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HANSARD TRANSCRIPT

PM: Kia ora koutou katoa. I'm here today to set out the next set of changes to our COVID-19 settings in New Zealand. After two long years of living through a pandemic, it's easy to lose sight of how far New Zealand has come. This exact day two years ago, Dr Ashley Bloomfield announced from over at the Ministry of Health that we had 36 new cases of COVID-19. Half at that time were from overseas travel, with the exception of the Queenstown World Hereford Cattle Conference we all remember so well. We could contact trace 50 new cases a day back then. We hadn't locked down yet, but the early signs were there. In fact, on 23 March, we reported two new community cases, including one in the Wairarapa. I will forever remember that case because, prior to that time, we could link the origin of every case to the border. That meant we still felt like we had some kind of control over COVID, but when we learnt about the Wairarapa case, we couldn't. I remember asking all sorts of questions, trying to find the border link. In fact, one official asked me if I would like to interview the case myself. I said I would—before realising he was joking! As it turned out, that was indeed the first sign that we had community transmission.

Days priors, we had designed the alert level system, introduced it via a live national broadcast from the Beehive, and within days we were in a nationwide lockdown. I've often been asked whether that was a hard decision. In my mind, it was not, because we had no other defence, no other way to protect each other. There was no vaccine, there were no antiviral medicines, there was very little data to tell us which public health restrictions worked and which did not; so we built our own defences, and we hunkered down. But those defences were blunt. They were hard, and they were always intended to be temporary, not because we would get tired and want to move on but because with time came other tools to help us look after one another; tools that weren't as blunt and weren't as hard to live with.

Now, that doesn't mean the transition has been easy, but it has worked. At the end of the first year of the pandemic, the world had seen 1.5 million deaths, increasing to over 5 million by the end of the second year while vaccines were rolling out. New Zealand successfully eliminated the first wave and recorded the lowest number of deaths of any country in the OECD for two years in a row. Our actions saved thousands of lives and, without ever setting out to, New Zealand is now known for our successful COVID response. Putting people's health first was also the strongest economic response. There's no doubt that we are now feeling the full brunt of global headwinds, but our comparatively low debt, record low unemployment, and record investments in infrastructure and skills development will all help support our recovery.

But, while we've been successful, it has also been bloody hard. I want to start by thanking New Zealanders for the enormous sacrifices they have made over the past two years. There have never been easy options. Everyone has had to give up something to make this work, and some more than others. Not everyone has agreed with the choices and trade-offs that have been made, and sometimes that's had a knock-on effect. I imagine every family has had a difficult conversation with someone in their lives about COVID, about vaccines, about mandates or passes, but in amongst what have sometimes been different opinions, there has been at least one unifying factor: everyone has been safer. But everyone is also tired, everyone is fatigued, and some are worried that means we don't care about each other anymore. I know that is not the case. I still see, hear, and read frequently in the letters I receive that we remain proud of what we've achieved together to date. As one person so aptly put it to me, "We are tired, not sick of each other."

That person was right, but we're not tired for nothing: the sacrifices and hard work has brought us here today, and now, with more tools and one of the most highly vaccinated population in the world, we are able to keep moving forward safely. It's meant we're able to welcome back New Zealanders, family, friends, and tourists, and take the next steps on our journey of reopening and recovery, and today it means we can set out those next steps.

In designing those steps, we, of course, have had to keep in mind that COVID is here to stay. While that's not something we get to decide anymore, we do have a choice in how we manage it. So let's start with our current situation, what the future looks like, and see what that means for the tools we have in front of us.

Now, as you know, yesterday we reported 20,907 new cases, with a rolling seven-day average of around 17,000 cases a day. Now, for most people their symptoms have been minor and they've recovered well at home; for others less able to fight the virus, it presented a threat to their lives and, if not properly managed, a threat to our health system.

Our experts maintain the view that we have peaked in Auckland now and that we should begin to see that reflected in hospitalisations soon, given the lag between the two, and you can see the blue dotted line is a representation of where we currently are with Auckland cases.

The view is that the rest of the country, represented by the black dotted line as a rolling seven-day average will follow Auckland, given the city was the first place to see Omicron seeded and break out. Here you can see the plateau in cases and the expectation that these numbers will continue to decline over the coming two weeks, and the yellow line represents the modelling of that proposed decline.

What you can also see is a relatively steady state, rather than a hard decline—as in, the fact that we suspect we will continue to maintain a certain level of cases. Based on the experience of the likes of Australia, we currently predict that we'll have a continuous rolling baseline of potentially several thousand cases a day. We also predict that we will have future spikes, with that being especially likely over the winter season, as we've discussed many times.

So that tells us two things. First: with the ongoing presence of COVID in our community, we need to continue to use tools that can keep our vulnerable communities safe, such as those who are immunocompromised, and those with disabilities. It also tells us that in times where we see cases grow and pressure then results on our health system, we'll need to act to slow that spread down as much as possible. And there are ways we can do that, whilst also continuing to move forward. That means keeping the COVID-19 Protection Framework—or the traffic light system—to help us manage in the future, including—and this is important—new variants.

