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HANSARD TRANSCRIPT

PM: Good afternoon. Cabinet met today to discuss the latest status of the Omicron outbreak in New Zealand and to update our COVID-19 response. This was preceded by a ministerial call with the chief executives and senior officials from every Government department involved in the COVID response.

A quick status update on some key facts, figures, and decisions: to date, we have identified 29 community cases associated with the January Omicron cluster; all are in isolation. Investigations into the source of the cluster are continuing, but we are yet to establish firm links to a known border case, and whole-genome sequencing for Omicron may make it difficult for us, in fact, to ever establish the source of the outbreak. Nearly 60 percent of eligible New Zealanders have now had their booster, and one in five children under 12 have had their first dose, from yesterday's data. Bookings in the system are high, at 262,000, for which 186,000 are boosters, at over a thousand sites, with extra vaccination clinics such as Auckland's Westgate and Mount Wellington vaccination sites shifting to drive-thru this week to increase capacity. You can, of course, as always, book now for your booster at bookmyvaccine.nz or find a walk in or drive-thru at healthpoint.co.nz.

Now, we know from overseas experience that time is of the essence with Omicron. Boosters and basic infection control can slow it down in this stage. So, if you are due your booster—if it's been four months or more since you got your second shot—please get in there as soon as possible. It will keep you safe from serious illness, and it will preserve our hospitals. It's pleasing, though, to see that over 73 percent of eligible people over 65 have now been boosted, and every DHB is on track to complete their booster programmes in aged residential care facilities within the next week. This is important because, as we saw with Delta around the world, high rates of vaccination among older populations and those at greatest risk of serious illness play a major role in preventing widespread outbreaks. So my message to over-65s is: let's do that again—let's reduce the threat of Omicron, just as we did for Delta.

Basic infection control also plays a really important part in minimising the threat—hand washing, distancing, masks—which is why, as we previously signalled, today Cabinet has agreed to enhance the mask-wearing protocols in the red setting of the COVID-19 Protection Framework to further assist in the slowdown of Omicron. Today, I can announce the following changes to mask wearing at red: masks must now be worn at food and drink businesses, close-proximity businesses, events, and gatherings. The existing exceptions of when you are eating and drinking and exercising still apply. We are, for instance, asking people at restaurants, when they enter or when they get up to use the bathroom, to use masks. These changes also won't apply to non-public facing workplaces, swimming pools, and gatherings where you have the exclusive use of a premises. We really do encourage all workplaces, though, to think about mask-use policies that protect your workforce, and I know many businesses are already doing so.

We are also now requiring that a face covering be an actual mask. That means no more scarves, bandanas, or, as some of us may have seen from time to time, t-shirts pulled up over the face, for example. This is to ensure that it is a mask designed to cover your nose and mouth properly. All workers who are legally mandated to be vaccinated must now also wear a medical-grade mask—for example, a Type IIR or a Level 2 mask or above—while working in public-facing roles. So that includes, for instance, the widely available blue medical-grade masks that many are already wearing. As you know, all primary and secondary school students year 4 and up are already required to wear a mask. For consistency, they will now also need to wear a mask on Ministry of Education funded school transport services and public transport.

I know that some of these adjustments might cause challenges, but the science has been updated and these adjustments will slow the spread of the virus, save lives, and give us time to get more of the eligible population boosted. These changes will not come into force until nine days' time. That allows these changes to be gazetted, but it also allows workforces, in particular, time to prepare and ensure that they have access to what are widely available medical-grade masks. The Ministry of Health will also be updating guidance on masks for the public—how to safely reuse masks, for instance, because it is possible to reuse many masks safely if done properly, and ensure the best fit. My final word on masks: we've looked at a lot of overseas data on who is most successfully managing Omicron—masks play a significant role when done right. Now, we've made a major shift in New Zealand by adopting their widespread use; now we just need to tighten them up slightly so we get the best out of this really important measure.

Tomorrow, Minister Verrall will set out our response to Omicron across the three likely phases we will experience. As I previously set out, phase 1—the early stages, which we're in now—will continue with the same testing, tracing, and isolation settings as we have used before. That's because this helps us to slow Omicron down. But, as caseload grows, these settings will change. Looking to outbreaks around the world, we've seen that where this is most important is critical workforces such as healthcare, supermarkets, supply chains, and other industries and services critical to delivering the necessities of life. Today, I can confirm how we intend to use rapid antigen testing to help critical workforces, businesses, and supply chains stay open, and this is to allow a "test to return to work" approach.

