

ALL OF GOVERNMENT PRESS CONFERENCE: FRIDAY, 27 MARCH 2020

Dr Ashley Bloomfield: Kia ora koutou katoa, and welcome to this afternoon's briefing. There are 85 new cases of COVID-19 in New Zealand over the last 24 hours. This comprises 76 new confirmed cases and nine probable cases. There are 37 individuals that we can confirm have recovered from COVID-19 infection. Currently, there are eight people in hospital with COVID-19. Three are in Wellington Regional Hospital, two in Nelson Hospital, and one each in Waikato, Auckland, and Whangarei hospitals. Six are stable, and two patients are in a less stable condition, one of whom is in intensive care. Our laboratories continue to work apace to process and report test results as quickly as possible, and over the last seven days we have processed an average of 1,479—so 1,479 tests—each day around the country. A reminder: anyone who has been tested and is awaiting their result should be in strict self-isolation until that result is confirmed.

Of course, contact tracing continues for all those confirmed cases, and in addition to having additional staff in the public health unit supporting that, we have our national operation at the Ministry of Health, staffed by a range of health professionals. That is increasing each day. We are still seeing a very strong link to overseas travel as well as to confirmed cases—so, close contacts of confirmed cases—and there is a small number of clusters we continue to investigate. Those ones are on our website; no additional clusters from those we reported yesterday. So, in summary, the combined total of probable and confirmed cases in New Zealand today is 368.

Personal protective equipment—there's a lot of ongoing interest in not just our supplies but the supply chain for PPE. We are just finalising and circulating updated advice to health professionals on the appropriate use of PPE; when they do and when they don't need to use it to keep themselves safe. This will be on our website later today and circulated around to the range of workforces that need that advice. Similar advice will also be provided for essential workers who may have contact with people in their day-to-day work and just what sort of precautions they need to take: both the use of masks, potentially, and of course hand hygiene measures.

As I've said over the last few weeks, we have a national pandemic supply of PPE, and individual DHBs also have their own dedicated supplies. In the Ministry of Health national reserve and in stores that are held in reserve in district health boards, we currently have 1.9 million aprons and gowns, 2.7 million pairs of gloves, and 60,000 sets of eye protection, and that is in addition to the 18 million masks that continue to be in our national store, half of which are regular surgical masks and half of which are N-95 masks. On top of that, there's another five million or so out in district health boards. The ministry is currently exploring all existing, and a range of new, avenues to ensure that we maintain our stock, and we have a range of very productive conversations happening. That includes working with senior private sector people across New Zealand who have very good networks internationally. All stones are being turned over to make sure we keep our stocks at the levels that will be needed to protect our healthcare workforce and essential workers.

Three days ago, on 24 March, the Prime Minister, with the agreement of the Minister of Health, issued an epidemic notice under the Epidemic Preparedness Act 2006. Now, that notice unlocks the use of special powers by medical officers of health under the Health Act 1956 to prevent the outbreak and spread of COVID-19. That's the legal underpinning for the lockdown. And, in addition to that, I've issued a national notice to activate section 70 of the Health Act 1956, and since Wednesday night that has prohibited large gatherings and required premises to be closed, with the exception, of course, of our essential businesses. There is more information on this on the ministry's website, and more special powers may be used as the situation progresses. The page on our website will be updated when they are.

As you may know, we have put out a call to retired or currently non-practising health professionals to support the COVID-19 response, should they be required, and there's been a fantastic response there; more than 2,500 have registered already, and that number continues to grow. So, as well as retired workers, we've had interest from people who are not currently working in clinical roles—for example, they are on maternity leave—and they are keen to help with the response as well. From today, healthcare workers will be able to register their availability on the Ministry of Health website, and we can then match them to roles that need to be filled in the sector. At the moment, it is particularly assisting with non-patient contact roles like Healthline and our contact-tracing service.

So, in summary, these are unprecedented times for New Zealand and, indeed, internationally. We are all in this together. As I've said over the last few days, we do expect the daily number of cases to grow. We are testing to find those cases and to take appropriate measures. It will take between a week and probably 10 days before we start to see that number turn around. It will turn around if we keep doing our bit. Modelling shows—and there is a range of modelling out there already in the public arena—that the higher the level of compliance with the measures in place under alert level 4 the greater its impact will be on reducing our number of COVID-19 cases, and, therefore, the impact that will have in terms of hospitalisations and deaths. So I encourage New Zealanders, as we go into the weekend—the weekend may not feel any different from the week, given that most people are at home—do continue to look after yourselves and your families. Do get some fresh air, if you can, and be physically active in your bubble. Look after yourselves, your loved ones, and your community. I'll hand over to Sarah Stuart-Black to make some comments now.