We designed the traffic light system several months ago. Two things have changed since then: we're now dealing with Omicron rather than Delta, which we know behaves differently. We also have more data than we did before, and we can identify which environments are high-risk and which ones less so. And, thirdly, we have high rates of vaccination coverage. We've used this information to assess all of the components of the traffic light system, and to make changes that ensure it's effective but also allows us to sustain it as we use it in the coming months.

Let me start with where we are right now: the Red setting. This is the place where case numbers are high, and hospitalised admissions are also high, so we pop on the brakes. In particular, we've had measures like a gathering limit of 100 people which applies to events and hospitality.

After analysing our own data, we identified that hospitality, for instance, had a secondary attack rate of 6.7 percent. That transmission rate is relatively low, and this has been backed up by other research. And so it is the view of our public health officials that we can safely increase these gathering limits indoors to 200, without having a significant impact on our health system and hospitalisations; especially given we'll maintain our seated and separated rules for hospitality.

The second area we have analysed is the difference between indoor and outdoor gatherings, and there is a difference—while Omicron is more transmissible, the natural ventilation of an outdoor setting reduces the risk significantly. At Red, we want to encourage gatherings and events outdoors. They are a way we can come together safely.

And that's why, on the advice of our public health team, we are removing all outdoor gathering limits: sports, concerts, gatherings outside without limit will resume.

What remains in use at this level is, of course, masks. I know they are new for us and most people really dislike them, for good reason. But they are so critical; and one of the ways we can show care and respect for one another, including our immunocompromised community. Research published in the *British Medical Journal* late last year shows that mask wearing reduces new COVID-19 cases by 53 percent. Masks matter.

That, then, brings me to Orange. We all remember there are currently no capacity limits, either indoors or outdoors with the use of My Vaccine Pass, and masks are required indoors with some exceptions, like education. Having no capacity limit remains, but we do want to apply what we've learnt. That's why we'll be firming up our gathering guidance for Orange. We know, for indoor events, close contact is higher risk, so to help organisers continue to provide the safest possible environments we're encouraging larger events that are over 500 to either add extra capacity in a venue or provide seating.

And, finally, Green. This is very much an example of the new normal. There are no requirements or restrictions here, but there is guidance, and we'll still be in the system as a way of reminding each other that we need to be on watch—ready to move, should we need to. So no changes here.

Simply put: Red means indoor gathering limits and masks, Orange means masks, and Green means guidance. These changes are based on the best-available evidence we have right now, in real time. We believe they will make the COVID Protection Framework easier to maintain, while also still being very effective.

The advice we have, therefore, is that they are changes we can make almost immediately, and will come into effect from 11:59 p.m. this Friday, 25 March. This does mean, from this weekend, sports, outdoor events, can all resume, and hospitality can increase its capacity, but, of course, they must maintain the seated and separated rules.

You'll remember, though, that there is one element of the COVID Protection Framework that I haven't talked about yet, and that is the future of vaccine passes. Given the pandemic rollercoaster everyone has been through, it's easy to forget why we use them in the first place. They were first used by countries who were trying to move away from broad-based restrictions, as vaccines became available. I remember not being in favour of their use; in fact, I am on record as having said that. But, after several months of lockdown through Delta, it became clear that mandates were needed to achieve vaccination levels required for safe reopening and that passes had a role to play too. It was a tough call but mandates and passes were, undoubtedly, one of the reasons that we reached 95 percent of the eligible population vaccinated, to achieve the near elimination of Delta over summer.

But something has changed since we brought them in, and that something is Omicron. In the pandemic so far, we've had more than 500,000 confirmed cases of COVID, almost all of which have been in the Omicron wave. Many cases don't show symptoms, and testing doesn't catch every case. In fact, modellers say that total infections now could be as high as 1.7 million. The reality, too, is that COVID finds the unvaccinated and, for them, the illness can be severe. A significant number of the roughly 180,000 unvaccinated Kiwis are likely to have had COVID or may well in the future. Our vaccine pass system doesn't incorporate that into the way it works, but the outcome is the same. We now have 95 percent vaccinated, plus a number more who will have built some immunity from the illness itself. We said some weeks ago that when we started to come down off the peak the reason for keeping vaccine passes changes. As this graph shows, that time is nearly upon us. In fact, you can see the predicted decline that ends on the end axis which is for, roughly, 5 April.

So, from 11.59 p.m. Monday, 4 April, vaccine passes will no longer be required to be used as part of the COVID-19 Protection Framework.

There will be some businesses, events, or venues who may still wish to use them for their own reasons, and they can if they wish to do so. We will maintain the systems in place and update the passes over time, to include boosters. But, for now, they will no longer be mandated. I say “for now”, as I will still provide the same disclaimer that every country realistically must: that, should there be a variant that demands it or a change in circumstances, we may need them again. But for post-peak, that will no longer be the case.

