

**ALL-OF-GOVERNMENT PRESS CONFERENCE: THURSDAY, 28 OCTOBER 2021
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou katoa. Good afternoon, everybody. As has now been acknowledged this morning, last night we were notified of two new cases of COVID-19 in the Christchurch area. After considering the public health risk assessment this morning, the Government has agreed to hold Christchurch at its current alert level setting of alert level 2. The two individuals concerned have had no major exposure events, and close contacts have been identified and are self-isolating, with their test results pending. The pair concerned are being moved into MIQ today. We'll continue to closely monitor the situation and the director-general will have more details on it shortly. Any locations of interest will be put up on the website as, and if, they are identified, but in the meantime I do want to send a message to the people of Christchurch: anyone with any COVID-19 - like symptoms is encouraged to get a test straight away.

Now, the case lives in the Bishopdale area, where individuals and the vaccination rates there, north and south, are at 90 percent or above for first doses and 70 percent for second doses. So, the wider Canterbury region: the vaccination numbers are 89 percent for first doses and 69 percent having had second doses. These cases do remind us that no one in New Zealand can afford to be complacent about COVID-19, and the Delta variant in particular. The best protection for ourselves and our wider communities is vaccination. The alert level 2 settings that we have across the country outside of those alert level 3 areas at the moment continue to keep us safe from COVID-19 by putting limits on gatherings and ensuring that only those who need to are attending big worksites. Mask wearing, scanning, and so on remains incredibly important to help us protect each other and to aid our contact-tracing efforts. So my thanks to the people of Christchurch and the wider South Island who are continuing to follow the rules. That will help us to stop any transmission of the virus, working alongside vaccination.

I'll now hand over to the director-general for a more detailed update on today's cases, and then I've got a few things to say about MIQ.

Dr Ashley Bloomfield: Thank you, Minister. Tēnā koutou katoa. So today there are 89 new COVID cases in the community to report. Of these, 83 are in Auckland, four are in Waikato, and, as the Minister emphasised, two are in Christchurch. I'll come back to those two with a little more detail shortly. There is one further case today in an MIQ worker, which is being investigated to determine whether it is a community or a border-related case. So the total cases, then, in the outbreak centred in Auckland is 2,921 to date. There are also seven new cases to report in recent returnees in managed isolation facilities. Today there are 37 people in hospital with COVID-19, all in the Auckland region. Five of those are in intensive care or a high-dependency unit.

Turning now to the two cases in Christchurch: as has been mentioned, they are both from the same household. One, as you will know, recently travelled to Auckland to provide childcare for whānau there. That person had had a negative test before travelling to Auckland and then a second negative test before returning to Christchurch on Friday, 15 October. They were not considered to be infectious during their travel back to Christchurch. Both these cases became unwell last week, were tested on Tuesday this week, and both positive results were returned last evening. The second case works as a truck driver, and the company that this person works for is assisting with tracking his movements and whereabouts over the 3½ days that he was working while either potentially infectious or symptomatic. We do know that the person, at this stage, was driving around the Christchurch area, including some trips to just north of Christchurch.

In terms of close contacts, there are three households, with a total of 9 close contacts, who have been identified. All are isolating and being tested presently. The cases are now in a

quarantine facility, I can confirm, in Christchurch and the local public health unit continues to interview them to identify any other potential close contacts or exposure events and whether any of those exposure events are locations of interest. So I'd just urge people in Christchurch—indeed, around the Christchurch area—to keep an eye on the Ministry of Health website. We will publicise any locations of interest.

I'm also, of course, asking the people of Canterbury, and particularly those who live in Christchurch, if you have any symptoms at all—it could be COVID-19, no matter how mild and no matter whether you are vaccinated or not—please do get tested. There are two large community-based testing centres in Christchurch. All are busy this morning, which is good. They have scaled up capacity to meet the expected increased demand, and there is also testing available in a range of other places across Christchurch. The Healthpoint website has locations on it.

There was a waste-water sample taken in Christchurch on Tuesday, which was negative for COVID-19. So saying, this catchment covers a population of around 300,000 people. It rules out that there's a reasonable number of cases there, but, of course, it may not detect one or two additional cases. So there is going to be increased testing over coming days there, as well as testing by ESR from the Waimakariri, including Rangiora, Kaiapoi, and Woodend, and also adding in Ashburton.

People in Canterbury should, of course, take the opportunity today to be vaccinated, if they haven't already. There is plenty of capacity in a number of clinics—more than 100 places you can get vaccinated across Christchurch. There are an extra 2,600 slots available today for walk-ins, on top of around 6,000 people already booked in to be vaccinated today.

Testing numbers remain really good across the country. There were 25,893 tests processed yesterday.

