

**POST-CABINET PRESS CONFERENCE: MONDAY, 14 FEBRUARY 2022
HANSARD TRANSCRIPT**

PM: Good afternoon, kia ora koutou katoa. Look, just for those who are tuning in at home, I apologise for the slight delay in the press conference today. I've been advised that we've had a positive rapid antigen test in the gallery. Just to acknowledge that it is a rapid antigen test, so it of course will need to go through the confirmation process of a PCR, because we know that they are not always 100 percent accurate. I do want to acknowledge that the gallery have put in place their own procedures to manage the news, so I just want to acknowledge that obviously not everyone that we usually would have in a gallery press conference is here, and I also acknowledge that everyone sitting in front of me is spaced out and we've left the first two rows clear as well, given that we haven't got masks in use at the front of the room. So just want to thank the flexibility of the gallery, and acknowledge the procedures that you've put in place for your own safety.

Today, Cabinet confirmed decisions around the next stage of our Omicron plan. Around the world, over the past few months, we have watched Omicron cases grow sharply and quickly. And while its trajectory in New Zealand has been slowed by strong booster numbers and our traffic light protections, we are now seeing the increases that ultimately we did expect. This is what we planned for. While cases may seem high now, we are still early in our Omicron outbreak, and cases we do expect to grow further. As such, more people will come into contact with COVID, either testing positive or becoming a close or household contact. We know that the vast majority of vaccinated and boosted people who get Omicron will have mild symptoms and will be able to get well safely at home. This means we can move our focus to a phase of greater self-management for most New Zealanders as we shift our systems to those most likely to get seriously unwell, those who need more help, and to preserve our hospitals for those who need them. This does signal the start of a disruptive phase for many, and so our system also tilts towards minimising that disruption while protecting our most vulnerable.

That is why today, I can confirm that New Zealand will move to phase 2 of our Omicron plan from 11.59 p.m. tomorrow, Tuesday, 15 February. Just a brief outline of what happens at phase 2 and what it means for everyone. First, probably most important, point is the period for self-isolation reduces. The period of self-isolation for people who test positive for COVID-19 reduces from 14 days to 10 days. The period of self-isolation extends to their household contacts, so that means 10 days for them as well. We'll also enable that to be served concurrently. Now, that removes the potential for people in the same household as a case to have to isolate for long periods of time unless they themselves test positive. This is a significant change. It ensures household members only isolate for the period of their family members' 10 days of recovery—unless, of course, they contract COVID themselves. The period of self-isolation for close contacts reduces from 10 to seven days. That applies across the board, including at MIQ, noting there may be a few days needed to operationalise this change. That means those who are eligible to travel into New Zealand from Australia on 27 February will only be required to isolate for seven days.

These changes that we're making are based on good supporting evidence. We've seen in the last few weeks—and we've been taking a look and a close analysis of what's happening with transmission of Omicron amongst our close contacts in our households. And we've seen that 90 percent of household contacts who are going to test positive do so in those first 10 days—so there's good grounds for the changes that we're choosing to make now.

Here, though, I would encourage everyone to be developing a self-isolation plan. This includes identifying a buddy who can drop off essential items if needed. Anyone, of course, though, who experiences symptoms that get worse while they're isolating—particularly breathlessness—of course, we're still encouraging to call Healthline immediately.

Secondly, at phase 2, the close contact exemption scheme begins. Overseas, we've seen that large-scale spread of Omicron disrupts supply chains and the ability of critical services

to keep functioning at 100 percent. So to ensure we can keep our critical workforces going over the next few months, this scheme means asymptomatic, vaccinated close contacts can keep going to work instead of isolating if they return a daily negative rapid antigen test.

Businesses have already been getting themselves ready in doing their self-assessments against criteria to join the scheme, and we've had a total of 5,620 so far. In discussing those applications or those who have already joined the scheme, very much in areas where we've expected, including the likes of food production. Once a business has signed up to the scheme, an employee who is a close contact without symptoms will be able to go to a provider, such as their local community vaccination clinic, and secure a pack of 10 rapid antigen tests (RATs). In some cases, rapid antigen tests are being supplied directly to large-scale critical workforces.

We've secured enough rapid antigen tests to deal with a widespread Omicron outbreak, with 7.2 million currently in the country and more arriving over the next week. While cases will still be diagnosed by the more familiar PCR tests, in the spirit of speeding up our work to rule out the virus, RATs will start to be used more widely, including in the close contact exemption scheme and throughout high-risk settings, like for visitors to aged-care facilities as Dr Verrall set out earlier today.

Number three, the other key thing people will notice at phase 2 is the greater use of digital and automation to speed up interactions. For example, a case at the start of self-isolation will fill out an online form for themselves and their household contacts that will help the health service work out whether or not support is needed. Now, we also ask to send in their likely contacts. Close contacts will receive a text notification and will then need to isolate for seven days and have a test on day five. There are alternatives in place for those who aren't able to connect digitally.