This approach will mean that critical workers who are identified as close contacts will be able to use proof of a negative rapid antigen test to return to the workplace during their required period of isolation. This will minimise disruption to critical infrastructure and supply chains, helping to keep New Zealand going. But we're also focused on making sure that we apply it to those who are deemed critical, so we reduce the risk of people being exposed to a contact who still may have COVID-19. For now, though, PCR tests are best—we need their accuracy to home in on the spread while Omicron is in its infancy and can be slowed. And, in preparation, we've significantly increased our PCR, or "nasal swab", testing capacity. We can do 60,000 tests a day, with surge capacity to just nearly 78,000 tests a day, which can be sustained at a surge rate for approximately seven days.

Once we reach phase 2 of the outbreak and Omicron is more widespread in the community, rapid antigen tests will be more common in our testing strategy. We've 83 million rapid antigen tests on order, amid huge global demand. We continue to pull out all the stops to secure what we need here in New Zealand. In total, as I've already set out, New Zealand has 4.6 million in country. We have confirmed delivery of an additional 14.6 million over the next five weeks. On top of that, we are awaiting the delivery schedule for an additional 22 million over the same period—so that's more than 40 million tests for a five-week period in total. We continue, as does just about every country at present, to seek additional supply, but, as you will have heard, it is a very competitive space for rapid antigen tests currently. There are currently nine types of rapid antigen tests approved by the Ministry of Health for use; a further 19 are under full technical assessment. This is an important process as the effectiveness of rapid antigen tests can range from 30 percent accuracy through to 80 percent accuracy.

We will also continue to do what we can, though, to of course support businesses who, whilst they are able to seek supply of rapid antigen tests directly from manufacturers, we know that it is difficult for many to secure that supply. So whilst we, for critical workforces, will support them by providing rapid antigen tests, we continue to encourage those businesses to also do what they can to help manage the health of their workforces, and draw up contingency planning for their workforces.

Further, today you would have seen the work done to secure CO2 monitors and 5,000 portable air cleaners for our schools to keep them open, keep our kids learning whilst reducing the threat of Omicron in our schools. Those CO2 monitors will help us assess the quality of ventilation in different classrooms, and schools will be able to adapt their ventilation

plans to make sure that they've got good throughflow to reduce the spread of Omicron within the school environment.

That's a summary of today's decisions; ultimately, though, you'll hear the detailed phase 2, phase 3 plan from Dr Verrall and the Ministry of Health tomorrow afternoon. I'll ask Dr Bloomfield to join me on the stage as we now take your questions.

Media: Are you, basically, asking people to wear masks indoors other than when they're at home?

PM: You will have seen that we do still have exceptions. So, for workplaces where they're not customer facing, there we're asking workplaces to work through plans that really suit their working environments; so they're not mandated there, and we still have practical exceptions—of course, we're not expecting someone in a restaurant to wear a mask while they're dining, but as much as possible, in environments where you're not distancing, just good practice is to wear a mask.

Media: Why are we only getting rapid antigen tests when we're in the thick of an outbreak? When did you order them?

PM: We've been ordering for some time, but perhaps those more closely involved with the ordering process could pick up that question.

Dr Ashley Bloomfield: Certainly. Thanks Prime Minister, and kia ora koutou. Yes, we've been working for some time on ordering rapid antigen tests in what is a very, very competitive global market, and we have a lot on order. The challenge is—and what we are working with the suppliers on is—getting confirmation of delivery against those orders. Pleased to say we've got quite a lot: another 14.6 million confirmed delivery before the end of February, but then over another 20 million. We're just waiting for the timing of the delivery. So we've certainly been ordering, and we continue to order from that increasing range of suppliers of those newly-approved tests.

Media: Would you be using them more now if you had more in the country?

PM: No, not at this stage.

Dr Ashley Bloomfield: No, we wouldn't—no. This is one of the things that's very important and that I won't say is unique to New Zealand, but New Zealand is in a very small range of jurisdictions that, because we have such very low prevalence, rapid antigen testing just plays a very small role in the current settings. It's as we move to higher incidence of Omicron and of the virus in the community that rapid antigen testing starts to play a role, and that's why we've planned for it in phases 2 and 3.

PM: Important to keep in mind, of course, that we've also in that first phase, where we are using PCR testing, which is the really accurate form of testing—that many of you will have seen that, in the early days, we were seeing capacity for between 10,000 and 25,000. We're now up to 60,000 tests being able to be performed a day. That's what we will be doing in the early stages, but as cases grow we will increase the use of rapid antigen tests—albeit it being a less accurate form of testing.

Media: And you're confident that they'll be here when we need them?

PM: Well, of course, we've been given confirmation of supply, and I've broken down for you the numbers that we have had confirmed versus those we have ordered and are awaiting delivery schedules. We're not alone in the world that, at the moment, many countries have orders where they do not have confirmed delivery. But you can see that, over a five-week period, we have had confirmation of 40 million on order, and await those schedules.

Media: Are we only boosting those PCR numbers because we can't get rapid antigen testing in New Zealand?

