

## **POST-CABINET PRESS CONFERENCE: MONDAY, 2 SEPTEMBER 2019**

**PM:** All right. Good afternoon, every one. I come to you after a busy week for the Government—and just highlighting again, since Thursday, the announcement in particular alongside Minister Martin and myself of the Child and Youth Wellbeing Strategy, and alongside that the introduction of Food in Schools, which will begin in the beginning of 2020. Then, of course, the announcement around our cancer action plan, which was made in Auckland yesterday. Both of these issues signal the ongoing focus of the Government on long-term issues that often will require sustained action and long-term commitment from us, be it issues of child poverty or ongoing under-investment in our health system. But I think both the cancer action plan and our Child and Youth Wellbeing Strategy demonstrate that we are looking beyond three-year cycles, out to even as far as 30 years in terms of addressing some of those significant issues. And, again, whilst it will take time, in both cases I think we've made very, very good starts.

But, starting with the recess week ahead, just a little recap of some of the initiatives I'll be a part of. Tomorrow, I'll be visiting the East Coast as part of the Ngāti Porou - Crown taumata. You might recall that's something we undertake on an annual basis, and my commitment last year was that we would travel further and beyond Gisborne into the wider area. On Wednesday, I am in Auckland. I'll be speaking at the Waiata album launch in the evening. On Thursday, I'll travel to Dunedin for some business visits and to speak at the ODT Class Act awards and at a Government-CTU forum. On Friday, I am back in Auckland for an electorate day. On the weekend, I'll be involved in a mental health announcement alongside Minister Clark.

Elsewhere, the Government also has a busy week and will deliver on several major pieces of work. Heather Simpson's interim review of the health system will be released on Tuesday; the KiwiBuild reset on Wednesday from Minister Woods; our water reforms on Thursday from Ministers Parker and O'Connor; a PGF Northland rail announcement on Friday from Minister Jones. I know you will ask soon but I can confirm now that I'll not be releasing any further details on any of those initiatives ahead of time. From Sunday, and then throughout the following week, we will be making a series of mental health announcements, and it will be quite a concerted focus in that week on mental health initiatives.

Now, as you can see, I have Ashley Bloomfield, the Director-General of Health, here with me today. As you will know, we are currently experiencing unusually high rates of measles infections in Auckland, predominately in South Auckland. And, as you know by now, I've been saying it repeatedly: immunisation is the best way to fight this outbreak and prevent outbreaks elsewhere. This morning's update tells us there have been 963 confirmed cases since this outbreak began, in March. This is an increase of four since Sunday's situation report. Of course, there may well be additional reports in from the weekend, but that is the situation as it stands. At present, the only place we consider there to be an outbreak is Auckland—and particularly, as I've said, South Auckland.

Today Cabinet was updated on the measles outbreak and heard that the ministry has been training 25 additional nurses to administer vaccines in 34 Auckland schools. The Associate Health Minister Julie Anne Genter has asked for the Ministry of Health to look at the possibility of pharmacists being able to administer measles vaccinations, but keeping in mind, of course, access has been a key focus for the Ministry of Health to date and, of course, people are able to access free measles vaccinations through their local GP so that—and also there's been outreach community clinics—community clinics are available in the Manukau SuperClinic and the Clendon shopping centre, and we've even, for instance, made use of churches in South Auckland to try and make sure that we are present where those who we need to target vaccinations for are present as well.

One thing I do want to note, though, is that this situation is not unique to New Zealand. Since 2012, all cases of measles here originated from travellers bringing the disease from overseas.

There are currently significant measles outbreaks overseas. As at 23 August, there are current outbreaks reported in Hong Kong, Philippines, Europe, Canada, the USA, Australia, and South-east Asia. Preliminary global data from the World Health Organization shows that reported cases of measles rose by almost 300 percent in 2019, compared to the same period in 2018. That information serves to underline the importance of us focusing on immunising those who particularly are in those outbreak areas, and, again, I remind people the vaccine is free for those under the age of 50 who have not had two documented doses. I also remind people to stay at home if you're feeling sick, have symptoms that include fever, cough, running nose, and sore water pink eyes, and calling the 0800 611 116 health-line—that's 0800 611 116 health-line—or your doctor if you think you or a family member may have measles.

Actually, is there anything you wish to add before we open for questions?