We currently have nearly 5,000 active COVID cases, and 39 of those are in hospital, none in ICU. But, of course, it follows that as cases increase, so too will hospital admissions. And so my most important message from this period carries through to the next: get a booster if you haven't already. While 1.9 million New Zealanders have had their booster, 1.2 million who are due have not. It's very clear that the job is not done. Omicron is here and, increasingly, entering our homes. And as you firm up your household Omicron plan, make your booster the first thing you do to protect yourself and vulnerable people you know from getting the virus. The third dose makes the difference.

Knowing where the virus is remains critically important as we continue at, phase 2, to minimise the spread and disruption to our workforce. So, just like always, if you have COVID-19 symptoms or you've been in touch with someone who has tested positive, isolate immediately and get a test. Just like with previous variants of COVID, our goal is to still break those chains of transmission, and isolation remains one of our most important tools to do that.

This is why our COVID-19 Protection Framework and our current setting of red and the protection it provides is so important at this moment in time as our cases grow. There is no change to the traffic lights: schools, workplaces, and everywhere else remain open and able to operate.

And so we are embarking for the first time in the two years since the start of the outbreak into a period where New Zealanders will see more COVID in the community. It is a period of disruption and, I note, of risk, and it will be nothing like we've experienced to date. But our efforts with vaccination mean we have got to this place without the volume of serious illness and death that so many others have experienced. But it will be new, and so now is not the time to give up. The way to handle this period is the same as the previous times: get tested, get vaccinated, and isolate if you're sick. And still—as always—be kind and respectful. I know there is COVID fatigue, but I also know that no one wants to let go of the freedoms we've gained from uniting and protecting one another. We need respectful discussion and tolerance as we navigate this next phase together. Now, happy to take your questions.

Media: How long will it be before people will be able to buy rapid antigen tests?

PM: Perhaps I'll ask Dr Bloomfield to join me. This is one of the things that we have been discussing throughout the process of ensuring that we have enough rapid antigen tests available for, as you'll recall, everyone who is symptomatic, every close contact, vulnerable members of our community, and our critical workforce. Beyond that, we do want to see the wider availability of rapid antigen tests. We need to ensure we've got the supply to meet those needs, and then, you'd see that wider availability. And that is part of Health's plan.

Dr Ashley Bloomfield: Just to add to that, we're working on the advice around that, and it's very much dependent on when we're confident around supply and, also, when it fits with our broader response. At the moment, even though the plan is to move to phase 2, the number of cases in the community—especially outside of Auckland—is still very, very low, and so the role of rapid antigen tests is very much confined to supporting that close contact exemption scheme.

Media: You've done the orders. You should know a time frame as to when the public will be able to go out and feel safer and buy the RAT tests.

Dr Ashley Bloomfield: Well, rapid antigen test access may be part of people feeling safer, but at the moment, as we've just seen in the gallery today, sometimes it can spring a result that you don't necessarily expect. The key point here is that the final week of February is when we know we've got quite large orders arriving—they're coming through over coming weeks—so then we'll be more confident in our supply. But it also depends where we are in the outbreak at that point in time as well.

PM: Two quite—and, finally, on that, Barry, two quite variable factors on that is issue is just simply the rate of cases we have in New Zealand, because that, of course, then means you'll have more symptomatic people to test, and we need to make sure that we can provide that through all of our usual places. And the second variable is just the ability for those that we have ordered for to deliver on those orders. But it is something we would like to have the best of both worlds: the ability for everyone who needs one to get one, and then the ability to be able to purchase them as well.

Media: Can I just ask you also, with your mantra of kindness, was it kind for Trevor Mallard to turn soakers on the lawns of Parliament last Friday night, when it was beginning to rain and women and children and others were there?

PM: Sorry, you're referencing the sprinklers?

Media: Yeah.

PM: Look, ultimately—and you will have heard me speak to this this morning—there are two areas of jurisdiction here. For, obviously, the safety of everyone in Parliament and the grounds of Parliament—yes, that falls to the Speaker. He of course is in close contact with the police, who have the responsibility of upholding the law and ensuring that everyone is safe. Now, I'm not here to pass judgment on the way that either of those do their job. What I have certainly said is what my view of the protest is and the fact that it has stepped, in my mind, beyond the protest, given that we have seen the ongoing harassment and intimidation of people who are trying to go about their daily lives. So that, for me, steps beyond protest.

Media: I've been down talking to the protesters today. They said that they would like to talk to somebody in Government. Would the Government entertain seeing a delegation of people from the protest out front?