Just on to Auckland, then, last week we had identified suburbs of Redvale, Rosedale, Bayswater, and New Lynn as ones with high positivity rates. That rate has dropped, now, in Bayswater, and the DHBs up there have looked at the places that have got higher positivity rates at the moment—so including Redvale, Rosedale, and New Lynn, they would add Wiri, Drury, Henderson, and Manurewa to the list of suburbs where if you have any symptoms at all, please do go and get tested.

An update on Waikato: there are four new cases, as I said, in Waikato today. Three are in Hamilton; one is in Ōtorohanga. All are known contacts of existing cases and have been contacted by public health officials already. So in the total number of cases in the Waikato outbreak there are just three now that haven't been epidemiologically linked, but they have been genomically linked to the outbreak there in the Waikato.

There was a positive result from a waste-water sample taken at Ōtorohanga on Tuesday, which was not unexpected. However, a sample taken on the same day in Tokoroa was negative. There were two further contacts in Tokoroa who had been tested yesterday. They have returned negative initial tests, and all four of the close contacts of the person who subsequently travelled to Blenheim—those four close contacts in Tokoroa have returned negative tests. They remain in isolation and will be tested subsequently again. No further locations of interest or any contacts have been identified in Blenheim.

Two final points: on vaccination, Medsafe has now renewed the provisional approval of the Pfizer COVID-19 vaccine, which was due to expire on 3 November, and that has been gazetted. It has extended that provisional approval for a further two years. This means that the company—that is, Pfizer—must continue to meet certain conditions, including to supply ongoing data from its clinical trials around the world and its safety monitoring, as well as updates on any manufacturing. With that current provisional approval, Medsafe can decide to grant full approval at any time in the next two years, if and when Pfizer submits an application for this to happen, and that would include the need to acquire information on all the age ranges who may be being vaccinated at that point.

And finally, just for border workers who have returned to New Zealand from abroad and who may have been vaccinated overseas, I'm pleased to report that three of the vaccines administered in jurisdictions overseas—that is the Moderna, AstraZeneca, and Janssen vaccines—are now recognised in our vaccination order that requires border workers to be fully vaccinated when they're undertaking those border-related roles in New Zealand. This follows a change to the order which took effect at 11.59 on Sunday the 17th and recognises those three vaccines in addition to the Pfizer vaccine, which is, obviously, the only one we currently administer in New Zealand. Back to you, Minister.

Hon Chris Hipkins: Thank you, Dr Bloomfield. Over the last 18 months our managed isolation and quarantine facilities have been our first line of defence against COVID-19. Stopping COVID-19 at the border has been one of our highest priorities, and, thanks to the hard work of thousands of dedicated Kiwis, we've been able to enjoy levels of freedoms over this past year and a half that have been the envy of many other nations. Over 183,000 New Zealanders and others have entered the country through managed isolation and quarantine (MIQ).

Over 1,350 of those people have carried COVID-19 with them, and yet we've only had a handful of incursions into the community during that time. So, as a country, we owe a massive vote of thanks to our front-line MIQ and border workers. They've done an amazing job, going to work each day in a high-risk environment, keeping us all safe. But, now, as we enter the next phase of our COVID-19 response, it is time to reconsider how we're managing our international border.

As vaccination rates have increased internationally, the number of COVID cases being picked up through our MIQ facilities has continued to decline. We now only get two to three cases per 1,000 arrivals, and only around one in 2,000 is detected after seven days of isolation. In addition, full vaccination will be required for all non - New Zealand citizens travelling to New Zealand from the 1st of November.

With increasing cases in the community, the overall risk profile has changed. MIQ is playing an increasingly important role in providing quarantine and isolation for higher-risk community cases and their contacts. Unlike most recent arrivals from overseas, these people actually have COVID-19, or they've been recently exposed to it. That's why the Government has been considering how to rebalance our MIQ system to ensure that Kiwis can continue to come home whilst we also provide more spaces for those higher-risk community cases and their contacts. We're also very aware of the pressure that's been building at the border as the world begins to reconnect and increasing numbers of New Zealanders here and abroad want to be able to reconnect with their loved ones. So now's the time to start stepping out a series of changes to our border and to our MIQ arrangements.

Step one: MIQ stays will be reduced from 14 days to seven days, travellers being tested at day zero, day three, and day six and undertaking a rapid antigen test before they leave MIQ. They'll then isolate at home for short periods of around three days. They'll get a PCR test on day nine since they returned home, and they will wait at home until that result comes back. This is consistent with the way we are now treating contacts in the community. This evolution will now free up around 1,500 rooms a month in MIQ. Many of those will be used for community cases, but some will be re-released using the MIQ voucher system. I expect, next week, the next release will have over 2,000 rooms. These arrangements will apply to all travellers arriving in New Zealand from 14 November.