**Mr Bloomfield:** Thank you, Prime Minister. I do want to emphasise that the only area in the country where we do have an outbreak at the moment is the Auckland metro region. As you will know, and as the Prime Minister has said, that is focused in South Auckland, and that is where the focus of additional vaccination opportunities is currently. The vaccine is free for under-50s, the focus being, of course, on children as part of the routine childhood immunisation schedule, and the most important thing outside of Auckland is that children are vaccinated with this highly effective, very safe vaccine, and that they receive that vaccination on time.

**PM:** All right. We'll open for questions.

**Media:** Have Auckland health officials moved too slow to get the message out to the public, given we have events being cancelled and students sent home when officials have said that doesn't necessarily need to happen?

**Mr Bloomfield:** So I don't think they have moved too slowly. I think there's been good information out there. There are daily press conferences, of course, now by the medical officer of health, Dr William Ranger, up there. The decision about events falls with event organisers, and they can discuss and get advice from the medical officer of health and the public health unit, but it does fall with event organisers. They should, and are, finding out whether there are students who are unimmunised, and making a decision themselves about whether either to exclude students or to proceed with an event or not.

**PM:** My understanding is that very clear advice has been given locally from those medical professionals to event organisers, asking questions of participants like, for instance, whether or not they've been immunised, and that means that those event organisers then have full information available to them in order to ascertain whether or not it would be wise under the circumstances to proceed with an event.

**Media:** What are some of the other high-risk areas where there's low immunisation, and how are those areas being targeted? Is enough being done in those areas to target low immunisation rates?

**Mr Bloomfield:** So we do have other areas of the country with low immunisation rates—MMR immunisation rates—and, in particular, Northland, and you will be aware that the chief executive of the DHB up there has already been very clear about the need for children to be immunised up there. I think there is a high level of awareness and a high level of responsiveness from the healthcare system. I'll be writing to primary health organisations and the College of GPs later today—actually, the letter is to go out tomorrow—just to remind them of the importance of GPs recalling children to have their vaccinations on time and of getting information out—good information—out to parents. There is this issue that is well canvassed around anti-vaxxers, and this notion that the WHO calls vaccine hesitancy. I want to distinguish between vaccine hesitancy and vaccine opposition. Our experience in New Zealand previously when we had lower rates of immunisation was that if we made the vaccine readily available and we provided good information to parents, then the vast majority of them—up to 95 percent, and even beyond—were quite happy to vaccinate their children, and that's the situation we want to return to.

**PM:** In terms of outbreak—just to reinforce what the Director-General has said—in the last two weeks, up till 30 August, we've had a recorded number of cases in Northland that amounted to six, but when you track down into Waitemata, into Auckland, into Counties Manukau, Counties Manukau has had 188. So the scale is definitely significant in that area. You can see that in the way that the Ministry of Health is really scaling up, being very proactive in going into those community places like, you know, a church facility, for instance. But that doesn't mean we should be complacent in those other areas like Northland.

**Media:** Do we have any anti-vaxx GPs in New Zealand?

**Mr Bloomfield:** Not every GP and not every health professional supports vaccination. However, there is an obligation on all health professionals, and particularly GPs and those dealing with parents and young children, to provide good, balanced information, and ensure that they are making available vaccination for children who are eligible.

**Media:** Take vaccine hesitation as opposed to vaccine opposition: where do you categorise us on that scale—New Zealand on that scale?

**Mr Bloomfield:** Well, let's be clear, we still have—and I've got the latest figures—nearly 91 percent of 2-year-olds have received their MMR vaccination across the country. So the vast majority—nine out of 10 children—are actually vaccinated. It's getting from that 90 to 95 is where we need to be for herd immunity. We have got there or thereabouts before, and that's where we want to go back to. Again, our experience is that the gap between 90 and 95 is not an issue of opposition; it's an issue of access and of really good information so that parents feel they're making the right decision.

**Media:** Why do you think it is that the percentage has dropped since 2016 by a few percentage points?

**PM:** One of the issues that, actually, has been raised, and we've asked this question—one of the issues that's been raised with us and you'll hear in the comments made by the Director-General have been that issue around access. And it's the same issue that we have in our health system generally. We have an inequality and equity issue with people accessing the health services that they not only deserve but that are made available to them and for free. So that's why the Ministry of Health acted and put those additional nurses out into places where people who we need to target are congregating—be it churches or community spaces—because we have identified that there is an equity issue. Particularly our Pacific Island community haven't been accessing those immunisations at the rate that we need to in Counties Manukau.

