

POST-CABINET PRESS CONFERENCE: SUNDAY, 29 MARCH 2020

PM: Good afternoon, everyone. Thank you for joining us. I'm going to begin today by handing over to Dr Ashley Bloomfield, the Director-General of Health. After he's given us a case update, I'll then give some introductory remarks, and then we'll take questions. Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, PM. Kia ora koutou katoa. Sadly, New Zealand has had its first death linked to COVID-19, on the West Coast early this morning. The death was in a woman in her 70s who had initially been admitted for what was thought to be influenza complicated by an underlying chronic health condition. As we have seen around the world, COVID-19 can be a deadly disease, particularly for older people and those with underlying pre-existing health conditions. All of our thoughts are with their family and loved ones at this time.

As a result of the initial diagnosis of influenza in this person and the subsequent confirmation of COVID-19 a couple of days later, there was a period when staff treating the woman were using protective equipment suitable for influenza but not for COVID-19. Once the diagnosis was confirmed, staff undertook a range of measures to protect both themselves and other patients. But, as a precautionary approach, the DHB has placed 21 staff into self-isolation for the balance of the 14 days since they last had contact with this person. Understandably, the family would like to take time to grieve, and they have asked the media to respect their privacy at this time.

Our health system will continue to do everything it can to help patients with COVID-19. We have sufficient hospital capacity to manage our current and projected cases, and we have plans well in place to boost capacity if needed. This latest sad news reinforces our move to alert level 4 and the measures we are all taking to prevent spread, break the train of transmission, and prevent deaths.

There were 63 new cases of COVID-19 in New Zealand overnight, until nine o'clock this morning. That is made up of 60 new confirmed cases and three probable cases. I can also confirm that there are now 56 people who have recovered from COVID-19. We currently have nine people in hospital with COVID-19. There are three in Wellington Regional Hospital, one in Wairau Hospital—that's in Blenheim—one in Nelson Hospital, one in Whangarei Hospital, one each in Waikato, Taranaki, and Dunedin hospitals. One of those people is in ICU on a ventilator, and for privacy reasons we won't be providing other details on these patients.

Our labs continue to process and report test results as quickly as possible, and over the last seven days the average daily test number was 1,786. A reminder that anyone who has been tested for COVID-19 is expected to be in careful, close self-isolation, including from their family members, until the result of that test is made known to them. We are still seeing a strong link among our cases to overseas travel as well as links to confirmed cases, and we continue to investigate several possible clusters. Details about the new cases will be provided on our website as they become available, as well as any clusters that we are investigating. So, the combined total of confirmed and probable cases in New Zealand is 514. Today, a reminder to you that we are seeking physical separation, not social separation; be supportive, reach out to people, and, most importantly, be kind.

Finally, as Wellington hospital intensive care specialist Dr Paul Young said today in the media, "If New Zealand pulls together as a community and stays at home, you will save more lives than I will in my entire career." Thank you. Over to you, Prime Minister.

PM: Thank you, Director-General. Good afternoon. As you've just heard, we have had our first death from COVID-19. I know the thoughts of everyone from around the country are with the family of this person. This will be an enormously difficult time for them. I do ask

that we respect their privacy as they grieve for the loss of their loved one. It is a very sad day; it also brings home exactly why we are taking such strong measures to stop the spread of this virus. Left unchecked, it runs the risk of taking the lives of many more people. Even with the measures we now have in place, we will continue to see more people get sick, because of the time it takes for people to become unwell after they have picked up the virus.

Our older New Zealanders and those with underlying health issues are by far at the most risk. It is critical that we all stay at home to give our older New Zealanders as much protection as we possibly can, and our shield of protection for these people is physical distance. But, as the director-general has said, that doesn't mean we cannot be there for them in other ways. Keep in touch on the phone or via Skype, do all you can to help keep their spirits up without coming into physical contact, whether it's dropping food at the gate or leaving messages. Today's death is a reminder of the fight that we have on our hands, and it's a reminder of why it is so important. Everyone can play their part through the simplest of tasks: by not having contact with people outside of your bubble. Stay at home, break the chain, and save lives.

I also want to re-emphasise the need for kindness and support for those who have had or currently have COVID-19, after hearing reports of comments online that I would say amount to bullying. This virus could affect any one of us and any one of our loved ones. And I know that, if we were in that position, it would be difficult enough without having to face the unjustified judgment of others. There are 514 people who are or have battled this illness, and they deserve our support just as we would for anyone who is sick and in need.

