

PRESS CONFERENCE: WEDNESDAY, 1 APRIL 2020

Sarah Stuart-Black: Kia ora koutou katoa. Today, I'm joined by Dr Caroline McElnay, the Ministry of Health's Director of Public Health, to provide the health update. Caroline.

Dr Caroline McElnay: Thank you. So I'm Caroline McElnay and I'm the Director of Public Health at the Ministry of Health. That means that I'm a medical practitioner and my specialist area is public health medicine, and I'm leading the public health response to COVID-19. I've been at the Ministry of Health since 2016, and before that I worked in Hawke's Bay.

I'd like to give you an update on the cases of COVID-19 today. We have 47 new confirmed cases of COVID-19 and 14 new probable cases. There are no additional deaths to report, and we now have 82 reported cases who have recovered. So that gives us a total combined confirmed and probable cases in New Zealand of 708, which is 61 more than yesterday.

We have 14 people in hospital with COVID-19, and the locations and details of that will be on our website. Two of the 14 who are in hospital are in intensive care units but they are stable. For those cases that we have information on to date, we still see a strong link to overseas travel with just over half of all the cases reported reporting overseas travel as well as links to confirmed cases within New Zealand of 30 percent and community transmission at about 1 percent. However, we continue to focus on getting better information on the data for community transmission.

I now want to talk about the case definition. As the Prime Minister mentioned yesterday, our technical advisory group met yesterday, and today we will be issuing a new case definition. This case definition is used as a guide for clinical practitioners for diagnosis and testing, but we do rely on clinical judgment at all times for any assessment of any patient.

The new case definition is now anyone with respiratory symptoms which are consistent with COVID-19 disease. Those individuals should be considered for testing regardless of travel history or contact with a confirmed case. We do know that this will result in more testing being done, which is good and which we are also prepared for. Our testing capacity is currently 3,700 tests, and we are currently doing an average 1,843 tests per day based over the last seven days.

We are increasing our capacity to test as well. We currently have eight laboratories who are testing, and by the end of next week we will have 10 laboratories who are able to test, and that will bring up our capacity further.

On clusters, we continue to actively investigate and contact trace a number of clusters. Clusters are defined as outbreaks, so there are cases which appear to be connected. One of the reasons that we focus on clusters is that we want to make sure that we don't get spread of those clusters, so we identify, test, isolate, and investigate, and that investigation happens at a local level through our district health boards. It starts off with a case interview followed by identification of who their close contacts would have been.

Each situation is variable—depends on the nature of the movements of the case. And so it can mean that we have more testing at a local level, according to the local medical officer of health. The purpose there is to get good control of spread, but also it allows us to get better information about what is actually happening in that community. Our contact tracing continues. Yesterday, we were in contact with 418 close contacts to give them advice and information about the need for strict monitored self-isolation for 14 days.

And, lastly, I just want to emphasise that what we are talking about is physical distancing, not social distancing, so it's really important that we do all keep in contact by phone and through the various options that we now have for networking. It's important that we remind people to be considerate to each other and to your neighbours, and to be kind. Thank you.

Sarah Stuart-Black: Thank you. So I'd like to start with a bit of a shout-out to our sign language interpreters today, and I'd like to thank them and the other sign language interpreters that have been working so hard in recent weeks at these media conferences. They are providing an essential service, ensuring that deaf people can access this important COVID-19 information along with other New Zealanders. So thank you.

I'd like to recognise the role that Māori continue to play in the emergency responses, and we know from recent emergencies, including the Whakaari / White Island eruption, the Christchurch mosque attacks, and, of course, the Kaikōura earthquake and tsunami and Canterbury earthquakes as well, iwi and Māori are a key part of any response, and they are connected across all levels of the COVID-19 response that is being undertaken.

Civil defence emergency management coordination centres at a regional level have iwi liaison embedded to contribute to the response effort and to leverage their significant community networks. Iwi and Māori organisations are mobilising across the country to support their communities and to help stop the spread of COVID-19.

To support these efforts, the Government last week announced a \$56.5 million package to support a whole-of-Government approach to providing health, social, and economic support to meet the specific needs of Māori. This includes \$10 million to support community outreach being distributed to iwi Māori groups and communities across the country and \$15 million to support Whānau Ora commissioning agencies in their work with whānau.