There’s one extra tool in our daily lives that falls into that category too, and that is QR codes. As everyone now knows, we have changed our testing and isolation requirements. The isolation period for both positive cases and household contacts remains at seven days. While we’ll keep that under regular review, there is no plan for us to contact trace more widely, with the exception of high-risk environments, like aged residential care facilities or residential facilities for our most vulnerable. That means the reason for using QR codes changes and so, from this weekend, you’ll no longer be required to scan everywhere you go, and businesses are no longer required to provide the mechanisms to do so. We do have an ask for everyone, though: if a variant arises in the world that evades vaccines or is more deadly, contact tracing will, once again, provide a critical role. Please stand ready, as business, to stand up QR codes again, or, as a citizen, to pull out your tracer app at a moment’s notice. Don’t remove the app from your phone just yet. Scanning has been a really important part of what we’ve achieved, so thank you for everyone for playing your part. But, for now, we can all stop hovering around the entrance to a supermarket or venue while we stumble around on our phones—a welcome change for us all, I’m sure!

Finally, as a Cabinet, we’ve also reviewed the role that vaccine mandates have played. You’ll recall we were always cautious about their use, applying them to education, health, police, and defence workforces, border and MIQ workers, and those where vaccine passes were in operation. As vaccination rates increased, we reached out to Professor David Skegg and the Public Health Advisory Group for his advice on their future use. Their advice was clear, stating: “The case for or against is now more finely balanced because of our relatively high vaccination coverage and increasing natural immunity, as well as the apparent lowering of vaccine effectiveness against transmission of the Omicron variant. While vaccination remains critically important in protecting New Zealanders from Covid-19, we believe that several of the vaccine mandates could be dropped once the Omicron peak has passed”.

And so, on that basis and in line with the Public Health Advisory Group advice, the Government will not require mandates to be in place for education, police, and defence workforces and those businesses operating vaccine passes, from 11.59 p.m. Monday, 4 April. Whether or not these workplaces will continue to need to be vaccinated to do their work will be a decision for their employers or those otherwise responsible for those workforces.

Where we’ll continue their use—for health, aged-care workers, corrections staff, and border and MIQ workers—the rationale in each case is clear: these are either workers supporting our most vulnerable, or they work in high-risk environments where spread would be rapid or the exposure to new variants is high.

In continuing the use of mandates in these limited areas, we did however want to ensure they are used carefully. So we’ve asked for Health to come back with advice on whether the mandates applied in the health sector, in particular, which covers thousands of workers, could be narrowed. We know that Government were not the only ones also using mandates. In fact, many of the mandate examples I have heard used are those that were applied by the private sector. Given the adjustments we are making today, MBIE is working to update advice to the private sector on their use more broadly.

Finally, I do have one message on vaccinations. Even though there is no longer a requirement, for many, please get vaccinated and please get boosted. It is one of our very best tools. Every unvaccinated or un-boosted person adds risk to the health of another. And with New Zealanders returning home from overseas and our borders shortly open to

tourists it's going to be even more essential to our recovery and protection against future variants. Being highly vaccinated will continue to be central to the strength and stability of our recovery.

And so, as we move to this next phase, I have a couple of final asks. Two years ago, we had very few tools; now we have plenty. But one thing is still the same: we cannot do it alone, and it wouldn't work if we did. We've seen businesses and workplaces show enormous agility by adopting infection prevention controls and testing to try and protect their work places. We've seen schools do what they can to keep their kids and community safe through changes in teaching patterns. We've seen individuals who may have friends or family that are unwell or vulnerable taking tests and wearing masks to keep them safe. And, most importantly, we've seen thousands of people vaccinated every day, to look after one another. As a Government, we need to make sure we are supporting businesses, community, and individuals to have more control in managing their health and wellbeing. Because managing a pandemic, and supporting our economic recovery is going to take all of us to keep each other safe, to keep our local businesses open and busy, to support our hospitality providers, to welcome back our tourists, and to support our recovery. But if there's one thing I know by now, it is our ability to do all of that. This is not the end, but in some ways, it is also a new beginning.

I'm happy to take questions.

Media: Prime Minister, in terms of the timing, why now? Why open up now? Is the political pressure just too great to open up and relax the rules?

PM: Well, firstly, I was going to let the graph speak for itself. You can see that our timing is very much based on the evidence in front of us over when it's safe to do so. We've been signalling for some time that when we come off the peak that would be the time to be able to ease the use of things like vaccine passes and mandates. We now have a clearer picture of when that is, and so we're now ready to give dates.

Media: Do you stand by the need for mandates? Because, I mean, now easing off and a lot of people have lost their jobs and unable to work, do you still feel like that was the most effective tool?

PM: We only ever did things that were necessary to enable us to get through this pandemic as safely as possible, and they worked. It's one of the reasons we have such a highly vaccinated country now and it's one of the reasons we're able to have the choices we have now too. I know it has been tough, but I still absolutely stand by the decisions that we've had to make.

Media: Auckland has peaked, but the rest of the country hasn't. So why now?

PM: Again, you can see from the modelling, the expectations of when we'll likely—likely—see that decline occur. And we based our decisions on that. You're right, though—Auckland, you can see: well down, and having declined at quite a rapid pace. We know the rest of the country will follow, so that's why we've pushed those dates out until, essentially, 5 April.

Media: Is this the beginning of the end of COVID?

PM: No. COVID is still with us and it will be for some time to come, and we need particularly to be prepared for future variants. That's why, unlike some countries, we are still keeping in place our traffic light system. But we're making changes based on evidence to make it easier to live with and, essentially, to help continue to get us through as safely and as well as possible.