I also want to touch on enforcement issues. I have seen, as you will have, reports of New Zealanders not following the rules of the lockdown, and this group we can all rightly feel very frustrated with. I spoke with the police commissioner this morning, who has confirmed that the police have all of the resources they need. That includes the power to arrest and detain if needs be. No one wants that; so I ask that people follow the rules in the same way that the majority of New Zealanders are. Many Kiwis, I know, are keen to ensure that, collectively, the rules are being followed. Some are trying to encourage that by calling 111; in fact, over 2,000 calls have been made in order to have the rules of self-isolation enforced.

Police have today launched a new online form, which the public can use to report level 4 restriction breaches. The online form can be found at 105.police.govt.nz. It can be used to report isolation breaches or cases of businesses continuing to operate when they are not part of the essential workforce. The police commissioner has urged people to use the online form instead of calling police. That enables them to triage those calls which are most critical and most urgent, whilst also giving people the ability to share where they have concerns that people are not following the rules. We know people want to do the right thing if they see people flouting the restrictions, but this enables us to ease non-emergency phone use. Police will take the information reported online and make contact to remind those breaching the restrictions of their responsibilities.

Finally, the COVID Cabinet met this morning to discuss our border measures and the management of New Zealanders returning from overseas. Yesterday, 840, roughly, people arrived back in the country, primarily from Australia and the Pacific, and it's expected that roughly 300 will arrive today. These numbers have been falling dramatically following an initial influx after the lockdown was announced. As you'll recall, we have stepped up the requirements at the border, and anyone who is symptomatic or does not have an adequate self-isolation plan is, essentially, quarantined. I know this is causing concern for their families, and I do acknowledge that concern. We have to keep in mind, though, that returning New Zealanders, through no fault of their own, do carry the greatest risk. We continue to work through ways to manage this risk and meet the needs of returning travellers as best we can.

We're happy now to take questions.

Media: Prime Minister, going back to all of those 21 staff members who were exposed to the person with COVID, has that highlighted any deficiencies or gaps in the level of PPE that's been provided to healthcare workers?

PM: No, no. My understanding—and I'll allow the director-general to follow up on this—my understanding is PPE was available. In a close-knit community, sometimes people will be known to medical staff for having pre-existing conditions, and my understanding is that this was the case here. I'll let Dr Bloomfield respond.

Dr Ashley Bloomfield: Just to follow up on that: so they did take a range of PPE precautions. There was just one element of what they did that was not what we would recommend for COVID-19. Once they found out, of course then they took full precautions. It's a very low risk, but we're just taking a precautionary approach here.

Media: If you could just walk through that time line as to when they were first admitted to hospital and then how that kind of worked in terms of the testing for COVID and when that result came back?

Dr Ashley Bloomfield: So I don't know the exact date of admission to hospital, but the test was confirmed on Friday morning—the test result—and obviously subsequent to that then all full PPE precautions were taken. Prior to that, there was—the person was isolated, there was no risk to other patients, and a range of precautions were taken. It was just this one element, and that was that they hadn't used safety glasses or a visor.

Media: Are any of the staff symptomatic for potentially COVID-19 in these cases, or have any been tested?

Dr Ashley Bloomfield: None are symptomatic at this point. So it's very much a precaution. They're in self-isolation, and they will be monitored and reporting any symptoms, and tested if they need to be.

Media: Prime Minister, a lot of people hearing this news will be feeling quite nervous about having a dead parent in New Zealand. What reassurance do you want to give them, and how much weight should we read into underlying illness?

PM: Unfortunately, COVID-19 is a virus that takes lives, but particularly for those who do have underlying health conditions, as was the case here. Also, our older New Zealanders are particularly vulnerable, and so this is devastating news for us to receive, but it of course is a reflection of why we are taking the measures that we have. No one wants loss of life, and that's why we are all presently self-isolating—to try and prevent that as much as we can.

Media: Just to be clear, you don't know how many days this person was in hospital before being tested for COVID-19?

Dr Ashley Bloomfield: No, I don't, but we'll provide that information with a follow-up. I think it was two or three days, but I'd like to get that correct.