I thought it would be useful to update you about the charter flight that started to take New Zealanders who have recently returned from overseas back to their regional centres. The first flight took 57 passengers from Auckland to Wellington and then on to Christchurch yesterday. These people have been in managed isolation in Auckland hotels since coming back from overseas, and we have another flight this afternoon, and there will be more in the coming days as needed. We are doing our best to move people who are eligible for these chartered regional flights as soon as we can. All passengers on these flights had pre-health checks and were without COVID-19 symptoms. They must all go into self-isolation once they get off the flight. It's been a very complex exercise to make these flights happen, and it's just one example of the tremendous work being done by national and local government working alongside the private sector.

Yesterday, the Minister of Civil Defence extended the state of national emergency for a further seven days. The Minister has extended this state of national emergency to ensure we continue to have all of the resources, support, and powers we need to prevent the spread of COVID-19 in our communities. Under the Civil Defence Emergency Management Act, a state of emergency expires after seven days after it's declared, unless it's extended or terminated earlier. The seven-day limit is a safeguard, as the powers made available to me as director and to local controllers are far reaching and are only needed when we're dealing with an emergency. States of emergency can be extended as many times as needed, but each week we will be applying a stringent check to make sure that we do still require those powers and we meet the tests that are set out in the Act.

I'm aware that some people have been confused about the difference between a state of national emergency and COVID-19 alert levels, so I'll try and explain. The state of national emergency and COVID-19 alert levels are two distinct and separate things. The alert levels specify the range of measures that we are taking against COVID-19. A state of national emergency provides the people managing the response in an emergency, and, in this case, COVID-19, to access powers that they need but would not normally have. The alert levels can be applied without a state of emergency, and a state of emergency can be declared without alert levels being used. However, the powers made available by the state of emergency do support and help us enforce the measures being applied. The powers have been used a number of times so far, including to stop people doing non-essential activities and to requisition a car park so it can be used as a community-based assessment centre. These powers are complementary to the powers under the health legislation.

We can reiterate the importance again of staying home saves lives. The message is simple, and you've heard it from me and others before. We're all in this together. Most New Zealanders are continuing to stay at home and help keep everyone safe, and we know and recognise we're asking a lot of New Zealanders when it's challenging, and we thank you for your continued efforts.

We're aware that in some communities there's been expressed concerns about the welfare of their residents, and some have taken steps to express their concerns, including signs or road obstructions to prevent travel in or through their area. Where police are aware of these, they have been speaking to those involved and have provided education and advice to ensure the safety of all members of our communities. The police focus remains on maintaining public safety, security, and public order, and everyone can assist by continuing to self-isolate in their own home. Please do get outdoors for some fresh air and exercise, but do stay local. Travel should be restricted to that essential travel and for people to buy food or medical supplies.

So, finally, I'd just like to say again, thank you to everyone for everything you're doing to help us break the train of transmission. Thank you, and we're happy to take any questions. Let's start with Tova.

Media: Thank you. Dr McElnay, could you please explain why families are called clusters? They are far smaller numbers compared to a wedding or a conference, for example.

Dr Caroline McElnay: Well, a cluster is another name for an outbreak, and the reporting that we're doing on clusters is where, at a local level, the public health unit has determined that that's an outbreak, and so it's a process that we have. It exists at all times for any disease investigation—that that public health unit can say "There's an outbreak here." It allows us to connect up across the country our different public health units. It's a centralised system that sits with ESR. So that allows us to make sure that if a case pops up in another part of the country, it can be linked in to that outbreak.

Media: [*Inaudible*] apologise for breaching the privacy of two families by releasing their names on the Ministry of Health website yesterday? Do you apologise on behalf of the ministry?

Dr Caroline McElnay: Oh yes, we apologise unreservedly for that, and the families have been contacted. That was very much inadvertent, and we have put in place processes to make sure that that doesn't happen again. [*Interruption*]

Sarah Stuart Black: Sorry, a question here first.

Media: The number of cases has decreased day by day consistently for, I think, four or five days now. The public might read that as the risk of COVID-19 within New Zealand is decreasing as well, and what would be your response to that?

Dr Caroline McElnay: I think those numbers are encouraging, but it's much too early to say what that actually means. We always expected we'd get an increase in cases—that the cases would continue to increase. We still expect to see that increase because now we will be getting more testing. We've broadened the case definition, so that should result in more positive results coming through. It's much too early, and I just want to emphasise that the main message, then, is the self-isolation that we've got already in progress. We've taken the control intervention in advance of having some of the data that we need, and that's the right thing to do.