**Media:** What's the Government's advice when it comes to school children that haven't been vaccinated? Are you saying that if a school child hasn't been vaccinated they should stay home?

**PM:** Ultimately, those decisions are up to our health professions at a public health level at a regional level. That's a decision that once they make is then communicated with the school. At this point in time my understanding is that that message hasn't been given, but, of course, we know those questions are asked in enrolment. So schools generally know the level of immunisation that they have. As I've said, we are training—actively now—nurses to go into schools to make sure that those children who haven't been immunised, particularly in that bracket of 15 to 29, I believe it is, to make sure that we're accessing that target group.

**Media:** So you say that principals shouldn't be telling their students to stay home if they're not—

**PM:** No, I'm saying that, actually, by law, that sits with health rather than with education. So that's something that is a responsibility of health.

**Media:** How likely is it that we'll see pharmacists administering those vaccinations?

**PM:** Well, I think, at the moment my understanding is that, of course, they cannot access the National Immunisation Register, which, as you can imagine, is a really key piece of information to be able to successfully answer the public's questions over whether or not

they need to be immunised. That's one particular issue, but, actually, we need to ask the question: are people unable to currently access immunisation? I mean, it's free, it's available through the GP, we're also putting in community clinics and people into schools, and so we're actively addressing access issues. So the question is: are pharmacists needed in addition to that? That's something that the Ministry of Health is looking at, but, again, there are a few hurdles to overcome. Did you want to add to that, though?

**Mr Bloomfield:** Yes, if a can comment. There are two or three issues we would need to work through to enable pharmacists to vaccinate for MMR. At the moment the only publicly funded vaccine they can give is influenza vaccine in those eligible groups. They do provide other vaccines where people pay privately, if they're registered vaccinators. So there are two or three things, as the Prime Minister said: we would need to open up access to the National Immunisation Register for MMR for pharmacists, and also develop a payment mechanism, because, at the moment there's no private market for MMR. These are things we're actively looking at.

**Media:** On the opposition versus the hesitancy, you're saying that, basically, you can still obtain herd immunity, even without people who are directly opposed vaccinating. What's the dataset that's based on as your survey?

**Mr Bloomfield:** Herd immunity will be achieved if we achieve around the 95 percent vaccination rate.

**Media:** So, without that 5 percent [*Inaudible*]

**Mr Bloomfield:** Our experience is—and I've specialised in public health, and when we had low vaccination rates through the 1990s and into the early 2000s, we put in a huge effort with the establishment of the National Immunisation Register, immunisation coordinators, and outreach, and we got very close to 95 percent. The interesting thing was the voice of the anti-vaccine lobby got much quieter, and, in fact, what we found was that on average, across the country, it was 5 percent or less of people who actively opposed vaccinating their children. So it's that gap between—at the moment we're 91—91 and 95, and we believe we can close that with good information and making sure there is ready access.

**Media:** There has been a change since then, though—I suppose, the kind of spread of fake news and social media and the rest?

**Mr Bloomfield:** Well, there has been a change, you're right, and films like the *Vaxxed* movie are out there. But, again, I think our experience is—and I can recall through the late 1990s, there was a very loud anti-immunisation lobby, and by actively going out and putting the building blocks in and being prepared to go and outreach to groups that may not be accessing through primary care, using vaccinators who were of that ethnic group, Māori or Pacific, we were able to get vaccination rates up very high.

**Media:** Can I just confirm all of those who have recently contracted measles weren't immunised at all, and is that something you're actively monitoring and recording?

**Mr Bloomfield:** So yes, that's correct. The vast majority of cases were people who have either been unimmunised or have had only one dose, or were unsure about their immunisation status.

**Media:** What do you mean "the vast majority"?

**Mr Bloomfield:** Because the vaccine, even after two doses, it's about 99 percent of people will develop immunity. So very, very few vaccines are 100 percent of people will develop immunity. So it is possible for fully vaccinated people to get measles, but it's extremely unlikely. The vast majority of cases to date have been people who are unsure of their vaccine status or were unvaccinated.

**PM:** Keeping in mind that the National Immunisation Register has only been in place since 2004—

**Mr Bloomfield:** Around 2004.

**PM:** —and I imagine in some cases, then, we may be relying on people's recall as to whether or not they've been immunised or have two doses, because, of course, we'll be relying on what records we would have nationally as well. So that, obviously, complicates, potentially, the data set.