Media: Is there a question over the staffing levels at that hospital at the moment? Is it 100 percent, because there are staff self-isolating there?

Dr Ashley Bloomfield: The staffing levels won't be a problem. What we've got at the moment is all our hospitals have stopped elective surgery and a lot of their outpatient work. So our occupancy rates in all our hospitals are around 50 percent—that is not typical. Many of our larger hospitals would operate at 90 to 100 percent even now, and also even higher going into winter. So, all our hospitals are only about half full, as part of the preparation. So the staffing, both there and elsewhere, is fine.

Media: Specifically at the West Coast hospital?

Dr Ashley Bloomfield: In the West Coast, it's fine. Yes, they've still got enough staff.

Media: Do we know how the patient got COVID-19?

Dr Ashley Bloomfield: I'm still waiting for further details on that. There is a link to overseas travel, but it's not clear whether that is the mechanism here. So we're still not 100 percent certain.

Media: Are there other close contacts who have been tested? Or have you communicated with them or got in touch with them already?

Dr Ashley Bloomfield: No other close contacts have been tested, but family members who are close contacts are in self-isolation, and they'll be tested if they develop symptoms.

Media: What's your advice to people—for example, for goods coming into your house? So, if you've gone to the supermarket or you've got a delivery, what should people be doing with those goods? Should they bring them in? Should they sanitise them? And also, are there any issues with clothing—you know, outside at work, for example—and bringing them into the household?

Dr Ashley Bloomfield: Well, I think just sensible precautions. What I do know is that those who are delivering food—and even, I've noticed, in the supermarket, they've stepped up their precautions around, for example, individual packaging of what would normally be loose bakery items. So I think the supermarkets and those who are delivering are taking significant precautions. I don't think people need to do anything else in particular. If they wanted to, they could wipe things down with a cloth and a mild disinfectant.

Media: But what would your advice be in terms of, I suppose, from object to person? And is that something people should be worried about, rather than person-to-person transmission?

Dr Ashley Bloomfield: The best way to avoid object-to-person transmission is, of course, to wash one's hands straight afterwards and/or use a hand sanitiser.

Media: Can we get an update from you about the advice to those New Zealanders stuck in Peru after they paid the money and then were meant to be flying into Sydney? Can you give us an update on advice for them, or what they should expect?

PM: MFAT is working directly with those cases where we have particularly a group of New Zealanders who might be in one particular part of the world, and I know they're working actively with those who are in Peru currently. So my expectation is that they will be communicating with them and giving them advice. We have been very clear that repatriation in some parts of the world has become more difficult, but I know MFAT continues to maintain contact.

Media: Do you know what happened there? Was it a miscommunication?

PM: I don't have direct information on that particular case, but I can ask MFAT for an update on that.

Media: Dr Bloomfield, you've spoken previously about there only being a few cases in hospitals and, therefore, doctors and nurses in hospitals not being overly exposed. We've now got a situation where they weren't aware that the patient had COVID-19. Are you concerned about the wider bubbles that these hospital workers are going home to and how exposed they are if they don't know that COVID-19 is in the hospital?

Dr Ashley Bloomfield: Sure. So what we have advised all our hospital workers and what they are working on is, of course, if they have someone who is a suspected case of COVID-19, then they take all the precautions right from the admission. And, in fact, this is a slightly different case because the person was well known already to that facility and to the staff there, and they had these symptoms. Because of their underlying condition, they weren't initially treated as COVID-19. In other cases, there is a really clear handover from either primary care or from Healthline to the hospital so they can take appropriate precautions right from the start.

Media: So you don't think that this is an example that might prompt, I guess, for health workers' bubbles to being more restricted?

PM: Keeping in mind, as the director-general has said, PPE, as I understand—gloves, surgical masks—were worn, but in questioning the facility and staff, because in those early phases eye goggles weren't, then that's why these precautions have been taken, but masks, gloves, isolation were all utilised from the outset.

Media: Can I ask about care workers not being required to wear PPE even though they're entering the homes and bubbles of vulnerable New Zealanders? Why is that?