Sarah Stuart-Black: Thank you. I'd like to start with thanking everybody for staying home. Staying home, as you've heard, saves lives, and we must continue to do this. We have information from the police that, generally, people are doing the right thing, but we need for everyone to be thinking and acting more carefully about how they can stay at home to make a difference and save lives. There were some isolated incidents where there were reports of people congregating, and, in these situations, those people were spoken to and provided with some advice about what the restrictions mean.

The Government is under no illusions that these level 4 restrictions, while necessary, have a very real impact on people. These restrictions are dramatic and a sudden shift in how we live, work, and interact with each other. If you're struggling, you're not alone. We're working across Government and with partner organisations to make sure that people get rapid access to what they need, help with finances, help with accommodation, access to healthcare and medicines, and connection to people in their communities. If you do need help, please reach out. We want to make sure that everyone has what they need to get through in the next few weeks. If you're concerned about someone, please check on them or reach out to Government and community organisations, who may be able to assist and advise. Please remember that, even when we're at alert level 4, the Government and other agencies are still open and available to help you.

Challenging as these level 4 measures are, adherence to them is critical. The better we do this the sooner we can emerge from it. We have a critical window to save lives and make a huge difference to New Zealand's future. As Dr Ashley Bloomfield has noted, over the coming days we will continue to see the numbers rise. Hang in there. We know that these measures are the best thing we can do to break the chain of infection. We understand it places strain on you and your families, and the sacrifices that you are making will save lives, and for that we are all deeply grateful.

In regards to income support, we would like to reassure Work and Income clients that regular benefit payments and superannuation will continue as usual. Work and Income are delivering services over the phone and online to ensure clients and staff don't have to have face-to-face contact. While service centres are closed, staff are still working to help clients over the phone, and the Government helpline number to call is 0800 779 997. Work and Income will continue delivering essential income support and housing services, the new

wage and leave subsidies for employers, and helping other essential services, like supermarkets, find the workers that they need.

In regards to accommodation, the Temporary Accommodation Service, which is run by the Ministry of Business, Innovation and Employment, is up and running. The service is working with other Government agencies to assist in providing temporary accommodation to those required to self-isolate who can't do so in their own homes, both New Zealand citizens and people visiting New Zealand. People that need to register with the Temporary Accommodation Service can call 0508 754 163, where a member of our team will help them with registration. The line is open 24 hours a day. There is a cost for temporary accommodation, and the service will work with each individual about how to meet this cost. If you're a New Zealand citizen or resident on a low income or benefit, you can contact Work and Income to see if you're eligible for support. If you're a visitor to New Zealand and need assistance to meet the cost of temporary accommodation, we recommend you contact your embassy or consulate for further assistance and advice.

Finally, we know that things are really tough right now, and for people especially who are living with mental illness. If you don't live with mental illness, you may still feel really stressed or anxious by COVID-19, and this is completely normal. Reach out to your other supports over the phone or online—family, whānau, friends, and workmates. We also recommend sticking to a routine, such as having regular mealtimes, bedtimes, and exercising. But if you feel you're not coping, it's important to talk with health professionals. For support with grief, anxiety, distress, or mental wellbeing, you can call or text 1737—free, anytime, 24 hours a day, seven days a week—to talk with a trained counsellor. Please don't hesitate. Thank you.

Media: On the issue of PPE, you listed those there, and it sounds like there's a lot of stock—is there an issue with getting that out to the country? Is that why people are saying we don't have enough?

Dr Ashley Bloomfield: Yes. So there are two things about the distribution. First of all, the distribution is designed for when we're in normal circumstances, non-COVID circumstances; so there are distribution networks there. What we want to do is make sure that the distribution has got a national view to it so that we haven't got stock sitting in one part of the country and another part short. So we're bringing that all into a national process. The second thing is, of course, we are now needing to get PPE out to health workers and front-line workers who wouldn't normally need it—for example, home and community support workers, pharmacies, and so on, aged residential care—so we're getting in place the processes to make sure not only that they've got it but they also know when and how to use it.

Media: Have you not been doing that already, though—because we have had time to prepare for this?

Dr Ashley Bloomfield: Yes, that has been happening already; it's just we wanted to make sure we've got a really clear national process across that so that if, for example, a worker doesn't have enough and needs more, there's an easy way for more to be ordered and got that person.