PM: No, no. No.

Media: So why are we only doing that now—increasing that capacity?

PM: We've been increasing PCR testing capacity for the entire pandemic. It's been something that we have continued to grow. Right at the beginning of the outbreak, PCR capacity, of course, was in the low thousands. So we've been on a continual mission to grow that capacity across the country so that we have the ability to provide the most accurate test possible as widely as possible.

Media: With the masks, research obviously—

PM: But, just, we know practically that over time, when you see it grow, you do need to provide a more rapid and more widely available test. But, in this early stage, when we're still stamping it out and seeking to stamp it out, PCR remains our best option.

Media: With the masks, research overseas shows that, if you have a tightly-woven cloth mask, that is superior or as good as an ill-fitting surgical-grade mask. Why not just make it a rule that you have to have a well-fitting mask? Why have a blanket rule?

PM: Well, any time we make a rule, of course, then you have to make sure that you've got the ability to then test and enforce, and designing what a well-fitted mask would mean, of course, would create the difficulty of who is it that is going to assess whether or not yours is well fitted or not. The best thing we can do is say, "Look, a bandana's not good enough; a scarf won't provide you protection, and a t-shirt definitely won't." We are asking for something that connects over your face, as a face mask does, rather than just simply a scarf wrapped around your face. And the Ministry of Health is providing good, solid guidance with more detail. But guidance versus rules—rules then have to be enforced and measured, and that opens up a wide range of issues. Dr Bloomfield, perhaps you might want to speak a bit more on some of the guidance the ministry is providing?

Dr Ashley Bloomfield: Just to add to that our guidance for the public will be very much around that—ensuring that, whatever mask you have, it's well fitting. And that could be a good three-layer reusable mask or a medical surgical mask—or a combination of both, actually—which is really to help with a good fit. We're not going to be recommending the use of N95s for the general public in going about your daily business, partly because they are expensive and they are harder to get. But some people may choose to do so, in which case we will be providing good advice about how to get a good fit to make sure it is as safe as possible if you are using an N95.

Media: So what's that about the three-layer masks? So you can have a cloth mask that's three layers? Is that—

Dr Ashley Bloomfield: That's our recommendation. So the Prime Minister has outlined, for those people that will be required to use masks in certain places under the red setting, that will be a surgical-grade mask that meets certain standards. The advice for the public will be around the use of a reusable mask that is a three-layer, and most of those are material, but that is important. In some, that layer is a filter that one can insert and replace.

PM: Again, this is guidance rather than a rule, but I think what people are looking for is guidance. That's what the Ministry of Health is providing. Where the rule kicks in is simply to say it has to be something that is actually made to be a face covering.

Media: [*Inaudible*] Māori got shots post November 1, but they are not eligible for their booster until March or later. Will you be closing the gap for them to be able to get their booster down to three months, perhaps?

PM: Of course, any change in the vaccination schedule or the gap between vaccines is something that we do based on medical advice. So I'll just turn to Dr Bloomfield on that.

Dr Ashley Bloomfield: Thanks, Prime Minister. First of all, one of the key reasons we advised—and I think the Government agreed—to reduce the interval from six months to four months was because we did have a number of our high-priority populations getting their primary course later in the year, November and December, and we didn't want it to be six months out that they were then getting their booster. Secondly, I have asked for advice from our Technical Advisory Group about the interval—so we will keep that under advisement. I

should say that New Zealand already has one of the shorter intervals at four months. For example, the USA is still five months, and many jurisdictions are still five or six months, but we will keep it under review.

Media: Iwi are also asking for a vaccination task force for tamariki, given that we are trailing behind. Will you consider that as well soon?

Dr Ashley Bloomfield: Well, actually, we've been working very closely with iwi, with the New Zealand Māori Council, and our Māori providers since late last year—November, December—on the plan for roll-out to tamariki, and I'm very confident that there is a set of plans that are well under way that will lift our vaccination rates for all children, but with a specific focus on ensuring that we do get our tamariki Māori vaccinated.

Media: Dr Bloomfield, you said earlier that, in fact, you had been trying to get rapid antigen testing orders for some time. How long?

Dr Ashley Bloomfield: We've had the orders in for some time, in fact—

Media: Well, how long is "some time"?

Dr Ashley Bloomfield: We have been ordering them for months, and that's why we have quite a number already onshore, and they have been used, and are being used, by some businesses. Actually, there are over 20 businesses that are using them as part of their ongoing surveillance. They have been in use in healthcare settings through our Delta outbreak, for people arriving, for example, in emergency departments and some staff. And we certainly upped our orders in the last few months of the year last year. Again, the issue is not so much the orders; it's getting confirmation of delivery, and we are pulling out all the stops to make sure we can get confirmation of those many millions that we have on order.