The second step allows us to reopen the border to more low-risk travellers, allowing them to bypass MIQ altogether, and we'll start with travellers from low-risk Pacific Island countries such as Samoa, Tonga, Vanuatu, and Tokelau. We've already welcomed RSE workers from those countries without issue. This one-way quarantine-free travel will commence from the week beginning the 8th of November. Travellers will need to be fully vaccinated unless they are New Zealand citizens. RSE workers, who are currently able to enter New Zealand

with at least one dose of the vaccine, will need to be fully vaccinated from the 1st of January.

The third step is we can move towards having more people isolating at home. This option will be made available to increasing numbers of fully vaccinated travellers in the first quarter of 2022; however, our priority at this stage is to safely transition to the new traffic light system first and be that in before adding the additional risk of international arrivals immediately entering the community.

When the COVID-19 protection framework is bedded in, 90 percent of eligible New Zealanders will be fully vaccinated, so we'll have a higher level of confidence than we do right now in allowing international arrivals to go straight into the community. The length of time that people will be required to isolate at home will depend on a number of factors, including what more we've learnt about dealing with Delta by that point.

The COVID-19 situation continues to evolve rapidly both here and abroad, and we do need to move quickly to make sure that we're minimising the risk we face, in the best way possible, and that we're devoting our resources to the places where they can make the biggest difference. We will, as we always have, step through changes carefully, though. In the meantime, my message to all New Zealanders, whether they're here or abroad, is a very, very simple one: get vaccinated. Then we can all get back to doing the things that we love and seeing the people that we love.

Media: What do you say to the people of the South Island, who you have failed to protect from COVID?

Hon Chris Hipkins: We've always been very clear since the outbreak took hold in Auckland that there is no way of absolutely guaranteeing that we wouldn't see other cases popping up in other parts of the country. The person concerned in regard to the travel in and out of Auckland had a legitimate reason for the travel and they did get a test before they returned back to Christchurch.

Media: Didn't get a vaccine?

Hon Chris Hipkins: No, they had not been vaccinated.

Media: How does it make sense that you have mandated vaccination passports for hospitality and retail but you have not mandated vaccination passports for leaving the centre of an outbreak?

Hon Chris Hipkins: One of the things that we will be looking at—and we have been looking at, I should say—is whether there should be requirements for inter-regional travel for vaccination, particularly on flights. So we're working through the logistics of that. One of the things that you do need to allow for is that there will be some essential travel required, and you wouldn't necessarily want to cut people off from that essential travel if they haven't been vaccinated, but we are working our way through that at the moment.

Barry—twice in one week, Barry. I feel privileged.

Media: What was that, sorry?

Hon Chris Hipkins: I said twice in one week. I feel privileged.

Media: Ha, ha! Home isolation—why wait until next year? Why not do it now?

Hon Chris Hipkins: At the moment we don't have cases all over the country in the way that we do in Auckland, and so the risk settings are different. We don't want to accelerate the spread of COVID-19 out of Auckland by prematurely making changes to the international border. So what you've seen in my remarks just now and in the statement that I've put out is that we are linking that to moving to the new traffic light system. Once we get those high rates of vaccination, at that point I think you'll start to see quite a bit more change at the border. It is linked to our ability to tolerate extra numbers of cases popping up in New Zealand, and that's where vaccination will play a role.

Media: So when are people who are double jabbed and negative tested going to be allowed to come into the country?

Hon Chris Hipkins: I think by—

Media: Sorry—without isolation.

Hon Chris Hipkins: Well, they may still need to isolate, but it will be isolation at home, potentially, and by the end of the first quarter.

Media: So no one home for Christmas?

Hon Chris Hipkins: Well, there may be some more spaces in MIQ between now and Christmas. Part of that actually comes down to New Zealanders. The faster New Zealanders get fully vaccinated so that we can move to the traffic light system, the faster we'll be able to reopen the border.

Media: Why are you not requiring isolation for those leaving Auckland but you're requiring 10 days of isolation for those coming from places where there's no COVID?

Hon Chris Hipkins: As I've indicated before, that would potentially shut down supply lines throughout the country, and that is a challenge. It would potentially leave children without someone to care for them. So there are a variety of issues that we have to grapple with in a domestic boundary that we don't have to grapple with quite as much in the border, or that we have arrangements in place to mitigate the risk at the international border.

Media: There are children that haven't seen their parents because of your international border.

Hon Chris Hipkins: But they have someone caring for them. These are immediate issues around the care and protection of children that we deal with when it comes to the domestic boundary.

Media: Do you understand the inconsistency and how much that is hurting people?

Hon Chris Hipkins: Look, I think New Zealanders will also understand that we don't want to accelerate the spread of COVID-19 around the country while we are still getting our vaccination rates up. And so yes, I acknowledge that there's a lot of pressure there. My message to the people who are keen to get back into New Zealand is there isn't very long to wait now, and encouraging their fellow New Zealanders to get fully vaccinated will help us get to that point faster.