Media: Some nurses are telling us that they'll refuse to work unless they get proper PPE gear. What's your message to them?

Dr Ashley Bloomfield: So we've got guidance just being finalised and will be on our website today and going out, actually, through a range of channels to provide advice on when and how to use PPE, and when they don't need to use it. I think the key thing here is to help provide some certainty for our fantastic health professionals about what's the appropriate use of PPE. We know we've got it—it's available for them—but we also need to make sure it's being used where it's needed, and so that's what that guidance will be.

Media: What will that guidance be?

Dr Ashley Bloomfield: I can't give the details of that, but it will be on our website.

Media: It's not a good position to be in, though, is it? If we've got the front line of the COVID crisis refusing to go to work because they don't feel like they've got the protection to do their jobs?

Dr Ashley Bloomfield: It wouldn't be. I think what I can provide is a reassurance that we have PPE available right across our system. We're perhaps ahead of other countries. We've had these stockpiles that have been there just for this sort of situation and for when it's needed. And what we're supplementing that with is advice about when and how to use it.

Media: Can you tell us about those two cases who are in less than stable conditions and the ICU case—the ages, where they are, and how long they've been ill for?

Dr Ashley Bloomfield: So the person who's in ICU is in Nelson Hospital and has been in there for some days—was originally not so bad but has deteriorated over the last 24 hours. And the other person is in Wellington Regional Hospital—is still on the ward but condition not quite so stable.

Media: What ages are they?

Dr Ashley Bloomfield: I don't have information on their ages.

Media: How many patients are currently using ventilators? Do you have numbers?

Dr Ashley Bloomfield: The person in ICU down in Nelson is being ventilated at the moment.

Media: No one else?

Dr Ashley Bloomfield: No; no one else.

Media: Do they have an underlying health condition, or is it—

Dr Ashley Bloomfield: Yes, they already had significant underlying health conditions.

Media: The wedding cluster: can you say how many people are in that cluster as confirmed as having COVID so far, and whether you know how it made it to the wedding?

Dr Ashley Bloomfield: I can't tell you how many people are confirmed in that cluster, but we will update the information on our website around each cluster. What we want to do is try and give a current total and then add to that each day. How did COVID-19 get to that wedding? There's a clear link to overseas travel there.

Media: In terms of the modelling you talked about, you said we won't start plateauing for another week to 10 days. Are we behaving how you anticipated we would, compared to other countries with modelling at the moment?

Dr Ashley Bloomfield: It's a little too early to say, and we've updated our modelling regularly, the most recent one, to take into account the decision to move to alert level 4 and that wider self-isolation. And what that does, of course, is defer out quite a long way the growth and any peak there might be—if we still determine that there will be a peak. And what is happening at the moment is what we have seen in other countries, where you have started to increase—and, in particular, where we've got still a number of people coming in from overseas; and we're still seeing people coming through the border symptomatic, are being tested, and are positive. So that will also contribute to our increase in the number of positive cases for the next wee while as well.

Media: How do you define "recovered"? Is that just a lack of symptoms, or is it a lack of symptoms plus a negative test?

Dr Ashley Bloomfield: It's someone who has got over all their symptoms and has been symptom-free for a 14-day period.

Media: The Prime Minister has often talked about widening the criteria for swabs so that GPs can use their own judgment to refer people. Why, then, are some people being turned away at testing stations and told they don't meet the criteria when they arrive with a referral?

Dr Ashley Bloomfield: So there's still a judgment applied by the clinicians there, and not everyone will be tested, even if they have symptoms, because there may be a clear other explanation for their symptoms. So, yes, there is no limit on testing. In fact, our capacity is now up over 2,000 tests per day. We have, compared with other countries—for example, our testing capacity is on a par with Germany's at the moment on a per capita basis. So we're trusting that clinicians, with good guidance, are testing the right people. As I've said every day, we want to find the cases; so we won't turn away people who, in the clinicians' judgment think, need a test.

Media: [*Inaudible*] parent of a child in the Marist cluster—there was a positive test on Wednesday and they were told contact tracing would take place pretty quickly. They haven't had any contact yet. What's the time frame for contact tracing? Is 48 hours too long?

Dr Ashley Bloomfield: It's as soon as possible; so I'll just go back and check on that. One thing I can say is that, because there's been this increase in cases over the last few days, we have had, of course, an increase in the number of contacts to be followed up, and so that is under way, and it always gets under way as soon as possible. What we do is follow up the very close contacts immediately, and they go straight into self-isolation, remembering that many people will identify their close contacts and notify them themselves about what they should be doing until they hear.