Media: And when is the ministry going to—

PM: Also, the thing to factor in is that they don't always have long shelf lives available with them, as well.

Media: When is the ministry going to relax the isolation rules for Omicron, given that businesses are really going to suffer as a result of this?

PM: Do you mind if I pick that one up, Barry?

Media: Well, can I ask Dr Bloomfield first?

PM: Well, actually, I'm going to pick that one up, of course, because, first of all, you will have already heard us talk about, for those essential services where you will have seen it's really critical for them to be able to continue to operate, even when they have some of their workforce who may be identified as contacts—so, there they will be able to use a "test to return to work" regime. So that is something that we're likely to use across the course of the Omicron outbreak, but more detail on when we'll kick that in tomorrow. More generally, we'll be sharing tomorrow what phase 2 and phase 3 looks like for the definition of contacts and the treatment of contacts; quarantine; and isolation periods.

Media: To clarify: on that testing out of isolation thing, will you be able to use a RAT for that, or will that only be PCR testing?

PM: That would be rapid antigen testing, would be part of that.

Dr Ashley Bloomfield: Yes.

Media: And that will only be available for essential workers. How are you going to resist the pressure from all the other workers, all the other people who want to be out of isolation and use a RAT to do it?

PM: I think just one point to add here: of course, we do want to still limit people's contact with individuals who may potentially have Omicron. And, of course, we know that, when you have a large number of people who have it, the number of contacts you have will increase exponentially, and that impacts on critical workforce. So that's the reason we're homing in on

that group, to allow a way to test but still be in the workforce. It does, though, come with some risk, operating in that way. So that's why we have been quite targeted in who we're using that option for.

Dr Ashley Bloomfield: Yes, just to reiterate: the mainstay of, of course, reducing onward spread is isolating people. That's what has served us so well to date. The intention around the use of rapid antigen testing is for those critical workforces, to avoid the issues that other countries have seen around supply chains and so on, and a prerequisite will be that people are not symptomatic. If they're symptomatic, they need to isolate regardless of whether they're critical or other workforces. If they're asymptomatic, there will be an opportunity, and we will be providing and working with employers to ensure they have access to rapid antigen tests to support that return to work.

Media: Can you, please, give more detail about what Omicron and the red level might mean for borders? For example, could there be a scenario where MIQ becomes redundant if there's so much in the community and they might be loosened, or the opposite?

PM: I think the first point I'd make is the borders have served us really well. It has enabled us to slow down the entry of Omicron into our community, versus what the rest of the world has seen, and that's allowed us to see now the rates of boosters already available as a result. When it comes to the border changes in the future, of course, we had anticipated, and still anticipate, changing our border requirements to allow self-isolation for returnees. But you will have already heard—we set out that plan at the end of last year; no changes have been made to that. So that, as was set out then, is a staged approach to allowing individuals to isolate at home once they've entered into the country. We still will have a self-isolation requirement, though, because while we're dealing with Omicron and while there is still the potential of other variants in the world, we want to make sure that we reduce the number of new cases that are being seeded, because it's our view that that's what has seen a large and significant scale of outbreaks overseas.

Media: But could that be brought forward, for example, if—you know, the predictions of within a few weeks potentially it's spreading throughout the country, does MIQ actually still serve a purpose?

PM: Well, of course, the first phases were already scheduled for late February, and what we want to make sure is that whilst we're dealing with Omicron, that we are still being cautious in our reopening plans to make sure that, yes, we are making progress but we're doing it in a staged way that doesn't lead to an overwhelming of our health services or an exponential increase in cases in a way that jeopardises the access to healthcare that we want New Zealanders to have.

Media: So will you not bring it forward? So are you sticking to the plan as laid out at the moment in terms of that phase?

PM: Cabinet has made no decisions—Cabinet's made—

Media: But is it something you'd consider if there were so many cases in the community that, actually, the MIQ at the border doesn't serve a purpose?

PM: As I've said, from what we have seen overseas, there's good reason to be very careful with Omicron and the rapid rate at which it moves, and our goal is to make sure that we are slowing it down so that, yes, we will see an increase in cases, but we want our health system to be supported to manage those. That means being careful about our reopening, which, as I've said, we made decisions at the end of last year around how that would work.

Media: Just to follow on from that question, you have indicated the end of February—are you able to give certainty to people overseas, because, obviously, before Christmas you'd set out those three very specific dates about that phased re-opening. When is Cabinet going to decide, and when will people expect you to set out those dates again of the phased reopening?

PM: Well, Cabinet has not changed any of the dates that we have already decided on. What people are—

Media: So what is the end of Feb date, then?

PM: Sorry?

Media: So what is the end of Feb date?

PM: So you'll recall that—remember that we moved the reopening for New Zealanders in Australia; then the staging after that was for the rest of the world, and then it was for other visa holders. And no change had been made to those dates that were set out at the end of last year.