Media: Just in response to the ramping up of the testing, you said that you're at about 3,700 at the moment. The Minister of Health this morning said that they were aiming to get that to about 5,000. How do you get from where we are now to 5,000, and when do you expect us to get there?

Dr Caroline McElnay: So one of the ways that we're doing that is we are bringing on more labs who can actually do that testing, and that increases our overall numbers. The

5,000 would be an ideal number—the more testing that we can do the better. It's not just the testing; it's actually how the testing is done. That will give us a much better picture of what's actually happening across New Zealand, and that's really imperative that we have that information here and now.

Media: [*Inaudible*] 5,000 is the ideal, what is the target, or what are your expectations of test per day in the coming weeks?

Dr Caroline McElnay: We're using 5,000 as a figure at the moment, but we're doing further work to determine a broader surveillance strategy for COVID-19 disease in New Zealand, and that might result in changes to that number.

Media: Can you give us an update on the number of ventilators in New Zealand, and how many more have been ordered?

Dr Caroline McElnay: I'm aware that work is ongoing in that area, so I'm not able to update you today on any numbers that have been ordered. I'm aware that there is a process that the Ministry of Health is going through, but we can provide that information to you when I have that available.

Media: How many ventilators does New Zealand have right now?

Dr Caroline McElnay: I think Dr Bloomfield has reported that in previous stand-ups. We know how many we've got. We've got the ability to flex up by repurposing some machines, but what we're particularly looking at is getting the ability to get new ventilators into the country, and it's that aspect that is—certainly this discussion's under way.

Media: Where have those ventilators been ordered from and how much have they cost?

Dr Caroline McElnay: I'm sorry. I don't have the information on that, but we can provide that when it's available.

Media: Is the number of cases just going down because the number of tests are going down?

Dr Caroline McElnay: Well, the tests—the testing depends on people presenting and the clinician ordering the testing. So we really don't know whether it's less people presenting for testing or whether it's lower disease. We're seeing a plateauing of the number of tests. It's much too early to read into those figures. We're keeping a very close eye on it. We cannot stop keeping a close eye on it. I think it's just much too early to say.

Media: So isn't it—it's actually a fall-off since last Wednesday. Why has the testing been falling off like that?

Dr Caroline McElnay: Well, there's always difficulty looking at individual days, and over the weekend we traditionally do see for any of our health data a falling-off of appearances over the weekend. So we need to take a longer lens looking at it, so we're looking at three-day averages. We'll also be then, as time goes on, having a longer look at what actually is the average amount of testing being done. I would expect it to go up in the next few days.

Media: Certainly, there's about 1 percent community transmission. Sir David Skegg yesterday said that's a meaningless number because the testing hasn't been widespread. Do you accept that?

Dr Caroline McElnay: We calculate that figure from the information that we're getting from cases, and there's a lot of uncertainty about that number because there are some—some information we still don't have on those cases. It's what we can determine at the moment. Yes, by increasing our testing, that's one of the ways in which we can get better certainty as to what that true level is.

Media: [*Inaudible*] have a better gauge on community transmission?

Dr Caroline McElnay: It's a very important piece of work that we need to do. We need to be able to analyse that here and now. So in the next couple of weeks, I think we'll

have a much better assessment of what the community transmission is, bearing in mind that we are already in a level 4 lockdown, so that is a controlled intervention, which means we would expect to see less community transmission.

Media: Just regarding the clusters, what information is the Ministry of Health now publishing about that? It seems to have stripped exact locations and companies altogether.

Dr Caroline McElnay: Well, we have to be very mindful of the confidentiality of the information on clusters. The purpose of publishing that information was to initially give some information to communities about what was happening in their local community. There's a lot more information that we at the ministry and at the local public health unit have where they're investigating those clusters and taking that control.

Media: But don't the public deserve to know where those clusters are?

Dr Caroline McElnay: Again, it's a—we have to be very mindful of the balance between providing that information but also protecting the privacy of both individuals and places that they may have been associated with.

Media: On PPE, why has there been a priority ranking created for PPE if there isn't a shortage, and, if we give it to everyone who wants it or needs it, will there be a shortage?

Dr Caroline McElnay: Dr Bloomfield yesterday announced that we are getting PPE out there to our—certainly for our healthcare workers as a priority. I think we have to recognise that there are priority groups for PPE; healthcare workers is the group that I can speak most to and certainly we're getting that PPE out to those on the front line, because we want our healthcare workers to be safe—that's really important—but also we want them to feel safe.