Media: You've shown this week that you're more than prepared to mandate, so why are you not prepared to mandate for those who are using the regional border? And yesterday—or the day before, I think it was—Dr Bloomfield, you said to me that truck drivers were considered low risk. This is now a second example where someone has got infected, been travelling around a region. Yes, it may not be a whole bunch of exposure events, but do you accept that people like truck drivers, bus drivers, etc., are actually a risk, and that these industries should be made to vaccinate?

Dr Ashley Bloomfield: Well, I can respond to the second part of that question. If you look at our experience in the Auckland outbreak with people who have been delivering, so couriers or truck drivers, both within and beyond Auckland—and we've had some who have gone beyond Auckland—we have not seen cases arise from those people. Their work happens to take them around and about, just as it does with this person in Christchurch, but they're not the only people who are out and about in an alert level 2 area. So we have not seen cases arise from people who are transporting things around, either within Auckland or beyond.

And secondly, just to reiterate the point from a couple of days ago, ever since Auckland went down to alert level 3, we have had the testing regime in place, and we know there is a high level of compliance with that. That is a very important safeguard to help prevent the spread outside of Auckland, and it's served us very well to date.

Media: So what you're saying is, it's got nothing to do with preparedness at all, and that we've been lucky, and that the Palmerston North case and the Christchurch case may end up that those drivers don't infect anyone else, but we should just play a game of luck and hope that the best-case scenario happens?

Dr Ashley Bloomfield: It's not luck. It's just a fact that in the outbreak in Auckland, and we've looked very carefully at where transmission has happened, and it's almost entirely been within close contact settings, largely in the home but also in close contacts within workplaces. So actually, people in workplaces that are indoor are much more at risk than people who may have contact with drivers or others who are going about their work.

Media: And just on the original question, Minister, in terms of that regional border. You have said, for a number of weeks now, that you are looking at how you can implement that. Is this going to prompt you to seriously consider how you are going to make changes so that people using that regional border are vaccinated?

Hon Chris Hipkins: Look, I don't have an announcement to make today. Obviously any changes there would be subject to a discussion by the Cabinet.

Media: Are you seriously considering it, though, or are you just going to keep kicking the can down the road, which you have been for weeks now?

Hon Chris Hipkins: No, look, I'm indicating that I don't have an announcement to make today. It is something that is under active consideration.

Media: In terms of the wider border opening in the first quarter next year, are you thinking that would open just for Kiwis trying to come home or you'd also do it for tourism, or would you wait a bit longer? What are you thinking?

Hon Chris Hipkins: Those decisions haven't been made yet. Obviously, our first priority is those who have a right to come into New Zealand right now and who are struggling to do so. The consideration about expanding that out is a different but related issue, and we have not worked through that at this point. But we will do.

Media: So it would just be Kiwis first, yeah?

Hon Chris Hipkins: Yeah. Look, first priority, obviously, not just Kiwis, but those who have a right to come into New Zealand at the moment, who have a visa and are waiting for a space to open up for them. Those are obviously our first priorities. But then we have other groups as well. So if we think about international students, for example, where we've got education providers who want to be able to isolate them within—you know, they can provide an isolation option for them, we have an ability to consider that potentially, too.

Tourists are more of a challenge, in the sense that they don't necessarily have somewhere to isolate on arrival, but we'll work our way through all of that. I think what you will see though, in the first part of next year, is that the overall approach at the border will be quite different to the way that we've been managing it over the last 18 months.

Derek.

Media: You talked about how operationally difficult it is to require vaccination for people leaving the boundary. I think people understand that thousands of people going over the border, you can't check every vehicle. Are you basically saying that you've practically done all you can to make the boundary as tight as you can, or is there something more that you can do?

Hon Chris Hipkins: There's always a practical trade-off, I think would be the way that I would summarise it. So a vaccination requirement just adds an extra layer of complexity to that which has the potential to slow down supply lines and so on. Some of those challenges are not necessarily insurmountable, but we do need to work our way through those carefully, and that would be subject to any decision by Cabinet.

Similarly, when we talk about domestic air travel, for example, there are some factors that we need to work through; it's not a completely simple equation. People travel for medical reasons, for example, using planes, and may not be vaccinated at the time that they are travelling, so we need to think about how we would handle those. So we've just got to work our way through all of those considerations carefully, which we will do.

Media: It wouldn't be that operationally difficult, though, to require a vaccination before someone flies out of Auckland and providing exemptions for medical reasons, would it?

Hon Chris Hipkins: Look, and I don't have an announcement to make today, but I can tell you that we are considering those arrangements.

Media: That particular one doesn't seem to be operationally difficult.

Hon Chris Hipkins: That's probably one of the easier ones. But there are all sorts of consistency issues you've got to work through there as well.