Media: OK. Can I also just ask, as well, on boosters? If you plan—so I know, on Sunday, you talked about people being away on holiday and coming back, and hoping that plus the fear of Omicron would drive people to go and get boosters—

PM: The motivation of Omicron.

Media: Yeah—fear/motivation. Are you planning any sort of specific campaigns, incentives—you know, vaxathon on boosters style type of things to get people actually moving? Because, from my experience, it's quite alarming how many people don't actually realise that the booster shot is what will protect you from Omicron.

PM: Well, you can certainly help us with that. I mean, I don't underestimate our ability collectively if we work together to keep sharing how important it is. You've seen today already the impact of Omicron arriving on booster numbers. We've seen a big jump today; it's one of the biggest days we've had for some time. But, as we have all the way through, we are thinking about everything that we could do to make a difference. And so, actually, we have thought about days of action. It has worked well for us in the past, and it is something the ministry is considering.

Media: Can you provide any further information, Dr Bloomfield, on what it is that you're planning to do and when?

Dr Ashley Bloomfield: What I suggest is we can do that by way of follow-up. There's quite a programme of work, and, in fact, I'm missing the meeting at the moment—the weekly meeting—that goes through that. We're not necessarily planning a big national vaxathon, but there will be some activities. But, as the Prime Minister said, I'm mean, yesterday 57,000 booster doses in one day, and bookings are strong at around 55,000 a day. That's just booked, and we're expecting walk-ins on top of that. So I think the message is getting out. And, yes, we very much appreciate your support in helping us let people know the importance of boosters for protection against Omicron.

PM: And, Jo, you're right: I think everyone understood two doses for Delta, three for Omicron. We know that that booster dose is making a difference, both early on in the transmission of Omicron, but just in keeping people out of hospital. So it is so important.

Media: Dr Bloomfield, just back to what you were saying about the booster time table. You said that you were talking to your advisory group on lowering that from two to three—

PM: Four to three.

Media: Sorry, four to three. Would that be across the general population?

Dr Ashley Bloomfield: That would be, if that's the advice. And, I mean, I think we have to take into account a range of things. We've actually already got—the interval of four months was one of the shortest in the world even before we had Omicron. So we were already acting, and that's serving us well. So we would take their advice about whether there's any additional value in going down to three. And, of course, then we need to look at supply and capacity in the system as well.

Media: And, just on that move, can you provide us with a bit of a time frame as to when you asked them and when you can expect their advice on that, because time is quite of the essence, given the time frames around this?

PM: Keep in mind, of course, that our technical advisers are able at any time to make any recommendation; they don't have to be triggered by us asking the question. But I think probably the thing that I'll be looking at as well is what is happening overseas. I mean, Japan is at six months, Singapore is at five months, the US is at five months, Belgium is at four months, Canada is between three and six, and Australia is between three and four. So there's wide variation even when you take into account countries that already have Omicron.

Dr Ashley Bloomfield: Yes, so it will be an ongoing discussion. They meet weekly, chaired by our Chief Science Adviser. There are two other areas I've asked them to look at, too: one is the issue of booster shots for 12- to 17-year-olds. Back to my comments on Sunday, actually Pfizer hasn't, to the best of our knowledge, applied to any country for approval for that group. In the US, they have decided by looking at the evidence to give an emergency use approval for doing boosters in that age group, and one or two other jurisdictions have. So we are looking at—I've asked them to look at that, and including the use of boosters in immunocompromised individuals who are 12 to 17. And the third area I've asked them to keep a watching brief on, and perhaps get back within the next couple of weeks, is that interval between the first and second doses for our five- to 11-year-olds. At the moment, that is eight weeks, and I've asked them just to keep that under review and come back to us on that.

Media: I'm just wanting to change topic for a quick minute here—we have deadlines; apologies. But, in Paihia recently, your car was blocked and it was forced up on to the kerb. What did you make of that incident and your car being forced up on to the kerb like that?

PM: Look, I didn't—not too much. I mean, every day is faced with new and different experiences in this job, and that I saw as just another day.

Media: Was your family in the vehicle?

PM: Look, if you wouldn't mind, I'm always a bit careful about how much I give away about movements, and who's with me and who's not with me at any given time, but what I can tell you is that at no point was I worried about my safety or the safety of anyone that was with me. We are in an environment at the moment that does have an intensity to it that is unusual for New Zealand, but I do also believe that with time it will pass.

Media: You are the target, though, of that intensity. Why do you think that is?

PM: Oh, look, actually I do know others who are experiencing that intensity—yourselves being amongst them—and I see that as just being a reflection of the fact that we are the decision makers, and if people don't like the decisions that are being made, then it's us that of course will hear the feedback about that. But that's not unusual.