Dr Ashley Bloomfield: So there's very good advice on the COVID-19 and the Ministry of Health website now around what PPE people should be using in different clinical situations—or care situations—depending on what the status of the person is that they are caring for. One of the areas I know there is a lot of interest in is the use of masks, and people see that as a sort of fundamental part of PPE. At the moment, that guidance is that in most situations workers, either health workers in a healthcare setting or home and community support workers, don't need to use masks. We have this under constant review, and I've asked my clinical team. It's the best advice we have at the moment—just to have a look and see what other countries are doing to make sure we're on top of the evidence there—and we'll update the advice if there's any additional or new emerging evidence.

Media: We've seen the number of cases go from 85 to 83 to, today, in the low 60s. Is this an optimistic sign for New Zealand?

PM: Now, we've had discussion over what it is our case numbers might be telling us at present, and none of us are willing to draw any conclusions at this early stage. So, of course, we must remember that there is a considerable lag time in any of our results. So that's one important thing to keep in mind. So we all need to be vigilant. No one can be complacent, and no one is willing to draw any conclusions yet.

Media: Kia ora, Prime Minister.

PM: Kia ora.

Media: Tairāwhiti iwi have sent a letter, I understand, to yourself asking for military and police support to help block their roads off. They're low resourced. I was wondering if you've received the letter and if you have any plans to do anything?

PM: Yes, I had contact from local MPs from Tairāwhiti this morning raising the issues, and I know that police Minister Stuart Nash has been in contact with the mayor in Gisborne to directly discuss some of these issues. And, equally, it's been raised with Commissioner Bush. My understanding is we don't have a resource issue, and we don't have an enforcement issue. The police are able to arrest and detain, if they need to, anyone who is not following the rules, but we're now working through with Tairāwhiti some of their more specific concerns, particularly those that have led to roadblocks being established locally.

Media: Do we have any numbers or statistics of Māori and Pacific who might have contracted COVID-19 and where they are?

Dr Ashley Bloomfield: Kia ora. Yes, we do. We've just been able to do that breakdown today, and we will provide that on the website. But, off the top of my head, Māori so far are at 4 percent of cases and Pacific 2.3 percent.

Media: Prime Minister, are supermarkets going to have to close on Good Friday and Easter Sunday? And could the Government amend the shop trading Act if it was preferable for them to stay open?

PM: Yeah, this is something I intend to discuss with Ministers. It has been raised with me as an issue, and these are extraordinary times. So I'd like Ministers to discuss that issue. It's fair to say that we are in frequent contact with the CEOs of the supermarket chains in New Zealand, and this is something we're likely to discuss with them also.

Media: Would that be a decision you'd make tomorrow at Cabinet?

PM: We would need to make it soon, but I would like to talk to the leadership within the chains just because of workforce issues and so on. In fact, I intend to give a bit more of a general update around the status of supermarkets, stock provision, staffing tomorrow. But it is something that we are keeping a very watchful eye on—every element: the amount of stock that people are seeing, the ability of supermarkets to restock, any pricing issues. So I'll give you an update tomorrow. I'll just finish this line of questioning.

Media: What about extending essential businesses, potentially, for some of those food and produce, or different online or open shops? Are you open to any changes, and is that something you'd look at tomorrow?

PM: Again, MBIE have been keeping a good eye on the requests that are coming through, particularly for online provision, and I'll check in with them again tomorrow around any emerging needs. We've always said that our goal is to keep, as much as possible, as many New Zealanders out of contact with one another as possible, including in workplaces. So that's been a focus for why we haven't been liberal with online purchasing, because it's not just about the person who's making the order but the person who's preparing the order, but we've also said that we will keep a constant assessment. So I'll look to contact MBIE officials tomorrow.

Media: Just on supermarkets, we are still hearing from people who are complaining about high prices—

PM: Yes.

Media: Are you looking to freeze supermarket prices?

PM: What I'd ask for are specific examples that we can follow up on, and that is something that Minister Kris Faafoi has been doing. He has been very specific when he heard issues about chickens, broccoli, cauliflower—he has been quick to contact the leads of the supermarket chains to query what is going on. But I'm looking to give you another update on how we will manage this on an ongoing basis tomorrow.

Media: People are still operating in the Facebook marketplace, apparently buying and selling goods—talking about, you know, meeting up. What advice do you have? Are people—is there going to be scrutiny of this?

PM: Again, if people wish to let us know via 105.police.govt.nz those who are operating what are believed to be non-essential services, do let us know. But it's always best to do it through that form than picking up the phone. That's one way we can make sure we are triaging those calls.