Media: [*Inaudible*] hospitals have been asking for basic PPE—for example, access to masks. If we are producing so many, why can't they have access to them and why are they telling RNZ that they've been told to remove them?

Dr Caroline McElnay: I can't answer that, I'm afraid. I don't have any information on it.

Media: Can I just follow up on PPE. We've heard a lot about the numbers around masks available. What about gowns? Can you give us an idea of how many gowns we have available?

Dr Caroline McElnay: I don't have the details of that. We can get that to you. But that's a very valid point. We have been focusing a lot of masks; there are gowns, there are gloves. But also PPE is part of the control approach, which includes physical distancing and hand hygiene, so those two are infection prevention control measures. PPE is just one of those.

Media: When did the Government's capacity for testing increase by 5,000, and why was it not done earlier, and has the Government approached foreign Governments about using their testing capacity?

Dr Caroline McElnay: Our testing capacity is currently 3,700. That capacity has been increasing since the start of our COVID-19 response as more and more labs are able to do the test. There's a process that the labs have to go through in order to be able to offer that testing. It's important that that testing is validated because we rely so much on it that we need accurate tests. So that's why the numbers have been increasing. The 3,700 is where we are at the moment, but we want that to increase and one of the ways that that's happening is by two new labs coming on board.

Media: When is the Government going to start undertaking random community testing?

Dr Caroline McElnay: We're developing a surveillance plan for COVID-19. By that I mean that we will be identifying all the different information sources that we need to allow

us to truly say what is happening with COVID-19 disease in New Zealand, and that type of approach, a community survey for some communities, could be part of that plan.

Media: Is that not an outright knocking on people's doors saying, "You will be tested."?

Dr Caroline McElroy: We haven't excluded that. That's part of our planning process.

Media: How is surveillance [*Inaudible*] testing going to happen with no face-to-face contact? How can you get swabs as you usually do? Is it a survey—people can phone in?

Dr Caroline McElroy: We're still working through the details of our surveillance plan.

Media: Is the ministry aware of how many people are still coming back from overseas, and are they being tested?

Sarah Stuart-Black: I can answer that. What we're seeing is a drop-off on the numbers of flights, obviously, coming into New Zealand, and so that in itself makes it an easier process to manage in terms of the quantum of people, but there is some really strict guidance that is being applied. So for those people that are coming back into the country, the expectation is before they even leave the country of origin of the flight that that's been tested with them around knowing what is going to happen when they arrive home, and the expectations if they're symptomatic and therefore going into a quarantine accommodation option versus those that come back that are non-symptomatic, and once they've basically been processed or triaged through, if they have a really clear self-isolation plan and they're able to do that in a way that doesn't expose others, then they'll be able to go home. For those that don't, they will stay in self-isolation at the entry point that they came into, and that's really to make sure that we provide that real safety net around other people being exposed.

Media: [*Inaudible*] have told us that there's been massive issues with the number of flu vaccines.

Sarah Stuart-Black: Can I just answer the follow-up question. I don't have the exact numbers in front of me today, but I will be able to find that out as a follow-up to this, but what I understand is there has been a significant drop-off. So where we were seeing thousands, we're seeing significantly less.

Media: Are those Kiwis who are isolated—they've come in, they're in Auckland. And say they're from Dunedin or Christchurch or somewhere. After their 14 days' isolation, will there still be regional flights to bring them home?

Sarah Stuart-Black: That's what was trialed yesterday, in effect: was the beginning of how to move people across the country to enable them to go home into self-isolation where they've got no symptoms, but, where people have either had COVID-19 and then are cleared from that, that will be part of this process of looking at how can we safely transport them and is that feasible. And, for some people, it just might not be, but that's being worked through.

Media: What do you mean? Does that mean that some people will be stuck in Auckland indefinitely?

Sarah Stuart-Black: So I think if we've got a really safe way of transporting people on planes and that's continued over this coming weeks, then that means we'll be able to do what we did yesterday and what we're doing today in terms of transferring people with hops into Wellington and Christchurch. But that's reliant on that continuing to work and actually maintain that safety for those that are on board the plane as much as the communities.

Media: So should they be prepared to maybe stay in Auckland in those hotels for more than two weeks then?

Sarah Stuart-Black: Well, I think, if they're unwell, they'll have a period of being unwell as well as whatever self-isolation time might be needed. I think each individual case will be judged by public health physicians—and, Caroline, you might want to comment on that.