Media: Prime Minister, when can general members of the public expect to be able to go to a pharmacy or a supermarket, buy some rapid antigen tests, take them home and use them at home, like they do overseas?

PM: Yeah—so, actually, I'll just narrow that down a little bit, because you'll have heard from the principles of testing supply for New Zealand, is that we want to make sure that they are free. We don't want the fact that you have to pay to be a barrier to people accessing the testing that they need. So, free is one of our principles. Accessible—so, using local providers is one of our principles. So, in some cases, that may be community health providers, GPs, and also we're looking at the ongoing role of pharmacies in the delivery of those tests as well. And then there's the groups who access them: so, essential workers, as you've already heard me set out today; symptomatic individuals; close contacts; and, of course, vulnerable populations generally. That, you will pick up, though, by what I'm not listing in there, is that we want to be careful that individuals who are just wanting to check for no reason—they're not symptomatic, they're not a contact, they have no reason to think they've got COVID.

That's not necessarily a good use of testing resource, and also, because rapid antigen tests can produce false positives and false negatives, we do want to make sure that we use them in the right environments.

Media: So you're saying that you're not expecting households ever to be able to use them themselves at home?

PM: Well, no—look, it may well be that people are able to use them at home, but we want to make sure that, when people are using them, it's because there is good cause to use them: they're a contact, someone in their household has COVID, they're symptomatic, where they're part of a surveillance regime because of their essential work, for instance. But just people testing in a widespread way for no reason actually is not something that I think we'd want to encourage, given false positives and false negatives. We don't want someone staying at home when they don't need to.

Media: Well, that's what people overseas are doing, particularly when the Omicron outbreaks are very high.

PM: I think you'll find that, in some places, that has changed a little bit. Not everywhere, I think, where you previously were accessing in that way are still accessing in that way. And, in some countries where you've been able to access like that, you've then seen that you've had trouble with supply for their symptomatic population. So, look, more detail on all of those elements you'll hear us talk about tomorrow, but those principles are something that's guiding our decision making. Essentially, the summary, people who need a test will be able to access a test.

Media: Just, finally, on the critical workers you mentioned who will be able to go back to work with a negative RAT, what proportion of the workforce, how many do you expect to be in that special category?

PM: Yeah, and so that's a process that MBIE; the Ministry of Transport, for transport and freight links; the Ministry for Primary Industries, for food production and processing, are going through and identifying and working alongside those essential industries. So those are all the areas and departments that are working through those lists. Whilst we'll collectively work through who we believe should be eligible, there will also be a process available for those who believe that they may have been missed.

Media: Will you have that tomorrow?

PM: I'll have to check whether the final numbers—but it will be iterative, Bernard, because, of course, we can go through an exercise and identify based on the experience we've had at every stage, and our alert levels helped us identify critical workforce, but it will be a bit iterative. The starting number we have is likely to grow.

Media: Immunologist Tony Blakely is suggesting over-60s should voluntarily hunker down over the coming month to six weeks to avoid the coming Omicron wave. What is your response to that?

PM: Look, I'm not a clinical specialist; so anything that comes down to clinical advice on how the vulnerable should behave I throw to Doctor Bloomfield on.

Dr Ashley Bloomfield: Thank you, Prime Minister. Just to correct: my good colleague Tony Blakely is an epidemiologist. I'm sure he would love to be an immunologist, but he's an epidemiologist. Look, I would take that as his view he's expressed from Melbourne, and my understanding is, I think, he's given advice to his parents. Of course, what that does fit with is our advice—and we gave it early on in the pandemic as well—is that people who are at higher risk, which includes older people, should minimise their contact and the risk that they will come in contact with the virus. And, when there's a lot circulating in the community, it may well be sensible for them to do so by remaining at home, but I wouldn't describe that as hunkering down the next four to six weeks.

PM: I also note that Professor Blakely also acknowledged that, in his view, the New Zealand—quote—"plan looks really quite good to be honest. By increasing those public health and social measures, decreasing density, it will slow it down." And, of course, he comes from the experience of observing in another country different measures, and that is our intent—is to provide protection, as much as we are able to, to all population groups by slowing it down and by providing boosters.

Media: And, just on the "test to work" regime, one rule for the general population and another for those critical workers who may have to go back to work when there has been an exposure event—are you just throwing those critical workers under the bus by sending them back to a place that potentially they could get Omicron?

PM: No. And, of course, as has been said all the way through by the likes of Dr Verrall, a rapid antigen test is a test; it's not a preventative measure. We're still asking and providing advice to workplaces on how to best protect their workforce. Now, a rapid antigen test doesn't stop you from getting Omicron, but mask use—and we've put out more guidance and requirements today to protect workers. Social distancing—and we have a requirement there to protect workers. Boosters—and, of course, workers can be able to take leave to get a booster, paid. These are all measures to help look after our collective New Zealand workforce.