PM: So let's be really clear: from what I've seen in writing today from those who continue to occupy the forecourt of Parliament and cause an inability for those in Wellington to currently move around freely, their request and demands of the New Zealand people is that all public health measures are removed. That means at the very point where we're seeing an increase in cases and an increase in risk to the public health and wellbeing of New Zealand, they want to see removed the very measures that have kept us safe, well, and alive. You'll forgive me if I take a very strong view on that suggestion.

Media: How long do you see us being at phase 2 for?

PM: Yeah, so we have talked generally about our expectation that phase 2 could be between anywhere between the 1,000 and 5,000 cases a day, but we will keep a watching brief on whether or not we need to move sooner. But for the public's perspective, what changes between 2 and 3 really is just around the kinds of tests you might receive if you're symptomatic and the way we define contacts. For the most part for the New Zealand public, they are subtle changes to make sure we're doing everything we can to give the care that people need, should they have COVID.

Media: And it seems to move to more of a, you know, positive contact—a positive case has to identify their contacts. Can we trust Kiwis to do that contact tracing appropriately and properly?

PM: Well, ultimately, actually, all the way through our approach on COVID, we've always relied on people sharing with us information that helps us keep their friends, colleagues, and loved ones safe, and I believe we'll still be able to rely on people to want to do the right thing.

Did you have anything you wanted to add on that?

Dr Ashley Bloomfield: The only other comment I would add—I certainly endorse the PM's comments around trusting people to do the right thing. The only other comment would be that phase 3 is not an inevitability, and the objective through both phases 2 and 3 is to keep the curve as flat as possible. We know that the cases will keep going up and we want the peak to be as low as possible, because that will be the key driver of disruption, both to our health system and, of course, to our critical services. So the objective remains the same; it is just simply how much we follow up, are able to follow up people, the requirement on people to self-isolate, and the type of tests we will use.

PM: Forgive me—forgive me; I feel very rude not knowing everyone's name. Yes?

Media: Kristin, One News. You've said that more RATs are coming beyond the 7.2 million. How many are coming?

PM: Oh look, Kristin, we actually were looking to provide a more regular update for everyone. So I get a dashboard, and we were looking to provide that publicly. So, off the top of my head, we have 7.2 million in country now. We're expecting another million this week. My recollection is another 3 million in the coming weeks. Those, of course, are the expected deliveries. We have additional on order as well. Dr Bloomfield, do you have the breakdown in front of you?

Dr Ashley Bloomfield: Just one thing to add. Confirmed to the end of February is 22.5 million in total.

Media: And how long are you expecting that current lot of 7.2 million to last?

PM: Well, of course, that's what we have here already now and ready to be deployed and used for the exemption regime to keep people in their critical work and also, as we see additional testing pressure—as soon as we see, for instance, wait times increase or processing increase for PCR, we're all ready to go with rapid antigen tests to supplement that.

Media: Are any MPs or Ministers caught up in this press gallery case and are having to isolate?

PM: Well, of course, as yet, given that that rapid antigen test was only returned, as I understand, this afternoon, public health obviously have not yet been able to make contact, and so that's why, I understand, you've taken measures yourself while you're waiting for that to be done. I imagine that also they will be looking for a PCR to confirm that it is indeed a positive test, because 80 percent of the time, on average, they're going to be right, but 20 percent they're not.

Media: So no Ministers or MPs are isolating as a precaution at the moment?

PM: Look, it's too early for them to have been advised at this stage if they were.

Media: Prime Minister, you've called on Kiwis to make a self-isolation plan. Do you also think, in the name of protecting the health workforce and whatnot, it's probably time for individuals to sort of resort back to, you know, lockdown mode individually—you know, make their single plans about who goes to the supermarket, stay at home as much as possible, and all the rest of it, or should they just continue to live their normal lives?

PM: It's a great question and I'm going to make use of Dr Bloomfield for the answer.

Dr Ashley Bloomfield: Thank you, Prime Minister.

PM: He's laughing because it's not often that I hand a clinical question over.

Dr Ashley Bloomfield: The key thing about our current settings and about the COVID protection framework compared with the previous alert level framework—it is designed, along with our vaccination rates, our booster programme, and all the other measures, our public health measures, to keep people safe so that they can go about their daily business as much as possible. That's also the intention of, of course, the introduction of the critical worker exemption scheme. So the idea is that as few things are disrupted as possible. So of course my recommendation is that people take all their precautions, but there's no need to sort of isolate to the same extent as we did previously, because we have got those high vaccination rates, we've got our COVID protection measures in place, and our public health measures are also making a difference.