Dr Caroline McElnay: So we're very aware of the risk of people returning to New Zealand. And so one of the measures is a screening as these people arrive at the border, and so anyone who is symptomatic is then diverted and assessed by health professionals, and that group—if their symptoms fit with COVID-19—will have a temperature taken, and testing will happen, they'll be offered testing, and then the management of those individuals depends on the test results. So we'll actually be doing that testing as people arrive at the border. It does take 24 hours minimum for the test results to come back, and then the further actions follow after the test results. For those who are positive, then they will be classed as a case, and they're being kept in a special—or they will be managed in a special—isolation facility.

Media: Has the capacity for contact tracing been scaled up yet and can it be done remotely yet?

Dr Caroline McElnay: Sorry, could you say the beginning of the question?

Media: Sorry. Has the capacity for contact tracing been scaled up and can it be done remotely yet?

Dr Caroline McElnay: Yes, we have a centralised contact tracing system that's been stood up within the Ministry of Health. We're bringing on more people and we're also using technology in order for that to be able to have the capacity to do more contact tracing and also to provide information on those contacts.

Media: Which country is the source of the main amount of people coming back to New Zealand?

Dr Caroline McElnay: I don't have that information to hand, but it is information that we do have, so we can get that back to you or put it on our website.

Media: Do you know if any people who are arriving and going into self-isolation—how many of those people have subsequently tested positive?

Dr Caroline McElnay: I don't have that information, but, again, particularly with our contact tracing centre as that new one is being stood up, we will have a better ability to be able to have that data.

Media: Doctors have told us that there are massive issues with the supply of flu vaccines. Why are you stating that you have plenty and yet you've been unable to get them to the places that need them?

Dr Caroline McElnay: Thank you. We have substantial stock of flu vaccine in our fridges around the country in general practices. I think this is an issue more of the supply—the distribution rather than the actual number of flu vaccines. And the Ministry of Health is working very closely with practices, PHOs, and our immunisation coordinators, who can help move that flu vaccine around to where it's needed.

Media: We understand that GPs have been restricted to 60 doses per order. Is this because the ministry has mishandled it?

Dr Caroline McElnay: No. This is about making sure that we get that flu vaccine to where it's needed, and so it's a process of stock distribution.

Media: With testing of swabs, why is it that GPs are telling us that they might put in an order for, say, 30 swabs and receive five or that they might send a swab to a lab, and it'll be rejected for not strictly fitting the criteria? Why is that?

Dr Caroline McElnay: I'm not sure on the details behind that particular query, but we are—

Media: It's a general complaint from many GPs though, that they can't receive enough swabs. Is there a shortage?

Dr Caroline McElnay: I think, again, it's a bit similar to the flu vaccine answer. It's about making sure that we have the distribution of the swabs that we need across the

country for where it's needed, and sometimes there's a bit of a time delay in just getting that distribution happening. We do have the resources to support primary care, but sometimes it's just not there at the time, and we're working with our DHBs to make sure that that happens

Sarah Stuart-Black: Can we just do one more question—one more question.

Media: On contact tracing, you said 418 close contacts yesterday. How many are you doing daily on average, and how is that capacity increasing over time compared to where you were, say, two-three weeks ago?

Dr Caroline McElnay: Again, I don't have that information, but that is information that we will be able to supply to you going forward.

Media: Can we ask just one question about self-isolation. A lot of New Zealanders are doing enough to stay safely isolated, but are you concerned that people may become more relaxed as the weeks wear on?

Sarah Stuart-Black: Well I think that that's about everybody taking responsibility, isn't it? I mean, from what I've personally observed as well is people being really positive and respectful and kind to each other and I think we just need to have that patience to get through this period, but we'll continue to remind people about what the right actions are to take to keep themselves and their families and everyone else safe.

Media: You mentioned concern about communities taking it upon themselves to put up checkpoints. What would you say to those people that are putting up signs that say things like "residents only", and "go home [*Inaudible*]?"

Sarah Stuart-Black: Yeah, I think the same messages apply. Be kind. This is actually about making sure that everybody is able to self-isolate in their homes, and people should be staying local—that's the message that's gone out. If people have got concerns, you know, they can be addressed and worked through with local police, but in the meantime let's just really try and make sure that we're coming across as absolutely focused on the core issue here, which is stay at home and self-isolate. It'll save lives. Thank you.

Dr Caroline McElnay: Thank you.

conclusion of press conference