Media: How many foreign nationals are still in New Zealand trying to get home?

PM: I don't have the latest number for you. We haven't had repatriation flights at a large scale yet. So my expectation is it will be similar to what we've had in the past few days.

Media: A quick question about postnatal care. Do you recognise how important it is for mothers to have a support person there in the immediate aftermath of having a baby?

PM: Yeah, I do, and, of course, hospitals have put in guidelines around what their expectations are after mothers have had a baby. I absolutely recognise that. You can imagine it wasn't so long ago I was in that same position. But I also recognise the need to keep mum and baby safe too, and that's what hospitals are having to juggle in this incredibly difficult time.

Media: Isn't there an argument, though, if the support person or the companion can be in there for the delivery—or theatre if it's a C-section—isn't there an argument that that person can then stay on to support the mother in the hours and days afterwards if need be?

PM: In many cases, those will be parents who will be coming and going, because not all facilities, of course, have the ability for people to stay. And so it's that coming and going that presents significant risk. And I have such empathy. I've read the stories but I've also read the stories of people who have loved ones who are very ill in hospital and are unable to visit as well. This is a devastating time that I hope no New Zealander will ever have to experience again in the future, and these are some of the devastating consequences. Dr Bloomfield, you might have more to say on that.

Media: Wouldn't it also alleviate some of the pressure on the nurses and midwives who are caring for those mothers? Because they'd have a support person or companion who could do some of those tasks—after a C-section, for example, lifting the baby, helping to feed the mother.

Dr Ashley Bloomfield: We are in extraordinary times, and so in this area, of course, in the provision of healthcare, there are extraordinary measures being taken. I think the important thing here is making sure that the needs of the person—of the new mother and baby, or indeed someone who may be critically unwell—are being looked after without increasing the risk to either staff in the hospital, to other patients, and indeed to the family themselves. So extraordinary times demand extraordinary responses, and that's the situation we're in.

PM: We'll just let Tova finish this one question.

Media: If the companion—if there is room for them to stay in the hospital after the delivery or the operation, could that be an example where the person is allowed to stay, particularly if it's a traumatic birth or a caesarean section?

Dr Ashley Bloomfield: I have confidence that the staff—which they do on a daily basis—will be able to assess any risk, and if that risk is low or there is no risk, then they will act appropriately. So, again, there's not a single blanket policy, but our primary concern here is to break the transmission and the chain of transmission of COVID-19 in our community. The last place we want it is in our healthcare institutions.

Media: So you're now saying the support person could stay on if the staff—

Dr Ashley Bloomfield: I'm saying that staff will apply their discretion, but the first principle is we do not want COVID-19 in our healthcare institutions, and I think all New Zealanders would support that.

Media: Prime Minister, have you been in contact with the family of the deceased?

PM: No—no, I have not. And, obviously, I'm not aware of their identity or any other details, and they have asked for their privacy to be respected. And so that is why today I pass on my condolences to them through this form.

Media: Prime Minister, do you have an update on the New Zealanders on cruise ships in three separate places around the world—what's happening with them—and any other contact you might have with other countries about arrangements for New Zealanders—

PM: I haven't checked in on—MFAT are doing situational reporting for us on a 24-hour cycle. I haven't seen the latest since Friday, but I will check in on that, but they are continuing to liaise. In many cases, of course, you'll be aware of some of the international reporting around the difficulty of some of those cruise ships to dock and for people to disembark. So that is one of the issues for those New Zealanders. My memory is that we have something in the order of 300 New Zealanders in that category.

Media: Are they being treated as a high-risk group in terms of their exposure, given there are deaths on some of those ships already?

PM: We're treating all New Zealanders who are coming in from international travel as high risk, and that includes those on cruise ships.

Media: Have you given any thought, Prime Minister, about looking again at the ban on butchers, particularly around halal meat? There are concerns that people can't access halal food.

PM: Yes, we are aware of the issue around halal. That's something that we have had a team looking at ways that we can ensure the ongoing access to halal whilst still maintaining our goal of having as few people who are in contact with one another through being in the workforce as possible. So it is something we're aware of, and we are working on.

Media: You might be able to do that?

PM: There have been questions over whether or not there's a way to maintain halal certification while still making it available within a supermarket environment. I certainly do not have the expertise to make that judgment, but there are options that are being looked at as we speak.