Media: And you've also said that rapid antigen testing—you haven't said that there's a need for that at the boundary or that it would add to that or complement the measures that are already at the boundary. You both kind of said that rapid antigen testing is in the hands of the employers, rather than the Government saying, "We want to do this."

Dr Ashley Bloomfield: The point I was making was that if you're going to deploy rapid antigen testing—and that is very much on the table, in fact, that's why we are working with MBIE with a number of large employers in the Auckland region to pilot and trial the use of rapid antigen testing. But if we were to use it as part of the boundary protection arrangements, it would be having the employers do the rapid antigen testing, rather than having the testing being done at the boundary.

Media: Why not mandate that for the employers then?

Dr Ashley Bloomfield: Well, currently there is a mandate on the employers that work with us on this for people to be crossing the boundary to be tested regularly using either PCR nasopharyngeal or saliva swab testing.

Media: So what do these MIQ changes mean, if anything, for the status of very high risk countries—India, Pakistan, Brazil, and so on. You had the Skegg group in April say there wasn't a great evidence base to justify those restrictions. The Ministry itself, I think in July, concluded that, I think, most of those countries were no longer very high risk, but nothing's changed. So what's—

Hon Chris Hipkins: I think we're actually coming up to another review point for those countries now. At the moment, travel from those places is restricted to New Zealand citizens from those very high risk countries, but we have kept that under review, so we have been regularly reviewing it. I think the last review was towards the beginning of the August outbreak, when we were right at the peak of dealing with that. But we'll be coming up for another one. I think we're doing them about every six weeks. So there could well be changes there as a result of the situation we're now in.

Media: But what actually needs to be reviewed, because, as I say, the ministry has concluded that these countries are no longer very high risk; the Skegg group did. So what needs to be considered? Isn't it already the case that it's not justifiable to have these—

Hon Chris Hipkins: Obviously, there's a decision-making process that you go through every time there's a review. The last time we reviewed them, we deferred making a decision. The next decision-making process is coming up very soon. Once that decision-making process has been gone through, then of course we'll share the results of that decision.

Media: The 1,500 rooms that are being freed up, how are many likely to go to desperate Kiwis overseas wanting to come home?

Hon Chris Hipkins: There's obviously a logistical exercise that MIQ will now need to go through around re-juggling those existing bookings to see exactly how much space gets freed up. There is still some uncertainty around exactly what the modelling is telling us around how many spaces we will need for those community cases at this point. So we haven't got certainty around that. But I can provide a reassurance that rooms that we don't need, we'll be endeavouring to re-release those. I can't put specific numbers on it at this point.

Media: Will you be holding more lobbies?

Hon Chris Hipkins: Yes, more lobbies—absolutely.

Media: Can I ask Dr Bloomfield a question: the case of a man in Auckland who wanted his sister from Blenheim to go to his eight-year-old son's funeral yesterday—she had applied on a number of occasions to go and she finally got approval yesterday an hour after the plane had left. Now, why wasn't approval given before that?

Dr Ashley Bloomfield: The reason the approval wasn't given before that was because the staff there were applying the policy consistently, and they've applied the policy consistently to over 22,000 applications for compassionate and other exemptions.

Media: It's a heartless policy though, surely, that here is a woman that is given, after publicity, is given permission to go to Auckland, and yet you only saw the light when publicity was given to it.

Dr Ashley Bloomfield: Actually, the team proposed to me, and partly in response to this particular case, in this instance, was a change to the operational policy which allows people, if they are clearly a close relative and if they're attending a funeral or tangihanga and they are named as one of the 10 people attending that, then that compassionate exemption could be granted. They raised this with me. I said immediately, "That sounds very good." They implemented, and they notified this person as quickly as possible that the exemption had been granted on that basis.

Media: She had applied on several occasions, though. It was only after publicity yesterday that approval was given. What went wrong?

Dr Ashley Bloomfield: Well, in fact, nothing went wrong, because the team applied, as they have to over 22,000 applications, the criteria that are very clear. And they are there for a reason. They are part of broader suite of measures designed to protect people outside of Auckland, and have been successful to date as part of that suite of measures in protecting—

Media: The trick seemed to be getting publicity, and then a decision might be made.

Dr Ashley Bloomfield: No.

Hon Chris Hipkins: Look, I do just want to underscore the fact that this is difficult time. Having an internal boundary within New Zealand, having restrictions at the international border, separates people, often arbitrarily, and often in ways that are very challenging for those people. Nobody in the Government, nobody dealing with these issues is lacking in compassion here, or not aware of the fact that this puts a lot pressure on people, and often puts them in really difficult situations. You'll note from the questions that we're dealing with here today, there's roughly an equal number of people who think we're being heartless in not allowing more travel across the border, and a roughly equal number of people who are saying that we failed by allowing COVID-19 out of Auckland. All of this involves really difficult trade-offs and balances, and I do absolutely acknowledge that that puts some people in a really tight spot.