Media: But yet again is the Government asking more of the critical workforce than the general population?

PM: Well, actually, our health workforce have been giving all the way through this pandemic—and, yes, we should acknowledge that. And there are other critical workers who are doing the same—but our job is to make sure that we provide them as much protection as possible, and we are doing that.

Media: Sorry, will medical workers be covered by the—

PM: If you don't mind, I did promise the front row.

Media: Dr Bloomfield, the increase in testing capacity, is that based on pool testing? And if so—

PM: Yes.

Media: —what was the ratio? And are you expecting that to be affected as the number of positive cases grows?

PM: Yes. So pooled for 60,000, then for single it's 30,000—Dr Bloomfield?

Dr Ashley Bloomfield: It's about 38,000.

PM: 38,000.

Dr Ashley Bloomfield: So, yes, as we get to a higher positivity rate, you can't really pool test, because you've got more than one sample often in that pool that is positive. But we still have a standing capacity of around 38,000 tests a day un-pooled, which is good.

PM: And keeping in mind that, as you will see from the phases, when we get to a positivity rate [*Inaudible*] percent, Dr Bloomfield, where you would stop using pooled, we would also likely be considering then the integration of rapid integration tests; so that would supplement and increase our testing capacity when we reach that point.

Media: Just on antivirals, will you do anything to get them into the country sooner?

PM: So you'll know that we acted very quickly on antivirals, often putting in place purchase agreements before they'd even finished some of the processes they need to go through to allow them to be used in country. So I'll have Dr Bloomfield talk a little bit to that.

Dr Ashley Bloomfield: Yes—so the two that we're particularly interested in are the two oral ones: Remdesivir and Paxlovid, the latter being the Pfizer one. And Pharmac acted very quickly—was one of the first countries to get orders in, even before the manufacturing had

started of them. So we have the orders in. We are, of course, dependent on when supply can be provided. And, in the meantime, Medsafe has got some of the information to do the assessment and the approval process for Paxlovid. We haven't yet had an application from MSD around Remdesivir, but we are in regular contact with them to get that. What I would say is the approval process is not a barrier to their use.

We are reliant, as are other countries, and at the moment I'm aware that only the USA in particular has got a supply of Paxlovid that they are, in a sense, trickling out to be used. But that supply is just coming through quite slowly, even in the USA.

PM: Yeah—oh yeah, I'll let you finish.

Media: Prime Minister, Dr Verrall—

PM: Sorry, I'll just—I cut the question off, and then I'll come to you.

Media: Just briefly on Novavax, that's been approved for adults in Australia. Once it's [*Inaudible*] how do you envisage it—I mean, being rolled out as a primary vaccine or as a booster?

PM: They've applied around primary vaccination, but it's been a matter of waiting for them to provide data, as I believe.

Dr Ashley Bloomfield: Yeah, so we've just got another tranche of data from them, and Medsafe have updated me and said probably in about two weeks' time they'll be able to get the formal, independent assessment, and we have regular discussions with Novavax. So we have over 10 million doses as part of the advance purchase agreement. If it's approved, we will get advice on the decision to use and what role it would play in the programme. As the Prime Minister said, they haven't applied for it as a booster; so it would be as a primary course. I know there is interest amongst a group in the population in Novavax, and so we would be putting advice up to Cabinet about whether or not to include it as part of the programme at this point.

Media: Prime Minister, Dr Verrall's statement says that businesses will be able to sell RATs to any authorised person or classes of persons. Could you explain what an authorised person is?

PM: That's a level of detail that, actually, I would need Dr Verrall to work through with you, if I may, but you'll have a full stand-up with her tomorrow afternoon. But feel free to put that query directly to her office in the intervening period, if you'd like. Yeah, so I'll go Henry, then Jo, and—oh, we've got the full complement of TVNZ today. And then I'll finish with Jane then, I think, at that point.

Media: For the testing out of isolation regime, would it cover health workers, particularly health workers at care homes?

PM: Sorry, the—

Media: For the testing out of isolation regime, would it cover health workers, including health workers at care homes?

PM: I'll let Dr Bloomfield.

Dr Ashley Bloomfield: Yes, it could, but acknowledging that care facilities—aged residential care—are a high-risk setting. And it's one of the few settings that we're looking at working with the aged residential care sector around having surveillance testing for their staff—so, asymptomatic surveillance testing. Ideally, those working in situations like aged residential care would not go back to work while they—so they would do the full isolation period, and I think most care facilities would be adjusting staff rosters to enable that. Remember that it's not—it won't be every critical worker that needs to go back. It's really in a situation where you might get in a business—and, in fact, we've had a bit of an example of this that Air New Zealand talked about, Greg Foran talked about, that even just one infected crew member took out quite a number of their crew—I think around 40—and just that one

infection had quite an impact. So it's that situation where it really does impact on the business. So it's not something that would be routinely done.