Media: Prime Minister, are you confident that the most vulnerable New Zealanders are doing OK in this situation, in terms of the homeless, where the weather is turning quite clearly here in Wellington as we get into the winter season? Are people going to be warm, safe, and protected from COVID-19 during the lockdown?

PM: Well, we have had a focus on finding additional provision of housing and units and accommodation for that group. MHUD have done that. Last week, they had several hundred units identified and available. We've also, as you'll recall, put \$27 million into services like those who are working with the homeless population, for the very fact that we are worried about that group. We want that workforce to be able to continue to work alongside them and make sure that they're well cared for through this period.

Media: Does that mean that MSD has still got regular social workers interacting with these families?

PM: Many of those who work with our homeless community—as in those who are rough sleeping—are often within our NGO workforce and then work in conjunction with MSD. We consider them to be essential services. But there might be other ways and mechanisms that they're using at the moment to try and change the way that they're working, and we're supporting them.

Media: Have there been any discussions about how to reach, or how the police can monitor or enforce, hard to get communities? For example, Gloriavale has been mentioned today, and even gangs. Are other different approaches going to be taken to communities like that?

PM: Yeah, and this is where, you know, the police force, who know their community well, will be utilising their community policing experience to make sure that they're policing in a way that uses their local knowledge as well. I have—and Tairāwhiti is an example; we're really relying on the local police force there, who'll know where there might be issues where locals have chosen to use their own blockades and so on—that those local connections, that local knowledge, will really need to be applied. And that's why the police are best placed to do this as opposed to any other workforce. But, again, Commissioner Bush will be available again tomorrow if you've got specific communities you wish to ask questions over.

Media: How many of the 514 confirmed or probable cases are you treating as likely community transmission? The number previously was four. Has that gone up?

Dr Ashley Bloomfield: I don't have the exact figure of the new cases in the last day or two; many of those are still being followed up and investigated. The number associated with community transmission will be increasing—I have no doubt about that—and particularly because we are seeing these small number of clusters around the place. That's the thing about alert level 4: it's predicated on community transmission is either present or

there is a risk of it being sustained. That's why we're in alert level 4—it's to break that chain of community transmission.

Media: How many of the tests that are carried out each day—even just a rough idea—are carried out for people who don't have a history of overseas travel or a link to a confirmed case? How far are we testing for community transmission?

Dr Ashley Bloomfield: I can't give you the exact proportion, but it's very clear that there is a lot of clinical judgment being applied to the application of testing. Not everybody has a history of overseas travel or is a close contact. That's good to see. We have got testing capacity there. We continue to increase it, and as I've said right from the start, we want to find the cases so that we can act accordingly and break the chain of transmission.

PM: And whilst Dr Bloomfield is giving that rolling average, which is a really helpful way to look at our ongoing testing profile, I can at least assure you that, even though testing yesterday was over a weekend, we still had over 1,800 tests undertaken yesterday.

Media: Prime Minister, I'm starting to sound like a broken record with this question but—

PM: The modelling question?

Media: Yes.

PM: No, absolutely.

Media: Given the unprecedented nature of the policy response, don't you think it demands a high level transparency?

PM: Yes, I'll give you three quick updates there. I expect that modelling to be released within the next 48 hours or so. The second thing, as I've said previously, is, as you would expect, there are a group of experts in New Zealand and much of the modelling we've used is already in the public domain. So I wouldn't expect to see anything that would surprise you. But, thirdly, I know you'll also appreciate, in terms of time lines, many of the people who would usually work on these releases are actually also working on our response. But you can expect that, I would say, over the next 48 hours or so, but you won't be surprised by some of what you see.

Media: Yesterday, we asked about the supply chain to supermarkets and superettes. Does that apply to magazines as well as supermarkets, because magazines and community newspapers—

PM: I'm happy to answer on that. Yes, I have seen some commentary around the availability of magazines and also community newspapers, and whether they're defined as essential services. Of course, we consider the provision of information to the public as being an essential service. It's why all of you are here. What we're concerned around is sometimes those distribution networks. Delivery networks, often with community newspapers, are obviously very localised. So, at the moment, Kris Faafoi, as our Minister with responsibility over broadcasting and communication, is in contact with some of those different producers of particularly community newspapers to ask whether or not if they are able to utilise existing distribution, such as New Zealand Post or, for instance, dairies, and can guarantee that there will be public health measures around close contacts used within the printing element—if they can satisfy all of those tests, then there might be some opportunity there. But, again, we apply the same principle we always have: we have to guarantee the safety of the workforce, and distribution at the moment, the old forms of distribution, just would not work in this current environment.