Media: Do you think the removal of the mandates and the vaccine passes will embolden the likes of the people who came to Parliament to protest?

PM: No—well, it certainly shouldn't, because that's not the basis of the decisions we've made today. And I made it clear right here in this theatrette that when we came to the

point where we would remove passes and make changes to mandates, it would be because it's safe to do so; not because anyone arrived on the front lawn of Parliament. And you can see, by the data we're presenting today, that's exactly what we've done.

Media: What does this decision mean for our sporting community?

PM: Look, there's no question in my mind that this is likely to be welcome news to hear that, because we see now from a body of evidence it is safe to be outdoors, even right now. And for events like sporting fixtures, outdoor concerts, I know that will be welcome, welcome news.

Media: Liberalising the red light system: indoor gatherings, 200. Why is it safer at 2 than 5, for example? It'll be the same under orange. And why wait until the weekend?

PM: Ah, so, essentially, it's all order of magnitude. You know, you do increase the likelihood of cases for each increase in numbers that you have. But the analysis we have from our public health team is that 200 represents an increase that will not mean a material impact on our health system or our hospitalisations, but we do know for those hospitality operators, it will have a material impact. So we believe that we can make this change as safely as possible. In terms of timing, so we're moving as quickly as we can. We've got to make the accompanying change in orders. It gives a little bit of time also for hospitality to make those adjustments. We are still requiring seated and separated; it's another way that we can keep ensuring that we're reducing transmission risk.

Media: So you've sought advice from [*Inaudible*], you've sought advice from a lot of people. Where did you seek the Māori advice from? Who were they and what did they say?

PM: And so we do, of course, have the ongoing input from our Māori health advisory teams and those that we've had weekly engagement with, including our iwi leaders. In the general, as I've already spoken to here, there has been a general sense of caution, and we absolutely understand that. And I still consider this to be a cautious moving forward. Making changes that we believe that we can make without having a significant impact or a material impact on our health system or hospitalisations, but also keeping in place the things we know make a difference: mask use, which we know makes a difference; isolating households, which we know makes a difference; and, ultimately, our vaccination campaigns, which makes one of the biggest differences.

Media: Sounds like they gave you a bit of kickback in there?

PM: I think they've been really consistent. There's—you know, you'll remember that there was hesitance to move from the alert level to the traffic light. There was hesitance to move down away from the regional border. There has been caution all the way through, and I absolutely understand that. But we have made these decisions with all of that in mind.

Media: Couple of things. Firstly, with the mandates being removed from education, will boards of trustees still be able to decide that they want more than the teachers at their school to be vaccinated? Do they have the power to make that decision?

PM: Oh, if you don't mind, I would need to check. I would need to check about the individual—because boards have individual employment discretion, obviously, so I would need to check that, Luke, so I might come back to you. I wouldn't want to make a statement, there, that was not correct in law. But we are no longer requiring, generally, a mandate across all of education.

Media: Sure. And, secondly, are you going to set a, sort of, date to review the red light setting?

PM: Yes. So we are going to get back into a regular review cycle. The first review—although, I'm almost loath to give dates, lest I be giving an announcement of an announcement! But the first review date is on 4 April, and then we'll go into a regular cycle from there. Yeah.

Media: So, Prime Minister, are you saying, then, that you're decreasing the strategy of vaccination amongst Māori?

PM: No. No, I'm saying that it continues to be critical. In fact, if I would want to leave any message today it is how important vaccinations, including, especially, the booster, continues to be. If you have only had two doses, I don't consider you to be fully vaccinated; we don't consider you to be fully vaccinated. Please, go and get a booster.

Media: Just over 50 percent of tamariki Māori are vaccinated—sorry, are fully vaccinated—pakeke Māori. I mean, that is a really low number. You're opening up the borders; you're opening up vulnerability; you're opening up to a vulnerable community, but no additional strategy being put in place?

PM: Well, no, actually. I think, in terms of—we know the communities that have particular vulnerabilities, and in those areas, you see very high vaccination rates. Our over-65 Māori vaccination rate is incredibly high, for example. And the same can be said for our seniors more generally, and I might give a chance here for Dr Verrall, who is the Minister for Seniors, to speak. So, in those areas where we know we need to be highly targeted and really focused on lifting vaccination, you've seen some really good results. For children, we've continued to work alongside whānau to try and increase those rates, but it is also, ultimately, a choice that we need to make sure that it is whānau and caregivers who we feel comfortable making. Anything you want to say there on vaccinations in vulnerable groups, there, Dr Verrall?

Hon Dr Ayesha Verrall: Yeah, on the matter of seniors, I think you'll recall at the end of last year in the emergence of the Omicron variant, one of the priorities was to delay the border reopening to enable seniors to get vaccinated. I mean, that is highly likely to be one of the reasons we had the lowest case-fatality rate in the OECD. When you look at the outcomes, particularly in aged residential care, we have very high vaccination rates—many over 95 percent in many DHBs. And what that has meant is that the Omicron outbreak has not had the devastating impact it's had even in places like Australia. So a focus on vulnerable groups has indeed been part of the protection and minimisation strategy that we—

PM: And just as a little representation of that, the Unite against COVID-19 campaign and materials remain; they all continue and are in place. What we have here today is just an example of the TPK campaign around ongoing vaccination efforts, as well. So just in case anyone's observed the difference, that's what we've got on display again, highlighting that vaccine continues to be important.