Media: Is one of the new cases in the dementia ward in the Hawke's Bay rest home?

Dr Ashley Bloomfield: I don't have the details on any of the individual new cases.

Media: Could you please clarify whether people are allowed to drive to where they want to exercise, because the Police Commissioner said yesterday, "Yes, if it's close"; today, a police officer has told a man he should not have driven five minutes to a forest to walk his dog. People need some clear guidance on this.

Sarah Stuart-Black: I think the key message, which has run as a stream through all of the communications, has been about "stay local". So, if that means you can go for a walk by walking outside of your front door, great. If you need to drive a short distance to get somewhere, that's fine too. The challenge we have is when people might drive themselves to a place that, if they get into trouble, someone else will have to come to help them, which exposes more risk. So we're saying: just try and stay local if you can. If you're able to walk the dog round the block, it might not be the dog's idea of a good time, but, actually, practically, that will work. You don't have to get in a car and drive to do that.

Media: And what about with the beach, people who live nearby and can walk there? Is that OK? Are they allowed to go in the water? Surf lifesaving are looking for some clarity around that.

Sarah Stuart-Black: So I'll give a position—and we'll see if Ashley confirms with me—that what we don't want is for somebody to end up taking their surfboard out, getting into trouble, and then having to be rescued. And so that's why we're saying this thing about "Don't do activities that will require putting others at risk." Remember, treat yourself as if "I have COVID-19. What do I do to limit absolute contact with other people?" So, where you stay local, great. If you live near—across the road from—a beach, go for a walk, but don't put yourself in a position where others might need to come and help you and be exposed.

Media: So if I go for a swim?

Sarah Stuart-Black: Ask yourself that question: should I be somewhere where I might need help and someone will have to come in and rescue me—if you had COVID-19?

Media: Staying local, though—I mean, how far should people be able to venture from their homes?

Sarah Stuart-Black: I think there's a level of judgment in here; people being sensible and practical. What we're observing is the fact that people are following the guidance, and we're just staying within your local area so that you're with your bubble. You can be out with your bubble, but do it as close as you can to home, and keeping that bubble as a complete bubble, not interacting with people.

Media: What about cycling—because you might go a bit further afield—or jogging? There are a lot of people out running at the moment. How far can they go from where—

Sarah Stuart-Black: Ashley, do you want to take this?

Dr Ashley Bloomfield: I'll cover that. Cycling is great, and, yes, you might want to go further—and stay in your bubble. Don't go racing off the side of the track and injuring yourself while you're trying to keep two metres distance, because bikers tend to pass fairly quickly. But look, I think, as Sarah says, it's a matter of judgment.

Media: So you can cycle but you can't swim. What if some people—

Dr Ashley Bloomfield: Well, I'm not saying you can't swim—

Sarah Stuart-Black: We're just trying to be sensible.

Dr Ashley Bloomfield: I mean, if it's a nice day at the beach—and be sensible—and you can stay separate from others, but what we don't want is it's a lovely sunny day and 200 families are out on Days Bay beach. That's not going to achieve what we need to achieve.

Media: There's confusion about people over 70 or immunocompromised—about whether they're allowed to be out exercising. Is that OK for them?

Dr Ashley Bloomfield: Well, they should, yes, take exercise. Everybody now is in the same boat as that group who we gave advice to, even at alert level 2, to stay at home. So they should be treated with particular care to ensure that they don't increase their risk.

Media: [*Inaudible*] consider a shutdown of elective surgeries and non-urgent elective surgeries on a case by case basis for people in extreme pain? We've got a case here of a 36-year-old in Whangarei who was supposed to have emergency endometriosis surgery—she's on an eight on the pain scale—but her surgery got cancelled last minute. Right now, while there are not many people in ICU, would it make sense for a few cases to go through for elective surgery?

Dr Ashley Bloomfield: Yes, it would, and we've had a discussion with the district health boards about that today. Our first priority was to make sure that they were prepared, and they are. There's been a huge amount of work at our DHBs. So what we're talking with them about is undertaking elective surgery where they can do it without increasing the risk to anybody. And so I think that's appropriate. We'll be working with them on that.

Media: Just on the modelling that you were talking about earlier before, you said it would be a week to 14 days. Is that where you see the plateau and then the number of new cases will start decreasing?