PM: It's actually a really good point to make. The reason that we have the COVID protection framework in place is so that people can go out with confidence, knowing that when they go to venues or public places that there are social distancing measures, that people will be asked to use masks, and that actually enables people to have more freedom and the ability to move more freely because they can have confidence that those measures exist. If you didn't have them, I think we'd see a larger number of people choosing to retreat and less likely to be out and about than they otherwise might.

Media: Prior to the weekend we saw much sort of slower growth in case numbers. Now it's going more vertical like it did overseas. Do you think that that pattern of sort of doubling every two to four days is what we should expect over the next week or so, or do you think it could slow down again?

PM: Probably. I'll give two quick background response and then give it to Dr Bloomfield to give his views on what we can expect. One thing that we're keeping in mind is that sometimes you'll recall in the notification of cases they're not always smooth. So I think probably what we saw on Saturday would have been cases that we otherwise might've seen for that period that we were a little flatter. So that's one point to make. On the numbers overall, though, had we been following a similar trajectory to the likes of New South Wales, if you take into account the difference in population and the time frames, if we were on their trajectory we would have 17,000 cases by now. So that clearly demonstrates that we have successfully, as a team, slowed down Omicron. That's not to say that we will always be able to slow it down, but that has enabled more people to be boosted, to get ready, and to have their plan, so that does make a difference.

Dr Ashley Bloomfield: Just one thing to add. The vast majority of our cases, as you will have seen, are in Auckland. So we've got a two-speed outbreak, really, and I expect that the outbreak will continue to accelerate at that same pace in Auckland but not so much in the rest of the country. And just to reiterate what the Prime Minister said, actually there was a bit of a catch-up in the numbers yesterday, and that's why, again, the jump isn't quite so big again today. We had a backlog of some cases and we're now using our national contact tracing system number through this week to give the most accurate case number.

Media: Are you thinking of it like, "We are successfully flattening the peak.", or "We've just pushed it back."?

PM: I would say that it is too soon to know. What we know is we have successfully slowed it down relative to other countries for this point in time. So if you look back at the time at which Omicron was discovered till now, we have slowed it down. That's not to say that we necessarily will see a shallower peak as a result. Only time and boosters will tell us that.

Media: Just going back to Ben's question earlier about people's behaviour. Are you confident that people are going to, and are, just kind of carrying on with life as they should, because, certainly, talking to businesses, even just out on The Terrace, people are really feeling the impact of businesses not letting their employees come in even though there is no reason for them not to be at work?

PM: Two things. First a reflection on overseas where we've seen that there have been periods where people have, even if there haven't been public health restrictions in place, chosen to change their behaviour. That seems to last a particular period of time before it abates, and it doesn't seem to necessarily be that case numbers determine the change in people's behaviour. It seems to be just a period of time where then people eventually then decide they're going to go back to their normal way of living. So we're yet to see if that will play out here. One thing I would say is at the moment economic activity is relatively stable but not in all sectors. We have seen some sectors, particularly hospitality, where they are significantly down. You will have heard the Minister of Finance say that we have been keeping under constant review the impact of the COVID protection framework on particular industries. He is working on measures that are highly targeted, one-off, and short-term to address those issues where the COVID protection framework is having an impact on those businesses, and we'll have more to say on that very shortly.

Media: Are you also hearing anything in terms of people who are choosing not to scan in as regularly or at all because of the likelihood of finding themselves at a location of interest and the impact that will have on them being able to go to work and bring money home?

PM: Sure. I actually think probably this is a helpful time to talk a little bit about the way that we'll be identifying contacts in phase 2. In phase 1 we were trying to reduce down and slow down—and we've successfully done that—the spread of Omicron. At each phase we recognise that with more contacts, there's potentially the chance of causing much wider disruption even though you're still only picking up a smaller percentage of cases. So I'll have Dr Bloomfield give you a bit of a description around how we'll change up what is identified as a high-risk location.

Dr Ashley Bloomfield: So as we move into phase 2, our contact tracing system, in terms of formal notification and where we put the effort, will focus on places like aged residential care, corrections facilities, places where there might have been the risk of a super-spreader type of event—so a lot of people in a confined place. But we won't be following up nor expecting people to isolate if they have, for example, been in a hospitality venue, just generally in that place—so, for example, a cafe—unless they might have been in the party where there is the case. So we will be relying on people to notify the people who were at their table, seated, not wearing masks, but the risk now that we're moving into the manage-it phase is low. We can see that from our own data. So we won't necessarily be asking everybody in that, including the staff, to isolate. And I think there are two reasons why people perhaps aren't going out. One is they don't want to get COVID, so they're genuinely looking after themselves, but also, you're right, they don't want to necessarily be identified as a close contact. And you will see this shift. So it will be less disruptive for people. It won't be just because you're at a cafe and there happened to be a case there for a period of time that you will have to isolate, unless, of course, you were in that small group that the person may have been with.