I'll come to Luke and then to Claire.

Media: A quick one on MIQ and then a few questions about Christchurch for Dr Bloomfield, if I could. With this MIQ thing, in the end you haven't gone for a separate regime

in Auckland to the rest of the country. Given that the situations are materially different, just wondering how you landed on that?

Hon Chris Hipkins: Ultimately, the international border operates as one border. This is a temporary arrangement. We're stepping through a series of changes. We don't know how long this arrangement will be in place for, but it won't be for very long. So, effectively, trying to set up two international borders—one for those coming into Auckland and one for those coming into the rest of the country—would be a pretty challenging exercise to do, and by the time you did it, we might not even need it. So in this case what we're trying to do is step down in a way that's consistent, that minimises the risk to the whole country, that minimises the risk of COVID-19 presenting anywhere in New Zealand from the international border, whilst we prepare for the fact that we are going to see more movement across the border.

Media: Dr Bloomfield, whereabouts in Christchurch do the positive cases live?

Dr Ashley Bloomfield: I think the Minister mentioned earlier on—in Bishopdale. I think the Minister spoke to the—vaccination rates there have been pretty good.

Media: And what else can you tell us about the—firstly, when did they first get symptoms, do we know?

Dr Ashley Bloomfield: The person who travelled to Auckland returned to Christchurch on the 15th, became symptomatic on the 18th. And then the other case, who's her partner, became symptomatic two days after that. The households they visited—which are actually two households, but there were people there who were from a couple of other households—those were on the 19th and 20th, and they are the only close contacts that have been identified, because after that they were both feeling quite unwell and laid low at home. So that's why one of the key inputs into our advice at this stage about the need not to go up an alert level is that the number of close contacts is relatively small, they know who they are, and they are being tested and isolated at the moment.

Media: And they came down to help with childcare. What sort of age and—what are the profile of the people? What age, ethnicity?

Dr Ashley Bloomfield: So one of the two travelled to Auckland to assist with childcare and was in Auckland for five days, and that person is a female in her 50s, and she is Māori. The other person, her partner, is a male in his 40s who's a New Zealand European.

Media: Just finally, what are the key things that you're looking at—I mean, what sort of case load or characteristic of cases would there have to be for a potential lockdown of some description to be back on the table?

Dr Ashley Bloomfield: Well, so the key things we're looking at are whether any or many of the close contacts become positive—the ones who are being tested today. We're hoping to have those results later today. Because, as I said, our experience from the Auckland outbreak is it's the household and close contacts who are the ones who are most likely to be infected. The waste-water testing will also be material here. But at this stage we've got two cases, we know exactly where the origin is from, there are no large exposure events, which is material, so we will be watching carefully the results of those close contacts and the waste-water testing.

Media: The Christchurch vaccination rate, right, is at a level that a number of other countries around the world have actually opened up on. I mean, does that give you, I guess, a greater sense of optimism about the potential spread in the community?

Dr Ashley Bloomfield: There's no doubt that vaccination in both Waikato and in Auckland at the moment is playing a really important role in helping contain the outbreaks there. It wasn't a major factor but it's clearly something. But the important thing here is double vaccinated and fully immunised, so that's still a wee way off—it's about 70 percent across Christchurch, and I think 72 percent across the whole country. So it's a few more weeks before we get to that 90 percent double vaccinated.

Hon Chris Hipkins: OK, I'll come to Claire and then Marc and then Katie, and then we'll see how we go.

Media: You mentioned some Pacific countries before, but what about Australia—is the bubble pretty much disappeared and Australia will now be treated the same as every other country?

Hon Chris Hipkins: One of the challenges with Australia, of course, is they're going through the process of opening up their internal borders now in Australia, and we're not yet in the position where we're opening our internal borders here in New Zealand. But of course we want to reconnect with Australia soon, as soon as we can do that safely. We're just not in a position to provide any certainty around when that's going to happen at this point.

Media: So it will be the same time as other countries in terms of the new requirements for MIQ and stuff coming in?

Hon Chris Hipkins: That of course is the default. If there's an opportunity to do something sooner than that, then we'd consider that but at the moment that would be the default.

Media: Minister, Delta first arrived in MIQ in April. It fuelled a huge surge of cases in India. It caused Fiji to lose its elimination status by the end of May. It was almost three-quarters of cases in the UK. Do you think mid-late July was too late for the Ministry to start looking at how the response would change in the event of a Delta outbreak?

Hon Chris Hipkins: Yeah. Look, so I want to reject some the claims that have been made here. Since we started our response to COVID-19, we have been acutely aware that the virus is continuing to mutate and that there are new variants of the virus emerging, and we've continued to plan for that. We've continued to plan for the fact that the virus could become more infectious. So that fact that the word "Delta" isn't mentioned until a particular date and time does not mean that we haven't been continually working to strengthen the arrangements that we have in place and the potential responses that we have here in New Zealand during that time. A lot of work has gone into that. And there have been other variants of the virus, prior to Delta, which have also caused us to re-look at our settings as well. So I want to push back on the notion that work wasn't being done around continuing to strengthen our defences against COVID-19 prior to the word "Delta" being mentioned. In fact, it has been a continual process.