Media: Is the Government going to ensure, though, that those community newspapers can survive?

PM: Yeah, and so that's why—I mean, I understand in the South they made their own decision to go into hiatus for this period. That's my understanding. But you'll see that we are having those conversations to see if there are other ways that information can still be provided to the community.

Media: Prime Minister, are you having more discussions with Scott Morrison about supporting New Zealanders in Australia, and are you any more confident that there may be a change there?

PM: As I've said, I've already raised it once. I am looking to make contact with PM Morrison just to check in some time over the next few days and will raise it again. It's something consistent for us.

Media: How urgent do you think that situation could become?

PM: Very urgent. I do try and keep an eye on the feedback of New Zealanders. I do take a look at what's happening on my social media; it's a way that people can give me direct feedback. It's how I pick up many issues. And I am seeing feedback from New Zealanders in Australia in very difficult circumstances.

Media: New World's supermarkets appear to have instructed their immunocompromised employees to use annual leave and, if they run out of that, unpaid leave to stay—

PM: I've heard that—I've heard that and I'm getting some advice, as we speak, from Minister Lees-Galloway over some of those issues, and also looking to verify directly from those supermarket retailers how they are operating with their over-70s and those who have compromised immunity. Again, as I said, I'm looking to give you a bit of a more comprehensive update on our supermarkets across a range of issues tomorrow. So I'll come back on that one too.

Media: If they've already used leave, for example, they've already been forced to take unpaid leave or haven't felt that they've wanted to come in to work, is there any way of retrospectively applying these rules or—

PM: Yeah, and so, as you'll recall, we've rolled in the sick pay payment for isolation requirements into the wage subsidy. So that is now available via the wage subsidy. But I see supermarkets as being in quite a particular position at the moment, not least for the fact that they have not experienced a downturn through COVID-19, and so that's why I want to come back with some specific advice.

Media: Dr Bloomfield, are you anticipating a spike in postnatal depression as a result of COVID?

Dr Ashley Bloomfield: Not specifically, but, obviously, a key focus for us is ensuring that people's mental wellbeing is looked after. And so that's a focused workstream on that. We want to make sure that everybody who needs support, and particularly those who might be more vulnerable—for example, new mothers—get the support they need, and it may be that that needs to be through different media and different ways of doing that. And so I think we've seen many mental-health professionals already move to—I know colleagues who have moved to doing online Skype sessions with people. We want to make sure people get the support they need.

PM: I worry about that group. I know many, many new mums will, of course, stay at home for long periods after having a newborn, but they usually get visits and they usually get extra contact, and they usually have extra support. And so, for that group, I just ask people in their wider circle to stay in contact, reach out, check in on those families, see how they're doing, in the same way we ask that you do with older New Zealanders. There are people we should be particularly mindful of, and new mums, I'd say, are amongst them. OK. Last question—Jo.

Media: Particularly in light of the death today, do you think the message has got through to the over-70s? There's still lots of reports of them regularly going to supermarkets every couple of days. Do you think it's got through, especially in light of what's happened today?

PM: I do worry that our older New Zealanders, who may have a tendency to not wish to be perceived to be putting anyone out, may not be asking for the help that we need to give them. I really want to again restate: you must stay at home. We as a country want to

do everything we can to protect you, but we can only do that if you stay at home. Reach out to friends, to family, to neighbours. They will only be too willing to help at this point in time and during these extraordinary times. So please reach out, and don't leave your home.

Media: Just to be clear, maybe to some parents who haven't got the message, should they be popping to the supermarket if they are elderly and have health conditions? We're hearing quite a few examples of parents maybe not taking the advice—

PM: I've had a number of people who have said to me that they have not been able to convince their parents to listen to the advice, and so in lieu of anyone out there who's over 70 or has underlying health conditions, who is not listening to their children, please listen to me: you must stay at home. It's devastating to lose anyone. It's devastating to lose a parent. I don't want that to happen to your children. Please stay at home.

conclusion of press conference