Media: Can I just ask one last thing on that, because you've brought up sort of the mindset and how people are thinking about this. To a certain extent, do you think, I guess, the success of New Zealand's elimination strategy and the fact that people went out—whether you're using the word “got motivated to” or “fearful of Delta”—and went and got vaccinated. You know, people kind of see COVID as this horrific thing, and now we're into that peak of

“We’re going to live with it. It’s going to be there. It’s going to be part of your life.” What sort of an impact do you think the past strategy is actually going to have on people’s mind-set moving into the next stage?

PM: Do you know, my honest take is that New Zealanders are highly adaptable. We’ve moved so quickly through every different phase that we’ve encountered and been very, very quick to take on what the latest advice and guidance is. So, yes, this is a different phase, but I think New Zealanders are ready for it. I think they know that what we’re dealing with in Omicron, yes, we need to be vigilant and we don’t want to be cavalier, but I think we also recognise that it’s very different than the other stages of the pandemic that we’ve had. We have protections now that we didn’t have before.

Media: When will not critical but needed workers, like teachers, get clear information about where and how to access RATs?

Dr Ashley Bloomfield: Right, well, critical workers, which includes hundreds of thousands of them, will be able to once we move to phase 2—if it is required because of pressure in their workplace to maintain a service. So it’s not a default; it’s if there is high absenteeism and that exemption needs to be brought into play so that people can go back to work safely. In terms of teachers and in other settings, we’re in constant conversation with our colleagues in Education and, indeed, across Government. There may be specific places where it will be possible to, or it will be necessary to, use rapid antigen testing, but we also, of course, want to make sure that we’re not putting the students at risk there. So we will be, our public health units will be, working with Education colleagues, with schools in particular situations.

Media: And when will locations be revealed for [*Inaudible*] RATs pick-up and drop-off points?

PM: So, for those who need them as part of the critical worker exemption scheme, they’ll be notified of the nearest place to go and pick up their pack of 10 rapid antigen tests, but, by and large, they’ll be at the places they’re all familiar with: testing stations and the like, or local vaccine providers. In some cases, where actually there’s a large number of critical workers and it’s an obvious critical workforce, we’ll be providing the rapid antigen tests directly to the employer.

Media: And that system is already under pressure. Are you expecting to see more of that?

PM: Sorry—PCR testing?

Media: Yeah.

PM: No—no, actually, we have additional capacity for our PCR testing. And that’s one of the things I would encourage people now. We have the capacity to do many more tests than we are. Even if that testing comes under pressure, we already have rapid antigen tests distributed and ready to utilise. Please, if you have symptoms, get a test. It’s really important for you and your family.

Media: Businesses in the CBD affected by the Wellington protest—having to close early, can’t get stock through, things like that—are you considering financial support for them?

PM: I think the first thing and most important thing that can be done for those businesses inner city in Wellington that are being affected is to remove those things that are disrupting or causing consumers or customers to be away from those areas. We’ve raised directly with the Police our concerns on behalf of businesses. You can see today that they have prioritised the removal of vehicles in those areas that are causing blockages. They have been undertaking foot patrols to create a greater sense of security for people to begin moving around and, we’ve been advised, will continue to do work to make sure that people can move around the city more freely.

Media: Have Police moved quick enough, in your view here?

PM: As I've said previously, I very clearly have a view on the protest and the way that they've conducted their protest, because it's moved beyond sharing a view to intimidation and harassment of the people around central Wellington. That cannot be tolerated, and I'm pleased to be advised from Police that they're taking steps to address that, but ultimately the management of the protest is for the Police.

Media: How prepared do you think the nation is going into phase 2? Are you confident with the amount of tests that are available, rapid antigen tests that are?

PM: Yes. I think generally what I'd say is that New Zealand is, you know, far better placed than many other countries have been, because we've had time, and that's been time not by accident but through the work of every New Zealander, our border workers, and our health workforce who have helped vaccinate hundreds of thousands of New Zealanders. When you look at our booster rates, when the likes of Australia were at a similar point in their outbreak, you know, less than 10 percent of people boosted. The fact that we now have 60 percent of the eligible population, more than 85 percent of our older New Zealanders, that puts us in a really good position, but we want even more people to be prepared.

Media: Businesses are registering for tests to return. Do we have any numbers on that and how long that process is taking?

PM: Yeah, so, of course, remember that the way that we're running this scheme is that people self-identify, and so already we've had self-assessments conducted by 5,620 businesses. So it's a self-identifying process with declarations, we'll go through and do a periodic check to ensure that it is operating as we expect, but that is what makes it a much faster process.

Media: OK, and just lastly—

PM: I'll give you a last one.

Media: Why is there still a ban on unvaccinated Kiwis wanting to sit practical driving tests when there are rapid antigen tests and masks readily available for the testing drivers?