Media: Would it cover politicians?

PM: What's that, sorry?

Media: Would it cover politicians? If you were a close contact, would you be able to test out of being a contact?

PM: Do you know, I actually haven't given that consideration, Henry. I think, of course, we've been very careful about where we apply the phrase "essential worker", and for the most part many of us, of course, can do our jobs from isolation, and so that would be our consideration. But it's to someone else, actually, to make that decision as to our classification.

Media: Prime Minister, just back on the borders: the Government website currently says the Government's plan to reopen the border will be delayed until the end of February 2022. Can you just clarify whether Cabinet has made a decision about those three phases: Australia; Kiwis coming home from the rest of the world; opening up to the world? Have dates been set yet, and if they haven't, when will Cabinet decide on those dates?

PM: So you'll see that phase 1 was end-Feb, but you'll forgive me if I have to go back and look at the phasing. We didn't do everyone at once from end-Feb, but nor did we at any point with the reconnecting plan. It was always New Zealanders in Australia first, then some staggering to the rest of the world, and then other categories. If we have not, I believe—

Media: So if we take—

PM: —Jo, if you'll forgive me, I'll finish. I believe, whilst we indicated the staggering in March, I cannot quite recall if we gave a specific date within March. So, if you'll allow me to go back, if we didn't, we'll likely confirm the specific date, I believe, in the Cabinet in the following two weeks.

Media: At the time that that announcement was made just before Christmas—that final week—there was no date set. End of Feb was set—there was no date—and then there were dates for the original phasing—

PM: Yes.

Media: —but what I'm trying—I'm sorry; I'm not trying to harp on. But Cabinet—

PM: No, and as I've just said, where there weren't specific dates, we'll make sure that we put a date on it. So we did set indicative time lines and indicative staging.

Media: And when can people expect those—

PM: As I've said, in the next two Cabinets.

Media: So the airlines—

PM: If I might, I'll stick with our current sweep around, but I think the general principle I'd share is we've made no decision to detract or steer away from those guidelines that we already gave at the end of the year. They were very much set as a way of giving ourselves some additional time to continue to boost before Omicron had arrived. Of course, we know now we're dealing with Omicron in the community, and so no change has been made to those settings at this stage.

Media: Russia and Ukraine—how concerned is New Zealand about the escalating situation, and have there been any active discussions or contact with allies or partners about what's happening?

PM: We are deeply concerned, as is, I would say, the rest of the international community. Yes, we have had engagement with others who share our same view on the tension between Russia and the Ukraine and the need to further reinforce the sovereignty of the Ukraine. Just last night, I spoke with the president of the EU Council and shared again our concern and the fact that we would be continuing to watch closely any escalation and

take any steps required to further reiterate our position on the Ukraine–Russia tensions. Same position we usually take: we're seeking the de-escalation, as is the global community.

Media: And could that include sanctions, as we've seen in the past?

PM: Yes. We don't have an autonomous sanctions regime, but we do have other mechanisms that we will use if we see any activity that we believe, you know, is a breach of the Ukraine's sovereignty.

Media: So what are those options on the table or that have been discussed?

PM: You will have seen the suite before. It comes down to things like political engagement; you know, where there are in place aid and development programmes; the ability to travel into New Zealand.

Media: Prime Minister, just on the wedding in Pukekohe, we've been told that up to 250 people from all around the country were there. How concerned are you about this event?

PM: Dr Bloomfield?

Dr Ashley Bloomfield: Yes, I mean, it is a concern. That's why it's being followed up as an exposure event and why we have—if it's the one I think you're talking about—why we have identified it as a location of interest, because there will be people around the country. So we don't have a sense yet of what the degree of risk is, but we're taking a pretty cautious approach there, identifying it as a location of interest, asking people to isolate and be tested immediately.

PM: Again, we'd just keep asking anyone, regardless of whether you were linked to any of these events, if you're symptomatic, if you're unwell, if you have a sore throat, please go and get tested. We've got plenty of testing capacity. It's there and available for people.

Media: Just briefly on the borders, the airlines haven't arranged flights for March and April. Is it really realistic for people to expect there could be home isolation flights in March and April if, you know, six weeks, two months in from now that's the peak of the Omicron outbreak? Could we really open up when we're right at the peak of the outbreak?

PM: Of course, keeping in mind that it is a staged and careful reopening that still requires home isolation, and so that's a really important thing to remember. Many other countries where they've had reopenings, they have allowed people to simply, after an initial test on arrival, move into the community. That is not the decision that we have made. Ours will still require self-isolation and a testing regime attached to it. OK, thank you very much, everyone.

conclusion of press conference