continue to do that because we are very focused on the costs of living for our low-income households.

**Media:** Dr Bloomfield, are there any pregnant women in hospital at the moment with COVID-19, and if so, are they unvaccinated?

**Dr Ashley Bloomfield:** Not that I'm aware of, but I will go away and check that for you, just to be certain about that. What I would say is that, not speaking necessarily for pregnant women—that, you know, very few of our hospitalised cases during this outbreak have been fully vaccinated. The vast majority have been unvaccinated, but we will find out the answer to that specific question.

**PM:** And Dr Bloomfield, I don't know whether—I mean, as an opportunity for a public service announcement. Some of the stats out of the United States or even Australia around hospitalised pregnant women has been, yeah, pretty devastating.

**Dr Ashley Bloomfield:** There is no doubt that the vaccine is very safe in pregnancy at any point in time and not only affords protection to the pregnant person but also some protection through the placenta to the infant as well, or in utero, and then obviously they carry that through, post-birth. So my strong encouragement here in New Zealand is for pregnant women to talk to their health professional and to strongly consider getting vaccinated.

**PM:** You say that because, Jo, as you asked—one of the things I've been picked up whilst being out on the road is that people have been waiting to have their babies before being vaccinated. And look, whilst I'm really pleased that those individuals have been safe in that intervening period of time, actually it would have been devastating if they had COVID before they were vaccinated, because the outcomes we're seeing in the hospitalisations and the severe illness in pregnant women is awful. Yeah, Jenna, Ben, and then I'm going to finish on Bernard, and then we're going to wrap.

**Media:** Just that clarification—

**PM:** Did I say I was going to give you a question, Mark?

**Media:** You did.

**PM:** I'll give you a question, Mark.

**Media:** The alert level review that's happening in two weeks for Auckland, will that include the boundary around Auckland or is the boundary intact until Auckland gets down to level 2 or until there's a—

**PM:** We haven't been so definitive about it as to say it will remain until X point. But what we are doing is work to see how we can safely allow Aucklanders to, you know, continue movement safely. And so that is a piece of work that we're doing regardless—regardless of what happens with the boundary.

**Media:** So is that on the table in two weeks or is that a longer piece of work?

**PM:** That's something that we want to do to ensure that, you know, if, for instance, there is reason to continue with the boundary, we can have, you know, greater safe—greater movement. I do highlight "safe", because I know there's a lot of anxiety in parts of the country where there might be low vaccination rates, and I just want to be really clear that we are working very hard to ensure that whatever we do isn't posing risk to other parts of the country, but also acknowledging there's lots of needs for Aucklanders to move around. At the moment the reasons they can are very limited.

**Media:** But unlikely that will be dropped in two weeks?

**PM:** Look, that's not something that we've considered, but we're doing work to just—regardless of what happens that we're ready with options. Ben.

**Media:** Prime Minister, you've resisted setting a vaccine target until now and your Government has ridiculed opponents who have set vaccine targets, saying they shouldn't give vaccine targets—

**PM:** I don't think I ridicule anyone.

**Media:** OK, this Government's Ministers—several of them have derided opponents for doing so. Why is now or Friday the right time to set a vaccine target?

**PM:** Well, as you'll have heard Dr Bloomfield say, you know, whilst, you know, everyone will call it that, I would be loath to ever see that we have a point where we keep vaccinating and then people think: job done. The job's not done until every person has—in my mind, until we have tried to reach every single person and we have them vaccinated, because it's a way we can keep them safe. So what we're trying to do, though, is give greater certainty to Auckland and New Zealand about what the future looks like in a highly vaccinated environment. And so that naturally lends itself to saying, "Here's when we believe we can start making some changes to our system." It's not the idea that you suddenly you cut loose and we don't have anything in place—not at all—we still need to be careful, but it's just about talking about milestones for when we can make next moves.

Bernard.

**Media:** Just on planning for the summer, what advice would give to people who are getting close to drop-dead dates for booking travel and family holidays, and all those festival organisers, who must be right on the edge of saying, "That's it."

**PM:** Yeah, well, actually, I talked to some of those and have a bit of a sense of the points in which they have to make decisions, and we're very mindful of those. And, as I say, one of the reasons we're on Friday looking to set out this framework and a sense of when we believe we'll be able to make transitions is to try and help with some of that planning as much as we can.

I think, Mark, you are next.

**Media:** Has Pfizer applied to Medsafe for the ability to use a booster shot in New Zealand?

**Dr Ashley Bloomfield:** Not yet, but we are expecting that, and of course we are planning apace to ensure that once that application comes through and goes through the approval process and Cabinet agrees, then we're in a position both with the vaccine and the programme to start delivering a booster shot.

**Media:** How does that approval work in terms of is it more like the original Pfizer approval process and the time that that took, or is it more like spanning to a new age group in terms of—that one seemed to go through quite a lot quicker.

**Dr Ashley Bloomfield:** It's more like the latter. So in a sense, they're asking for a sort of a revision of the original approval process to add in that third dose as a booster.

**PM:** The reason that age range decision took a little longer, though, obviously, Pfizer went through Medsafe, Medsafe turned it around quite quickly, and then it went through our technical advisory group, and the technical advisory group spent quite some time considering it. So that was the difference in that process there.

OK. I feel like I believe that I called Mark the last question. So I'm going to—

**Media:** You put vaccine caveats on the reconnecting plan. Will you have the same vaccine caveats for those two groups for Friday's plan?

**PM:** What do you mean by vaccine caveats, sorry?

**Media:** Like, it has to be high vaccine for age groups across the regions and for the vulnerable.

**PM:** Oh. So obviously this is just another attempt to extract information that we'll be sharing on Friday. So I'm going to stick to that. And a total demerit point, as a whole. Jenny, you can blame Derek for the fact that I'm now calling time.

**Media:** Clarification for a Hamilton business—will they be included in the business support package on Friday?

**PM:** Ah, you heard me say Minister Robertson will give more details around the work we're doing, on Friday.

**conclusion of press conference**