PM: That would be obviously a decision by NZTA, not something that Government has centrally taken on. So that would be a question for that agency. You'll know, of course, that we've taken a very firm view on students more generally and their ability to be supported to engaged in education, engage in exams, regardless of their vaccination status. And particularly, you know, I have seen some misinformation around the treatment of children. Children will never be mandated to be vaccinated, and nor will there be any effects on them or impact on their ability to attend, for instance, a school trip that could ever imply a mandate. We're very, very clear on this. But for that specific question, it would be one for NZTA.

Media: Could I ask a question, again, about the importance of the Bluetooth tracing system. We've seen from the Ministry of Health that there were only about a thousand people pinged between February and January—February of last year and January of this year. It seems a low number. Why is that number so low, and given what you've told us today about the way that contact tracing will be undertaken in phase 2, how useful now is Bluetooth?

PM: Dr Bloomfield, do you want to—I mean, broadly, I'd say of course it's been used before to also ask people to monitor their symptoms if they've been identified as being in a vicinity. We are replicating that through the systems that we have here, but doing it for a group of people who don't necessarily have their Bluetooth function on. So we of course have to build a system that works beyond this technology because not everyone is using it.

Dr Ashley Bloomfield: Yes, so on the first question—well, comment you made—about it not being used very much through the last 12 months. It certainly wasn't used very much through the Delta outbreak, in the early part of that. But, actually, I just had an update from my team this afternoon, and the expectation is—they'd done some analysis and the expectation is we will use it through into phase 2, until the numbers start to get quite high. It does have some utility because it can let people know, perhaps even faster than they may be contacted through normal contact tracing lines—processes.

Now, the number of people who then go to self-identify as close contacts is relatively small, but our sense is there will be others who will have received the notification and will take action anyway, which does reduce the likelihood of onward spread. So it certainly has some utility, but we would likely phase it out towards the end of phase 2.

PM: Yeah, down the back.

Media: Prime Minister, you mentioned PCR tests before. How concerned are you people who are symptomatic or close contacts won't want to wait in day-long queues, like we've seen in some parts today.

PM: I'll have Dr Bloomfield speak to that, because we were just discussing the issue of whether or not we had congestion in some areas around PCR testing. We do still have the ability to process a large number of tests. But if we have a sudden additional influx of people coming in that they haven't seen in the day prior, it's simply whether or not the staff are then immediately available in that moment.

Dr Ashley Bloomfield: Yes, so I know there was quite a lot of heavy demand, particularly in parts of Auckland today—I suspect off the back of that high number yesterday. People got the message. It's good if symptomatic people are going and being tested; that's great. And, of course, I do also know that our colleagues in Auckland are very good at ensuring they put on staff when queues do form. There is still capacity in the system, as the Prime Minister has said, and we want to use that capacity to the greatest extent possible.

PM: Yep. Sometimes, we just get an extra surge, and it means that we need to make sure we've got the staff in the places where people are coming to be tested. We're not yet at a point, though, where we have hit our capacity in our labs at this stage, and if and when we do, we have rapid antigen tests ready to roll out.

Media: Are you concerned that will mean people won't bother going if they're having to wait for hours on end?

PM: Oh certainly, I would say to people that we do have those extra mechanisms. We try and respond very quickly with those additional staff. Of course, anticipating where we're likely to see extra people come on—I mean, we've been anticipating all the way through that we'd have that extra surge, and in some places, it hasn't arrived. Now we're seeing it, we'll respond with staff and, where we need, with rapid antigen tests as well.

Media: I just wanted to ask about contact tracing. There's been 130 locations of interest known at this time. Has our contact tracing system been able to keep up with the caseload over the last couple of days? And will those 2,000 or so cases that were identified since Friday—with the move to phase 2, are the contact tracers still going to try to do them the old-fashioned way, or are they sort of getting pushed to phase 2?

Dr Ashley Bloomfield: So, at the moment, yes they are still working on following up those exposure events that require a location of interest. There is—they have got a little bit behind because there's a large number, and again, the key thing they prioritise is making sure they are reaching out to all the cases, that they identify their close contacts, and that those very close contacts—particularly households—and that those people are isolating. In the meantime, our national contact tracing teams are following up all those other exposure events that the public health unit's assessed as having some risk, and they will go up as locations of interest. So, we'll maintain that until we move into phase 2, and then it will be focused very much more on those higher-risk exposure events.

PM: What you can see from—what's been really helpful is over this period, the public health teams have been able to undertake some analysis of those locations of interest, where we've been isolating contacts, and then the number of positive cases that have emerged from those locations of interest. And that means that in phase 2, we're now ready to really understand what a genuinely high-risk location is where we're more likely to see positive cases come out of it. So, it means that we're not just narrowing based on, now, caseload; we're actually narrowing based on evidence too. Which is a good place to be.