Media: Is there any additional support for whānau in Te Tai Rāwhiti, given the current situation and those that are isolating due to COVID? Any additional support there?

PM: Do you mean because of the weather events in Tai Rāwhiti? Yeah—

Media: Correct. The civil defence emergency, yes.

PM: So, obviously, we provide that support directly on the ground. There has been evacuation efforts in Tai Rāwhiti, and support is being provided by the local civil defence emergency teams. Then it's a matter of, in the aftermath of that, looking alongside with local government what additional support will be needed for clean-up. And that's where the mayoral relief fund can kick in. At the moment, though, we're right in the middle of the emergency. So too soon for us to assess what support might be needed.

Media: Prime Minister, you talked about different variants, going forward; although you, obviously, wouldn't be able to put your finger on how destructive that they will be or how transmissive, but can you still, as a Government and a Cabinet, rule out any forms of lockdown, going forward, despite what we could expect in terms of COVID?

PM: Yeah. I'll make a comment, and then, perhaps for the fact that the global community is making assessment over what is the likelihood with future variants, what will they look like. And, again, there's no absolutes, but there are judgments being made

around what may or may not happen. As we've said all along, as we can make progress safely, we will and we are. But you'll also hear us always say that there are tools we'll keep in our back pocket. We won't require vaccine passes, but we'll keep them in our back pocket.

QR codes, we don't need to use anymore, but let's keep them in our back pocket. The truth is we don't know that this pandemic may produce next, but we have a range of tools now that we know in what circumstances we need them, and we're ready to pull them out. Do you want to speak a little bit to some of the speculation about the future?

Hon Dr Ayesha Verrall: Yeah, indeed. I mean, the advice that we have is that while evolution of the virus occurs at random, so while more transmissible variants are always favoured in the evolutionary sense, that doesn't give a guideline about how hard and how severe they'll be, how hard they'll impact people's health. So keeping measures in reserve in case of a variant that could again pose the sort of health threat that, say, Delta did is a really important part of the response.

Media: So, Prime Minister, does that mean that nationwide lockdowns are still in the Government's back pocket?

PM: There's nothing that we are currently experiencing that suggests we'll need those, and we've been saying that for a long time. But I think the entire world will be reserving, of course, the flexibility that should we see something dire, that everyone that has a set of tools they can use in those circumstances. I don't think that's where most people's predictions are at the moment, but we all have to be prepared.

Media: But is it your expectation that we're just going to have to live with COVID for the rest of our lives now? Is it just going to be here?

PM: Well, I mean, look, there's other illnesses that we live with that we have had in our lives for long periods of time that you, of course—adapt isn't quite the right word but you build protections around and you build systems to make sure that life resumes, but you still treat that illness with seriousness. And there's a range where, actually, we do have to continue to be on guard. Measles is an example—highly contagious, very, very problematic for vulnerable individuals. We actually use contact tracing for measles; most people don't know that. We have vaccines that are highly effective. So there's an example of an illness that is highly present but that we have a range of tools that we know now how to manage them in the long term.

Media: So that's a yes; we'll just have to live with COVID?

PM: Well, it's what we're doing now, but will it get easier? Certainly that's what we hope for. Perhaps I'll let the doctor speak to that one.

Hon Dr Ayesha Verrall: I think, indeed the chance of global elimination for Omicron, such a transmissible virus, looks impossible. So COVID is going to be here. Could there be vaccines that create what we call sterilising immunity that, like the measles vaccine, mean that the vaccinated person almost never transmits or never transmits? That would be a scientific breakthrough that would change the situation, but I don't see anything on the horizon with respect to that.

Media: You mentioned before that you don't consider double vaccinated as fully vaccinated. So why aren't the vaccine passes and mandates being updated to include boosters?

PM: And I've indicated today they will be. What we need to work around is a tech solution that allows us to do that update in a timely way. You'll see most people's passes, I think, from memory, are expiring in May, June. The reason I say that is because that is the advice from all of our experts, that some are even wary about the fact that the word "booster" makes it sound like an optional extra, when, actually, the booster is what's required to give you that extra protection against Omicron. And so it naturally follows that we do need to incorporate that into what will become voluntary passes.

Media: So can we expect that to come in once they—

PM: We'll get advice on that, I imagine, soon, but what we'll look to do is most likely align it for the update on passes when they're due to expire. That's what we're most likely to do but as yet haven't received advice on that.

Media: What advice did you get from the disabled community and immunocompromised community on these changes?

PM: We have had Ministers meeting with the community and one of the things I would say is that there are an ongoing raft of measures that we want to make sure that continue to be available that are particular to the community—so, for instance, the availability of rapid antigen tests, and I'll have the Minister speak to that. There we've changed the way that we've made rapid antigen tests available to try and make sure that they are more accessible than necessarily they are for the general population. We also want to make sure for high-risk environments, so residential care, where we have members of our disability community that we do still contact trace in those kinds of environments in the same way we do for aged residential care. And, of course, continuing to have mandates across the health workforce. I know, of course, that members of our disability community and our immunocompromised community are mindful of just the wider risk, and that's why all of those extra public health measures—mask use is a really respectful thing that you can do to protect others. Making sure we're still using those spacing rules is another way we can keep people safe out and about in the community, and they all remain. Anything further on RAT testing there?