**Media:** Exactly how many people have had their MMR vaccine and contracted measles?

**Mr Bloomfield:** I don't have that specific number, but we do collect that, and we can look for that data. ESR will have it, and we've now got two of the team members from ESR in our National Health Coordination Centre here at the ministry, so we'll be able to find that out.

**Media:** Where in the life cycle of this outbreak are we? And, I mean, I don't imagine it's going to stop tomorrow, but is it still trending up, or—the number of cases, the growth in the number of cases?

**Mr Bloomfield:** Yes, it is still trending up. We do have an epidemic curve modelled, based on known vaccination rates, the number of doses that have been delivered, and the current pattern of spread. We're expecting it to keep going up for another week or two and then to peak and drop away. It's very important that we, therefore, keep focusing on immunising children and that 15- to 29-year age group in the Auckland region in particular, and particularly in South Auckland, to stop the current outbreak.

**Media:** According to this model that you have, when's the peak point at—how many people, and it's a not specific number, but—

**Mr Bloomfield:** Yes, actually, we didn't model the numbers, per se, just the timing of when the peak would be, and the expected timing is in around two weeks' time.

**PM:** So we will continue to see these numbers track through for the next fortnight. That's what the model suggests. But that does rely on us, alongside that, continuing to immunise those groups in particular that the Director-General has acknowledged that we need to make sure are immunised.

**Media:** On Mark Taylor—

**PM:** Ah—anything further?

**Media:** Will the measles outbreak reach epidemic proportions in the two weeks?

**Mr Bloomfield:** Well, at the moment, we have an outbreak that is focused in the Auckland metro region. It would only be classified as an epidemic if we had multiple outbreaks across different parts of the country. We are having sporadic cases in other parts of the country, all associated either with exposure to someone from Auckland or with travel to Auckland, or with a case being imported from overseas. So we're not at epidemic level yet, but we are very focused on addressing the outbreak in Auckland and preventing outbreaks elsewhere.

**PM:** OK. Thank you, Ashley.

**Media:** On the issue of Mark Taylor, is there pressure from the US for us to do something, for us to act?

**PM:** Oh, look, I've seen the public statements from the United States around foreign terrorist fighters that apply from their perspective not just to New Zealand but, of course, to anyone who's identified as having foreign terrorist fighters in camps in Syria. I've not personally had conversations beyond what I've seen publicly reported, but New Zealand's position has been very, very clear from the outset. The reason we gave such clear advice around New Zealanders not travelling to Syria was because of what we're seeing exactly happen now, that there is an individual who is now in a camp where we do not have consular assistance available and where it would come at risk to provide that assistance.

**Media:** Do you feel comfortable leaving him in Syria?

**PM:** I think that the messages have been utterly clear and unequivocal: (a) do not travel to Syria, and (b) do not engage in terrorist activity.

**Media:** You talked about risks in your first answer. What are those risks?

**PM:** Oh, well, obviously, it's still a very volatile area, very volatile region, and that, of course, comes with risks to New Zealand personnel or those who otherwise might usually provide consular assistance.

**Media:** Do you have any updates on the case of the Kiwi nurse in Syria?

**PM:** No.

**Media:** Will the addition of a rent-to-own scheme fix KiwiBuild?

**PM:** You'll have heard that I have just mentioned that we'll be making announcements around the KiwiBuild reset on Wednesday, and I won't be commenting further until the Minister's had the chance to do that.

**Media:** Could you give us a bit of an update about Winston Peters condition? He had surgery, but we haven't seen him around as yet.

**PM:** No, my understanding is that the Deputy Prime Minister has still not been cleared to fly. When I last spoke with him on other bits and bobs that I usually catch up with him on, he was in good spirits.

**Media:** When is he going to be cleared to fly?

**PM:** Unfortunately, I don't know that information. Probably only his doctor would be the one to ask that question of, so, sorry, I can't tell you that.

**Media:** How is the Government planning to respond to the Waitangi report on water, and what will be the key points that the Government will be wanting to make in that response?

**PM:** Yeah, I think, obviously, there have been two issues in particular where you'll already know the Government's position. The Waitangi Tribunal hasn't necessarily factored in the work programme that we've had around water quality, but, of course, we'll be making further announcements on that on Thursday, and I think that will demonstrate that we are making good progress on some of the areas that the Waitangi Tribunal highlight.

On the issue of water allocation, that's something that we've said we've prioritised water quality: the ability for people to be able to swim in their rivers, to stop the degradation and restore the quality of waterways within a generation. That's come first for us, and then we've said we'll look at the water allocation issues, and so that's the timeline that we've set.