Dr Ashley Bloomfield: So the modelling—there are, sort of, two types of modelling. The modelling about what might happen in terms of a peak and when that will happen—or not—is a longer-term piece of modelling. But what we also are looking at on a daily basis is what's happened in other countries where they've applied quite stringent measures, and what you see, for example, in the Singapores, the Hong Kongs, South Korea, Taiwan, as a jurisdiction where they apply it, is that numbers do keep going up and then they start to drop down again.

Media: So do you have an estimate of when New Zealand's peak might be?

Dr Ashley Bloomfield: Well, they're two different things. We think about 10 days in this wave of infections we've got—that it will start to go down if everybody does their bit. And then what we need to do, of course, is look and think, "Right. What are our indications for relaxing the current alert level? When might we do that? Why?" And then we might expect to look at how could we then stop further infections and the number increasing again. So what we're trying to avoid, of course, is a peak. And if you look at some of the modelling—and there's some that's been released, and we'll be releasing some more in the next day or two—it shows that, if you can avoid that interaction between people and you get high levels of compliance, you can actually avoid a peak. You just maintain at a low level of infections, which you can manage by contact tracing and confinement.

Media: What are the indicators that would see you move down from level 4? Are we talking no transmission at all, no new cases for seven days, no one in ICU? What's the trigger to go down?

Dr Ashley Bloomfield: We have got a meeting at 3 o'clock today to start looking at that.

Media: What can you tell us about the two children that were part of yesterday's confirmed cases? And also, has anyone from the rest home in Napier tested positive, as far as we know?

Dr Ashley Bloomfield: So I don't have any more information about the two children. I saw that report that there were the two children. As far as I know, there haven't been any more cases in the rest home in Napier; however, we will continue to update. I think there's a lot of interest in our updated case-by-case table, which we have refreshed and which will remain on our website.

Media: A mother and student, both considered close contacts and with symptoms, were told by Healthline that they didn't qualify for a test. Why would that be?

Dr Ashley Bloomfield: It's very hard for me to comment on specific interactions, but of course we're constantly giving feedback and updating our advice to Healthline and health professionals about testing.

Media: If they were symptomatic and were close contacts of people at Marist College, should they have been tested?

Dr Ashley Bloomfield: Well, Healthline has a really clear set of algorithms they use, and it may depend on the symptom pattern, the time their symptoms came on; so I do have confidence that the Healthline staff will be applying those algorithms really rigorously. Perhaps another couple of questions.

Media: Has the Ministry of Health approved any DHBs to release PPE pandemic reserves? If so, how many DHBs, which ones, and why, and how many PPE kits?

Dr Ashley Bloomfield: Well, I don't have that level of detail. At the moment, actually, to release pandemic reserves requires an authorisation from me, and I haven't had to make such an authorisation as yet. What we're going to move to, though, is—because we know we've got good supplies of PPE coming in, particularly masks again, we will start to rotate out of our pandemic stocks from the start of April and get that out to DHBs to make sure that everyone's got the PPE they need.

Media: Doctors and nurses are reporting that PPE kits are being stolen from hospitals. Is there any advice around perhaps beefing up security at DHBs?

Dr Ashley Bloomfield: Security at DHBs is an ongoing issue whether we're in this situation or not. The report I did read, actually, was that surgical scrubs were being taken by people, and I just think that's really on the nose, and I just don't think people should be—clearly, people should not be doing that. I would hate to think we were having to beef up security to protect our staff and the things that those staff might need to actually do their jobs. So I just ask everybody to lean in on that.

Media: Do you have any new information on that Marist College cluster?

Dr Ashley Bloomfield: I'm sorry; I don't, but we will make sure it is updated on our website. Last question.

Media: Will the Temporary Accommodation Service that's been set up, or ramped up for COVID, will that cover any New Zealanders who are unable to pay their rents directly because of COVID?

Sarah Stuart-Black: I think that's an issue that is worth people dialling in on their own personal circumstances just to be able to work it through about what their needs might be, because it might not be through the Temporary Accommodation Service and it might be some other support that is helpful for those individuals.

Media: How many quarantine hotels are you using? And is the Pullman in Auckland one of them?

Sarah Stuart-Black: There are a range of hotels being provided in Auckland, and what we're recognising is the capacity needed. It needs to be greater. So options are being worked through as we speak to explore what those might look like.

Dr Ashley Bloomfield: Yes, so there's a range of hotels, and in Auckland you will have seen the campervans as well at the raceway there. So we will get as much accommodation as we need to make sure we can keep people safe, both those people coming in and also other New Zealanders. Thank you very much—really appreciate it, and we'll look forward to the next session.

conclusion of press conference