The other point that I would mention is, in terms of Delta, the variant of Delta: the actual evidence base, the published research that allows us to make informed decisions about that only started to emerge from late June, early July.

Media: I mean, you yourself have said in the past that looking back on the case of the Sydney man who visited Wellington in late June, you might have considered a difference of approach after getting some of that advice from the Ministry in July and August. Is that a reflection of that evidence base emerging or is that because that planning hadn't been done prior?

Hon Chris Hipkins: No—no. It's absolutely as the evidence base continues to emerge. The Ministry of Health can't produce advice on evidence if the evidence doesn't yet exist. That is one of the challenges right the way through the COVID response: the evidence continues to emerge, and the Ministry of Health, I think, are doing a great job of keeping abreast of the international evidence. But we can't ask them to crystal ball gaze and presume that they know what the evidence is going to be before the evidence has been produced.

Media: Dr Bloomfield, for these suburbs in Auckland where they have high positivity rates—without listing all of them, can you give what the highest one or two positivity rates are there?

Dr Ashley Bloomfield: I don't have those data—I think the only one I've been able to describe or have described in the last week has been Redvale. It was up over 6 percent. I should say it's a small suburb, so I think it was just two or three households that had put it

up over 6 percent—that testing rate. But really, these will be any that have got a positivity up over 1 percent. For the most part, it's at or below a half a percent across the Auckland region.

Media: Is it possible, as this outbreak in Auckland continues grow with this reduced MIQ stay, that actually very few new rooms become available for people stuck overseas, and as this outbreak continues to grow even further, that actually it doesn't create any new rooms for people stuck overseas?

Hon Chris Hipkins: Not necessarily. It depends on the nature of the cases that we see in the community. We are, as is now well known, seeing more of those cases able to isolate within the community, and so that reduces some of the pressure on MIQ. At this point, there's still some uncertainty there around the modelling. This gives us more options. But, yes, I think there will more rooms made available. I don't want expectations to be that suddenly it's going to double the number of rooms, though, because it won't. But it will make some more rooms available.

We'll come back to the TVs.

Media: Given that you do have cases already isolating at home, why is it another two weeks before these come into effect?

Hon Chris Hipkins: Well, they're isolating at home in Auckland at the moment. There are practical considerations there around—we just have to put the systems in place, we have to deal with cohorting and the issues around that. So there is a bit of a lead time required.

Media: And a technicality point: if someone was to arrive, say, on the 11th of November, they'll have to stay for 14 days, but if they arrive on the 14th of November, they stay for seven?

Hon Chris Hipkins: At this point, yes.

Media: That's bonkers, isn't it?

Hon Chris Hipkins: Whenever you make a change, you have to pick a date on which it's operational from. We have to have all the systems and processes to be able operationalise the change.

Media: And what about the change in cost? Are you halving the cost of it?

Hon Chris Hipkins: Yes.

Media: Halving the cost?

Hon Chris Hipkins: Yes, that's right.

Media: Minister Hipkins, following Katie's question about isolating for MIQ and at home: are we still sitting around that 500 mark for cases and close contacts isolating at home? What sort of support—is there any issues with that? Have you seen a spread within those households?

Hon Chris Hipkins: I'll ask the director-general to comment on that.

Dr Ashley Bloomfield: My recollection is we've got 288 cases, and if you add in contacts, it's well in excess of 500 cases and contacts now are being cared for at home. And no, we haven't had any issues. In fact, the report has been that there's been very positive feedback from those whānau that are isolating at home. We haven't seen any spread. It's still pretty early, but we haven't seen any spread or further cases arise from those people being safely looked after in the community.

Media: And just on contact tracing, is it still sitting around the 170 to 180 mark for our capability, or has that changed? Is that in Auckland or is that across the country? Sorry—170 to 180 cases a day.

Dr Ashley Bloomfield: Cases a day, yes. And that was using the old categories we were using. With this approach to looking after people in the community, we're changing the

way that cases are followed up. So there's an initial sort of lighter interview to identify what the public health risk is, any health needs, and any social support needs, and then a triaging process to pass people on to the level of further care that might be needed. Once we implement that system across Auckland—remembering that Auckland is being supported by public health units right across the country—that will increase the number of cases that can be managed on a daily basis. But as you've seen at the moment, we're still well within that limit.

Media: Minister, in August when the reopening framework was released, that was based off of advice from David Skegg's group that said that people should be treated based off of the risk that they present to the country, and there was talk about the pathways. What you're talking about today, though, is based more on passports and residency and your right to be here. That seems like a pretty substantial change from the evidence. Have you had new evidence from Skegg that has said that someone's passport is more important than the risk?