**Media:** Is there any chance that reports back on the water allocation would come before the election next year?

**PM:** I would say no, not at this stage. Obviously, Minister Parker has talked about undertaking work, but, obviously, the priority for him has been very much on progressing water quality, and that has been a significant piece of work. You'll also see, of course, that where the Waitangi Tribunal landed on allocation issues had some comparison to what Labour had talked about pre-election, but that was, obviously, something that did not progress past coalition negotiations.

**Media:** Two weeks ago, you said the potential changes to prison letters could be at Cabinet by—did you discuss that today?

**PM:** Yeah, I'll leave the Minister—I imagine it won't be too long at all before the Minister will make announcements, but it has been discussed by Cabinet since I last raised it in post-Cab, but I'll leave it to the Minister to make formal announcements there.

**Media:** Last week, you said that you'd reached out to the Brazilian Government around any help that New Zealand could provide around the fires in the Amazon. Have you heard back from the Brazilian Government or their officials on it?

**PM:** Well, in the sense that we did raise those concerns, as other Governments have; we're certainly not alone in that. We've not had any requests for help as a consequence of that, though, is my understanding.

**Media:** Has the Labour Party decided whether it will sign up for Facebook's Ad Library Report?

**PM:** Yeah, I've had a little look at some of what Facebook is proposing, and I think that that work should be applauded. We haven't made any formal announcements off the back of that as yet, but it's something that—as I say, I think it's encouraging that Facebook have been looking in this direction. Obviously, a number of countries—it's been something that they've set an expectation. They haven't done that yet here, but I think it's a positive move on their part, and we'll have more to say on it soon.

**Media:** The Green Party made a decision on it in about two hours. What's taking Labour so long?

**PM:** As I said, we'll be making a statement on it sooner rather than later, but, as I've said, I think what they've done is a good move—the kind of thing that we need. I just want to make sure that there's good coordination as we move forward.

**Media:** Why is it so important to change the Evidence Act, particular the parts that make it work better for complainants and witnesses in sexual violence and family violence cases?

**PM:** You're making reference to the Law Commission report on the Evidence Act. Obviously, that's something that we've just received. There's some areas that we're, obviously, progressing through, our domestic violence and sexual violence reforms, but, otherwise, in terms of the detail and the specifics, we would agree that improvements need to be made, but I am leaving it to the Minister to talk through some of the details on that.

**Media:** On the Crown requiring evidence of a complainant's sexual experience, or questioning a witness in a way that might seem unacceptable, how prolific do you think that is in New Zealand?

**PM:** Well, it's something that's come up before, and you'll recall that the work that we've done around sexual violence, the way that our courts process claims, deal with claims, has been raised continuously through that process. So my understanding is that of the recommendations that have been made, a number of them we had been progressing as part of sexual violence legislation, and that's due to be introduced later this year. So it is something that we've actively been looking at alongside the Law Commission, having already done this work.

**Media:** Will there still be a Government building component to the rent-to-own scheme that's included in the KiwiBuild reset on Wednesday?

**PM:** I'm going to leave it to Minister Woods to expand on the KiwiBuild reset at the time that she makes announcements on Wednesday.

**Media:** Can you just confirm that it did go through Cabinet today?

**PM:** Again, I'll leave it for—obviously, the Minister is making announcements on Wednesday. There are no Cabinet meetings between now and then.

**Media:** And the name definitely staying the same, isn't it; Cabinet—

**PM:** Again, I'm leaving it to the Minister to make announcements on Wednesday. I would hate to steal her thunder.

**Media:** Have the Green Party been made aware—

**PM:** Last couple of questions. I'll just check—you'll forgive me, Henry—if there's anyone that I've missed. OK.

**Media:** Have they been made aware of the decision made in Cabinet today?

**PM:** Oh, of course, we engage our confidence and supply and coalition partners throughout the crafting and drafting of Cabinet papers and Cabinet committee papers. That's our normal practice. So that engagement happens well in advance of those papers being considered.

**Media:** So are the Green Party now celebrating—

**PM:** I'm not going to join in speculation, and nor will I confirm any of the content of the announcements that the Minister will be making on Wednesday. All right. Last question—thanks, Jo.

**Media:** Has you got any update on how the talks are going around Ihumātao?

**PM:** Obviously, I've been keeping in touch, but I haven't had a recent update. OK—thanks, everyone.

**conclusion of press conference**