Media: And in terms of booster shots, I mean, the number of cases obviously is much higher than it's ever been before. If someone were to go in for a booster today, at which point would that booster actually start helping them?

PM: Two weeks.

Dr Ashley Bloomfield: Well, it starts helping immediately, but full immunity after two weeks.

Media: So does that mean for a lot of people, it will be too late?

Dr Ashley Bloomfield: Never too late. Very important that if you are due your booster, to go and get it. It's—no time like now.

PM: Best day to get your vaccination booster was yesterday, the next best is today.

Media: You mentioned that if you see that you were in a location of interest, you might not necessarily need to isolate. What would you say, then, to all those people who've been diligently checking the locations of interest? Should they contact someone to check whether they were close enough?

PM: So yeah, few things I'd say there. For everyone who currently is isolating because they've been identified at a location of interest and identified as a contact and they've been isolating and planning to isolate for 10 days, they can move to the settings that'll mean just for seven. So just a point of clarification there for anyone who's in that scenario. They'll already have contact with public health units though, who will make sure that they're really clear on their exit date for anyone that's in that scenario. For those who are going through diligently and looking at locations of interest, you'll already see that the public health units designate whether or not something is considered a place where they're requiring all people to be treated as close contacts. So, what you'll continue to see is that identification of those locations of interest in that way.

Media: So, we shouldn't self-isolate until someone contacts us to say we should?

PM: Essentially, we will be running a system that does mean that you'll get an electronic notification because people will be telling us who their close contacts are, they'll be telling us those high-risk locations of interest, and then electronically, people will be contacted.

Dr Ashley Bloomfield: But in the meantime, if yes, people are looking at that updated list of locations of interest, and they were at that location of interest at the time and place and the advice is to isolate and get a test, then they should follow that advice.

PM: Just to be clear that there's always guidance that sits alongside it. So if someone says, "I was there", there's already the instruction about what to do if you were there. And in some cases, people do see that online or in a newspaper before they get a phone call or a text.

Media: And how do we ensure that there isn't some sort of "ping-mageddon" type arrangement, like we've seen—

PM: Yeah, and look, we've—this is where we have again the advantage to look at what's happened overseas. We saw that happen overseas. We now have evidence that helps us determine, actually what are the places we really need to worry about? It is ultimately household contacts.

PM: That's where you're most likely to get COVID, is if someone in your family does, and then it's a cascade from there. You see now that we're moving into a phase where there will be more people in our community who may have COVID before they've been isolated, we are now narrowing the way that we are treating some of those venues, based on the evidence that we have. So we believe that, yes, there will be people captured by that, but we're narrowing it from where we were in phase 1, now that we're in the management phase.

Media: And not using Bluetooth will make that ping-mageddon much less likely?

Dr Ashley Bloomfield: So most notifications are through the normal NZ COVID Tracer app, but what happens is when people release their data, the places they've been, it goes to the Ministry of Health and then our team does a risk assessment to see whether or not to send on a notification. So that helps us triage and titrate really whether or not people are notified. So as we move through the phases we can avoid the—

PM: Ping-mageddon.

Dr Ashley Bloomfield: Ping-mageddon. Likewise with Bluetooth, although there's much less use of the Bluetooth, but we will still be using it until the point in time where it clearly loses its usefulness.

Media: On behalf of a few other outlets: Phil Goff has decided not to run for Mayor of Auckland again. Has he talked to you about this? When did he talk to you about this? Could he be in line for a Government-appointed role? And are you keen for Aucklanders to vote for Efeso Collins now, as the only Labour member running for mayor?

PM: OK, quite a few questions in there—

Media: Sorry.

PM: —I will try and capture generally. Firstly, on whoever becomes the candidate that is endorsed or supported by the Labour Party, that is a process that goes through our New Zealand council and that is yet to be undertaken, so I'll let the Labour Party and the New Zealand council go through that process. On Mayor Phil Goff, I am aware or was aware of his plans, and as you can imagine he's someone that I've known personally for a very long time, so that's probably only natural that I was aware of his plans. For today, rather than speculating too much around what might happen for Mayor Goff in the future, today I would just like to acknowledge his service—you know, being a politician for the number of years that he's had, whether or not that's been in central government or in local politics. And as my first boss in politics, I can personally attest to the fact that Phil Goff is a man of great integrity who has always focused on service to New Zealand, so I just want to acknowledge that today.

Media: To the director-general, can you confirm that 66 percent of active cases are Māori and Pasifika, and, if so why are you refusing the Māori vaccine strategy?