Hon Chris Hipkins: No, the only, I guess, differentiation that we're making there is that those who are fully vaccinated should be treated differently than those who are not vaccinated. That's not something that we can apply to New Zealand citizens. New Zealand citizens, even if they're not vaccinated, have a legal right to return back to their country. So in terms of passport status, that's where that has the biggest impact, is on the vaccination requirement. But we are moving towards more of an individualised risk profile. That is absolutely true. But, ultimately, if you look around the world, that situation can change quite dramatically quite quickly, and so we have to work on the basis that people coming in are relatively equal in risk. When we were doing that several months ago, we were looking at a potential of, you know, you could have whole countries that were green countries, as we had with Australia. That situation has kind of now changed, and there are going to be fewer and fewer countries in that situation.

Media: And just in terms of MIQ in total, one of the things that—not all rooms are still being used. So there are still 500 rooms a fortnight, 1,000 rooms a month, that are set aside in case there's some issue with quarantine-free travel—

Hon Chris Hipkins: We're largely using those to isolate community cases at the moment.

Media: So according to the latest stats there's 3,800 rooms out of 4,500 that are fully taken up.

Hon Chris Hipkins: Yeah, that doesn't include the community cases. So that is just looking at the international arrivals. So we are using—the MIQ is very full when you add in the community cases that are isolating in MIQ at the moment.

Media: Sorry, just on home isolation, is there any fear this is going to create a two-tier system of people that can afford to isolate comfortably at home and then those who can't—low socioeconomic people are going to go to MIQ?

Hon Chris Hipkins: No, I'm not concerned about that. By and large, I think people who have the means to be travelling internationally—

Media: Oh, sorry, for the home isolation—sort of, looking forward when COVID's more endemic and people are—

Hon Chris Hipkins: Oh, you mean with the domestic cases—so cases in the community?

Media: Yeah, exactly. Community cases, yeah.

Hon Chris Hipkins: We grapple with that now. It's not just a socioeconomic thing; it's also about the size of the household that someone's in. So if they're in a very large household, regardless of the socioeconomic status of that household, there may be good reasons why some of the people in that household should isolate somewhere else. So I wouldn't want to make generalisations about that. It's done based on a risk assessment, not a

socioeconomic assessment. It is based on how do we minimise the risk of COVID-19 spreading, and we're using our MIQ resources to do that as judiciously as we possibly can.

Media: Are either of you aware of large gatherings in Pihā that have been attended by or organised by people who have tested positive for COVID and were possibly infectious at these gatherings?

Dr Ashley Bloomfield: No.

Hon Chris Hipkins: I'll come to Jo and then Derek.

Media: Just to come off the back of Derek's question earlier, can you confirm whether Cabinet, when it next meets, will decide on whether vaccine proof will be necessary at airports in terms of travelling in and out of those regional borders?

Hon Chris Hipkins: Look, I'm not making any announcements on that today, or even a time—I'm not going to make an announcement about an announcement where a decision has not yet been made yet. I'm sure you'd criticise me if I did that.

Media: But is it going to be considered at the next Cabinet meeting—is it that urgent?

Hon Chris Hipkins: Look, everything gets considered at Cabinet meetings around COVID-19 at the moment. This is an ongoing discussion.

Derek.

Media: You said yesterday that the nature of the cases in the Waikato were similar to the complications that the public health teams face in Auckland. Do you think we've learnt the lessons of Auckland? I mean, obviously, despite the best efforts in Auckland, cases slipped away and they're now spread across the city. How much of a concern is that for you in the Waikato at the moment?

Hon Chris Hipkins: The public health teams in Auckland have been talking to the teams in the Waikato about what they have learnt from their experiences. They've been sharing those across the country, in fact. Our public health units have definitely been sharing insights about their experiences in dealing with COVID-19 contact tracing, and of course a huge body of expertise and knowledge about that now resides within Auckland, given the amount of it that they've had to do. But the hard to reach are hard to reach, wherever they are in the country. So even though Auckland has been sharing their insights and experiences with the Waikato, it's still a challenging situation for them there.

Media: Can I just clarify a date? From November 14th—if anyone hits seven days after that date, can they go home and isolate for three days, or does it depend on the date that they arrive?

Hon Chris Hipkins: I'll get you some greater clarity about that, but it's most likely from—I'm pretty sure it's from the date that they arrived.

Media: From the date—so—

Hon Chris Hipkins: Those arriving after.

Media: Those arriving after the 14th of November?

Hon Chris Hipkins: Yeah. But if that's—yeah. I'm being given the nod that that's correct. OK. We'll wrap up there. Thanks everybody.

Media: Thank you.

conclusion of press conference