Hon Dr Ayesha Verrall: Yeah, indeed. So disability providers can all access RAT tests for their clients. People on DSS individualised funding can have RATs delivered to their home by their service provider, and in addition tomorrow we're launching a home delivery option for people with disabilities as well.

Media: In terms of masks, what consideration has been given to greater access to the N95 and P2 respirator mask?

PM: Certainly, we know that for those within our health system, although there's been, from time to time, distribution issues, there's not been a supply issue. Generally we have good stocks of N95 masks for those sectors. There hasn't been any further discussion. You'll remember that we did look at some provision around some education and so on, but there has not, at this stage, been any further advice that we need to step up Government provision of them. You do see many people now wearing them, obviously accessing them. I acknowledge that there is a price point for those masks, but we also encourage people equally that surgical masks are a good option.

Media: And just back on the booster stuff, is any consideration given to adding the booster to keeping vaccine passes and adding the booster to it, because we do know that that's the path that actually reduces the transmission and reduces the risk?

PM: Yeah, so, look, there's a couple of factors that were at play in the reasons for vaccine passes and their ongoing use. And even though Professor Skegg was speaking to mandates, I think it's fair to say that some of the judgments on these things have become finely balanced, given, yes, the high rates we have of vaccines but also the fact that the vaccine pass was never just a tool to try and drive up vaccination rates. It's actually a way of saying—to try and make these high-risk spaces safer, let's ensure that they're only frequented by people who had that extra layer of protection, thus not causing an issue for more vulnerable people who are not vaccinated. So that was the primary driver for their use as opposed to "let's use this a tool to get people vaccinated."

Media: Sorry, just to go back to the question, did you give consideration, then, to adding the booster?

PM: Yes, we have thought about the effect that that could cause. Yes, I think it is fair to say that that was considered, but, again, the primary point in vaccine passes was much wider than driving up vaccination rates, but it was; it did have that added benefit.

Media: Just one last question, because you mentioned David Skegg there. His group in their report said there needs to be a comprehensive plan for protecting children from COVID-19 to be incorporated into a broader plan for protection against respiratory disease etc. What is happening there? What work are you doing on that comprehensive plan?

PM: Some of the changes that we've made in education have been very much off the back of seeing the advice of the likes of Dr Jin Russell, and her advice on what we can do for things like ventilation, RAT availability, mask use and so on. That's all been around what can we do to provide extra layers of protection for children. But for specificity on respiratory illnesses, I might just hand over to Dr Verrall.

Hon Dr Ayesha Verrall: Yeah, I think there is a—thank you, Prime Minister—concern about winter in particular and the other viruses that will be circulating, particularly with open borders, would include influenza; you know, potentially from time to time we have pertussis outbreaks, RSV—it has caused trouble recently. So what we need to do in our winter planning is give consideration to that sort of multi-pathogen approach, because—if I give an example: if you have an influenza-like symptom, you won't be able to distinguish that from COVID, and that will cause, in some ways, the same amount of disruption that COVID would in terms of workplaces and so on. So I think some of the measures that we've already adopted—like, for example, masks—will be fit for multiple purposes in terms of infectious diseases, and we need to look at that across our approach.

PM: There's also the really interesting work we're doing on flu. So New Zealand is part of a flu research project that is fairly unique in the world, because we have, essentially, eliminated the flu over the last two seasons. So as our borders reopen there will be research being done over the movement and transmission of flu, particularly in parts of our community where they are the gateway to the world—in South Auckland in particular—to see what we can learn about using surveillance at our border not just to try and reduce down COVID transmission but to reduce down flu transmission too.

Media: And you've mentioned there the importance, again, of masks, which is quite evident. I mean, isn't the issue with the access to the mask and the cost factor, which you yourself have raised, is basically that poorer people don't get decent masks?

PM: I also highlighted the fact that surgical masks are also seen as being highly effective and are also widely available. And we have, for instance, made mask use available for in schools where they have concerns around access to masks that they have supply that they're able to use as well for distribution.

Media: On the workforces which are getting their mandates rolled back, will those people who lost their jobs because they didn't want to get vaccinated now be re-employed by those sectors?

PM: Yeah, so, look, there could be circumstances where those agencies do reinstate because they didn't lose their jobs—some were on leave for extended periods, for instance. So that may well happen.

The one disclaimer I should add is that Defence is going through its own process. So whilst they're not part of the central Government mandates, as you will have heard us traverse before there's really good reasons why their active staff who are available for deployment may need to be vaccinated, because, of course, the likes of Tonga and other natural disasters, there are often vaccine requirements to be a part of.

It's also worth pointing out that there are a range of workforces where requirements to be vaccinated were already part of their job. I believe hepatitis for the health workforce?

Hon Dr Ayesha Verrall: Yep, indeed. So all health workers before taking a job get screened for hepatitis. In unity, many diseases like measles as well.