Dr Ashley Bloomfield: What I can say: of the active cases the two largest ethnic groups of our current active cases are Asian, and that reflects those initial exposure events in the Indian community, and then, secondly, the Pasifika community. Actually, reflecting on the cases notified in the last two days, the proportion of Māori is relatively low. Secondly, to the question of a Māori vaccine strategy, we have taken from the start a very strong strategic approach to ensuring that we get Māori vaccination rates up as high as possible for both adults and tamariki, and it's great to see that that is paying dividends with over 90 percent of Māori 12-plus having had their first dose; 85 percent fully vaccinated; making good progress on boosters; and we have a lot of work under way, including specific initiatives, to get our tamariki Māori vaccinated.

Media: Prime Minister, you said that there—

PM: Sorry, what was that?

Media: A one-person outlet that couldn't be here because of the testing, thank you. You've said that are 5,620 businesses registered in the close contact exemption scheme.

PM: That's what I've been advised, yep.

Media: So how many workers does that involve and can you guarantee it will prevent supply chain disruptions?

PM: So, firstly, unfortunately I cannot give you a further breakdown of how many of those businesses have critical workers within them. Keeping in mind, you might be a critical business that actually has some workers who are able to work from home but only a portion who need to be on site in order to keep supply chains operating. Certainly, what I can say is

that this is designed to be able to support businesses to continue operating. However, if a significant portion of your workplace has COVID, then that will cause challenges and constraints. So that's why the best first step will always be infection prevention controls; supporting workers through social distancing, mask use, and hygiene on site; and we're doing everything we can to support businesses with information and assistance in building contingency; and, of course, doing all we can to slow its spread down in the wider public.

Media: There are already people who have had to isolate in cars due to household overcrowding in Auckland. Apart from MIQ-ers, is there a need for other types of accommodation so families can safely be separated?

PM: So we, through this period, absolutely acknowledge that because we will have higher rates of cases in our communities, where before we've been able to provide alternate accommodation so that a case can leave their home, we won't be in a position to do that in the future. What we absolutely, though, have said is that no one should isolate in a car or in an inappropriate place to recover and be well. So if anyone does not have their own accommodation—if someone lives in their car, for instance, and has COVID—yes, we will do what we can to make sure someone has an appropriate place to recover from COVID.

Media: Just a final question: can you tell us the price of tomatoes?

PM: Ooh, tomatoes. Well, I tend to get —without going into too much detail, I tend to get the boxes of the little ones because my daughter likes them in her lunchbox, and I think the last time I got them, they were—oh, I think from memory they were over \$4, I think, the last time I got them.

Media: Yeah, I think they're around they are around \$7 at the moment for a kilo.

PM: Yeah, these are just the baby ones. OK.

Media: Dr Bloomfield—

PM: That was more information than any New Zealander needed to receive about eating habits in my household.

Media: Dr Bloomfield, do we have an update on Māori tamariki for five to 11 vaccination data?

Dr Ashley Bloomfield: Yes. The latest data I've got to report here is—from the top of my head, it was 26 percent of tamariki Māori are vaccinated. The one thing I would say is that from last December, we've been working—our teams have been working really closely with iwi, the Māori Council, and our Māori providers to plan the approach to ensuring we get high vaccination rates amongst tamariki Māori, and one thing that's been really clear—and this was the same with the conversations within the work to vaccinate adults—is it can take time and it's important to establish that relationship of trust, and that can take more than one conversation. So they've been very clear about wanting to do the groundwork with us, and, as I say, there are a number of initiatives that are now under way to support the vaccination of all children, including tamariki Māori. The highest—the places where most children are being vaccinated are still general practice and pharmacy, and then we see a range of other places as well. So we're working with all those locations to make sure they are being responsive to all our children.

PM: And we'll finish up here.

Media: Yeah, just on the protest: obviously, there have been multiple threats of executions and hangings. A white supremacist has been arrested after saying he was on his way to a public execution. At the moment, access to Parliament grounds is not being controlled—anyone can go in and out with whatever they want to bring. Are you concerned that someone might bring a weapon on to Parliament grounds?

PM: Look, you know, my concern is actually the safety of everyone who lives and works in this part of Wellington, be it politicians, be it public servants who are just trying to go to work to do a job on behalf of all New Zealanders, or be it schoolchildren or businesses. We

have of course shared our concerns with the Police around the fact that we want people to be able to move freely and safely, and that is a big focus for us and we've relayed that to them.

Media: So is there any plan to control access to the grounds at night?

PM: Ultimately, the decisions around the security arrangements and the movement of people does fall on the New Zealand Police, but we have raised with them our concerns that Wellingtonians—that anyone in the vicinity; not just politicians but everyone—should be able to move around freely and safely, and that really is when a protest moves from being a protest to being a source of harassment and intimidation.

OK, thank you, everyone.

conclusion of press conference