PM: Yep. So there will be agencies that may go through their own process. So we are going to take a look at Health and see if we can narrow that mandate a bit, because it's quite broad brush. We've based it on the Health Act from memory, and so it does capture a range of practitioners. We'll look at whether or not we can narrow that a bit. We've also asked corrections to look at whether or not they could cover off a mandate with their own internal policy. But I expect that there will be some who may have been put on leave who will now return.

Media: So there will be unvaccinated teachers who will be able to return to that workforce? And—

PM: I can't speak for whether or not teachers were—I know in the police, there were some who took leave; I don't know if that's the case for education.

Media: So what would you say to the parents of immunocompromised children who are terrified of sending their children to school, and haven't done for months at a time because they are so worried about what's happening in school, that there are going to be people in that environment who are no longer vaccinated?

PM: I might ask Dr Verrall to speak in a bit more detail. You know, the first thing I would say is that we have used the very best public health advice we have available to us to make these decisions, and the view is that the combination of both, broadly, high vaccination rates and now up to 1.7 million New Zealanders having had COVID—and therefore having some immunity from that—means that it is now possible to remove mandates for some workforces.

Keep in mind in schools, when we have high transmission, we use other tools too: ventilation, which we've put in place, those monitors to ensure we have ventilated environments; mask use; they're all protective measures for children.

Hon Dr Ayesha Verrall: In addition, school-aged children are eligible for vaccination, and we keep the advice for immunocompromised children constantly under review, and indeed that was the first group who were able to access vaccination in that age group. So I understand the concern from parents of immunocompromised children, but there are huge benefits to having their children in school.

Media: And can I just double check—just to go back to what Michael was saying. So with the broader mandates which will be staying in place for the future—

PM: And we've got two review dates for those as well, so we'll keep them under regular review. From memory, it's every three months we look at those mandates.

Media: But until they are removed, are you considering adding the booster shot into that mandate?

PM: Well, for some they already are, yep. So, actually, what's more relevant is whether or not direct use for the passes going forward—even though we're not mandating, whether we add the booster shot to that so that it becomes an up-to-date pass. But for mandates, a number of them already have boosters added to them.

Media: And just quickly on the flu concerns. Are you considering wider access to the flu vaccine—

PM: Yes.

Media: —because of the concerns [*Inaudible*]?

PM: In fact, we have increased the access to the flu vaccine.

Media: But even further than that, sort of like we've seen the COVID vaccine?

PM: Yeah, perhaps Dr Verrall could speak to that?

Hon Dr Ayesha Verrall: Sorry, I didn't hear that second question.

Media: The wider access to the flu vaccine, to sort of mitigate the potential impact of it this time around?

Hon Dr Ayesha Verrall: Yeah, indeed. So we've purchased additional public supply because vaccination is funded for over-65s and those with some medical conditions. So we are extending those definitions, but, in addition, many employers make the decision to access the private supply because there has been evidence in the occupational health arena for some time that it reduces absenteeism, so I know that'll be a concern for many as well.

Media: In that case, can you rule out using the COVID—

PM: Oh, sorry—just got a little speaking order there, but is this a supplementary?

Media: Yeah, yeah—could you rule out using the COVID restrictions on any other illness? Is it only just for COVID, or for—

PM: We are not going to go into lockdowns because of the flu—yep, I can rule that out.

Media: Well, are you using other things within the traffic light system, for example?

PM: There is no intention to use it for other than the pandemic that we have—yep.

Media: To get some clarification around what happens now to businesses who broke the rules while vaccine passes were in place. Do you expect WorkSafe to continue to take enforcement action against them?

PM: I only expect WorkSafe, of course, to continue to monitor the rules that are in place at that time. Of course, if they have an historic investigation that they're undertaking, I imagine that they will seek to, of course, complete those.

Media: So none of the fines that at the moment have been paid so far—you expect them to—

PM: Oh, I don't expect—if you're saying that will we just turn a blind eye to the fact that while the rules were in place, they were breached, and that people then have not paid those fines, no. Of course people need to have followed the rules as they stood at that time, and I imagine that WorkSafe will continue to follow up on those.

Media: Just on the traffic light review on 4 April, can you explain, I guess, what Cabinet will be considering then, and if we've passed the peak of Omicron at that point, what the likelihood of moving to Orange at that point is?

PM: Yeah—and, look, I don't want to be too speculative, because, as you can see, a lot can change in short spaces of time, but we did say that the major factor for us was pressure on the health system. So that will be the major consideration. What we're seeing across the system—of course, we know there's a lag, so we may have had decreasing cases. But we may still have cases that are causing concern in primary care and in our hospitals, and so that will be the primary consideration at that time. The other expectation that we have is that, yes, we will be able to move to Orange at some point in the near future, but, obviously, while we've got hospitalisations where we are, we're not ready for that.

Media: And have you had any advice on what dropping some of the mandates and the vaccine passes will do to case numbers and hospitalisations? Should we expect to see a spike—

PM: No.

Media: —in the next month or so?

PM: No. So whilst I cannot give you the exact—reference exactly the precise modelling that was provided around that, it was very much that (a) it is difficult to model but very much that at this point, particularly with an estimated 1.7 million New Zealanders who

may have been infected with COVID—that at this point it would not have a material impact on our hospitalisation.

Ah, where was I? I was down the back, I think, to Lillian, and then I think I said I was going to come to Justin.

Media: Lilly?

PM: Oh, no—yeah, I did you. Sorry, just forgive me. Justin.

Media: I could take another one!

PM: No, no—no, no, no!

Media: Would the central government be willing to support private businesses or agencies—parts of the wider Public Service—that want to maintain vaccine mandates and face legal challenges?

PM: Hmm, OK—so are we going to create some kind of fund for those scenarios? No. It's very, very rare that we've had those kinds of situations, so, no, that's not our intention. But we do have a duty to provide the most up-to-date advice that we can, and so we will be updating the advice that's provided. Our expectation at the moment is that businesses will need to go and continue to undertake health and safety assessments to determine whether or not they need to maintain mandates in their own workplaces. You've seen that some have already made adjustments in recent times.

Media: And just following up on Jo's question about a wider public roll-out of higher-quality masks like P2s or N95s—I mean, you've shown no inclination to do that. Is that because of supply pressures, cost, or just no one's told you to do it?

PM: No, no—I mean, we have considered it. You know, I don't want to come across as if this isn't something that we've given thought to—we have. But we've also, at the same time, looked at what the availability was like, and also looked at whether or not there were other ways that we could target those communities who may have issues accessing them. So, for instance, in the same way that we have with RATs, we've put masks out through provider networks, we've put masks out through schools, masks out through NGOs, and, of course, the provision through our healthcare providers. So we've tried to use those networks, and there are a range of factors at play when we consider whether or not it made sense to do a one-off distribution across the country and whether or not that was the way to approach this, or what we've done with more targeted distribution.

Media: Isn't the importance of masking now—

PM: Yeah, sorry, do you mind if I just—you haven't had a question, so I'll—yeah.

Media: What is your response to the Victoria University Disabled Students Association, who have said that removing vaccine mandates will leave the disability community behind and put them at unnecessary risk?

PM: Well, the one thing I would ask is—they may well not have known, of course, that we are maintaining them for quite critical parts of our workforce, including healthcare. And so that's an area where you can see we really have considered the important factors at play for our immunocompromised and our disabled communities.

Media: Why not keep vaccine mandates at universities?

PM: Well, of course, oftentimes in some of those, they may have in some cases been at the discretion of the universities themselves, and we haven't removed the ability of individual workplaces to make their own determinations as well.

Media: Just in terms of masks, with them becoming probably more important now, why has the Government—

PM: They always have been.

Media: Sorry—without mandatory vaccinations, why has the Government not made a decision around the review of mask exemptions? Why can people still self-exempt from them?

PM: Actually, I mean, look, this is an area we need to do some work. Dr Verrall, do you want to say anything on that?

Hon Dr Ayesha Verrall: Just that I'm aware there are challenges in this area, including for workers offering front-line services with having to deal with exemptions. So indeed it is an area we need to look further at.

PM: So I'd say that's an area where we do need to go back and look at the process that was applied there and what we can do to tidy that up. There are people who legitimately are exempt from wearing masks, but we've all seen or heard examples where it's clear that, actually, someone has self-exempted. So that is a space we need to do some work.

Media: Can you give a time frame for that work being undertaken?

PM: Do you mind if I come back to you? I can do that.

Media: Given you've talked about there likely being another variant, Professor [*Inaudible*] has talked about by the end of the year, and potentially a nastier variant as well—he's recommending that countries just stock up big time on the N95 mask so that they can be made readily available. With that new variant, the future in mind, is that something you're giving serious thought to?

PM: Well, look, our stores now of things like rapid antigen tests and our stores of N95s—from memory, 25 million. But that was some time ago, Jo; I'd want to check, because, of course, we would have distributed and ordered in the meantime, all with the fact in mind that this pandemic will continue. Now, whether it's a variant or not, the fact that masks are important will remain the same.

Media: So you are actively keeping in mind having stocks available to make those masks, in particular, freely available to everyone?

PM: No, we haven't specifically kept those stocks available for that specific purpose, but we do have good stores available for national use.

Media: Can I ask, Dr Verrall, infectious diseases is, obviously, your gig, your area of interest—do you feel comfortable with these changes on a personal level, given you'll be interacting with epidemiologists who have strong views? Does it sit OK with you loosening these restrictions?

Hon Dr Ayesha Verrall: Yeah, it does, and if I reflect back on the journey we've all been on over the last two years, that the Prime Minister reflected on, when I was an infectious diseases specialist in a hospital two years ago, we were dealing with a pathogen we knew little about. We didn't know how it was transmitted; so we didn't know how to protect healthcare workers. There was no vaccine and no treatments. We're in a vastly different place now. This variant is not the same as past variants, and we do have many other aspirations as a country that we want to get on with, and I'm excited as well that we can safely lower outdoor gathering limits so that we can enjoy some of the things that Kiwis love.

PM: And given that was your own camera person, I think that evens itself out a little bit. All right, I think we'll finish up there.

Media: Will you be going to any large gatherings this weekend to celebrate?

PM: No, I don't have any planned, but I feel very happy to know that other New Zealanders can safely do so, and safely being key—they can go and enjoy it knowing that it's OK to enjoy it. Thank you.

conclusion of press conference