

ALL OF GOVERNMENT PRESS CONFERENCE: THURSDAY, 2 APRIL 2020

Dr Ashley Bloomfield: Kia ora koutou katoa. Welcome to today's update on COVID-19. I have quite a bit of material to get through this afternoon, so if you could bear with, but I have quite a lot of information I want to share with you.

Today, there are 76 new confirmed cases of COVID-19 and 13 new probable cases. There are no additional deaths to report in New Zealand. There are now 92 reported cases that we can confirm have recovered from COVID-19, so the combined total of confirmed and probable cases in New Zealand is now 797. That's an increase of 89 since yesterday. Today, there are 13 people in hospital with COVID-19, including two in ICU. All patients are stable. There are more details on our website about just which hospitals those people are in.

For those cases that we have information on, we are still seeing a strong link to overseas travel—that is 51 percent of cases—as well as links to confirmed cases within New Zealand—31 percent—and at the moment we are only categorising 1 percent as community transmission. But I do want to point out that a further 17 percent of cases are still being investigated, and we fully expect that many of those will transpire to be community transmission. Community transmission is essentially a categorisation by exclusion, so we have to exclude any tie to international travel or to an existing probable or confirmed case. So, once again, 17 percent of cases are still being investigated, and many of those, we expect, will transpire to be community transmission.

There is updated information on our website around the current clusters in New Zealand. What I can say is just at a high level, there are now six clusters of 10 or more people. There were seven yesterday, but one of those is now less than 10 so we have taken that off, and further updated information about the number of cases in each cluster is on our website.

In terms of laboratory testing, our test capacity continues to grow significantly. Yesterday, our labs across the country processed 2,563 tests, bringing our total number of tests completed to date in New Zealand to just over 26,000. We now have the eight labs around the country processing tests, and by next week that will be 10. Our total volume that we can process each day is now over 4,000 tests, and in the last seven days the average has been 1,835 per day.

We know that in terms of both capacity, and increasingly in terms of testing, we benchmark well with other countries, particularly in terms of where we are at in the stage of the outbreak in New Zealand, and I just want to acknowledge the huge amount of work that has gone on amongst our labs over the last few weeks to increase our capacity amongst the staff there and the work they've been doing, and we have had, for several weeks, a national network of labs that convenes every day by teleconference, and because we have that number of labs with a number of different platforms on which they do the testing, we're not reliant on a single platform, so we have, in a sense, our eggs in more than one basket. And, likewise, it means that we can use that testing capacity around the country where and when it is needed so we can move test volumes to another lab if needs be.

So we're starting to analyse the information about where COVID-19 is in New Zealand, and we know that we've had the most number of cases in the following four district health boards—Southern DHB, and that's particularly around the Queenstown area; Waikato; Auckland; and Waitematā. And one of the things we're now wanting to do is to look at the details of where those lab tests have been undertaken so we can build a picture of the rate of testing in each region, and that will help inform our decision making about moving between alert levels.

Just moving on to personal protective equipment, there's been a lot of interest in that—in particular I think, the distribution of masks out to all our front-line workers, whether inside

hospitals or out in our community providers. As I've said in the past, we have plenty of that equipment available across New Zealand, and more is on the way, and we have that very clear clinical advice about the situations where practitioners should be using PPE.

Dr Ashley Bloomfield: So over the last seven days, we've distributed 1.8 million masks around to DHBs and more widely in the sector. I can also confirm that on Tuesday night, we confirmed an order of 41 million additional face masks that will start to arrive from next Monday and continue to be delivered over the next six weeks. And the DHBs are leading the distribution of face masks and other PPE to the range of providers in their region.

So just another couple of other stats about PPE that's on order: at the moment, we've got 23 million pairs of gloves in the country. We've got over a million more on order, so the stock keeps coming. We've got 850,000 safety glasses or equivalent and 640,000 face shields on order as well. So, in addition to our good stock on hand, we are making sure that those supply lines are good so that we continue to have an uninterrupted supply.

Just another word on health sector preparedness: our hospital-based staff have been working hard over the last couple of weeks to free up capacity, and we know that our hospital occupation rates are around 50 percent across the country. It does vary somewhat, but that's much lower than they usually are. And our ICUs in particular have been doing a huge amount of work to get prepared over this last week to be able to look after people who might need ventilation or intensive care, not just in their current settings but in other parts of the hospital.

And I think you heard a bit about this yesterday, but I just wanted to pass on a text that I had from one of our district health boards' CEOs a day or two ago. He said, "Just spent an hour up in our ICU—incredible clinical leadership and planning from our senior medical officers and nurses. So humbling." And so our ICU staff are all geared up. They've got their plans in place to be able to deal with and treat additional people, if that is required. As I said earlier on, at the moment we have just two people in intensive care around the country.

And, finally, just an update on flu vaccination: we know that we've got nearly 900,000 vaccines that have been sent to providers this year, and that is the first, I guess, instalment of a total number of vaccines that will be 400,000 more than last year. So we have brought forward the vaccination of people most at risk, and that is happening apace around the country, as well as vaccinating our front-line health workforce.

There is still plenty of vaccine out in the sector, but I'm aware that there is a distribution in some areas where redistribution needs to happen, and that is happening. For example, I know that the New Zealand Defence Force released 500 doses in Whangarei to go to local Māori health providers to immunise people who are over 65 or have existing health conditions, and the occupational health service in Wellington released a similar number to the DHB in Wellington to help vaccinate our front-line staff. So we have plenty of vaccine. Another 100,000 doses are just going through the QA process. They arrived in the last day or two, and we have another 200,000 doses arriving onshore over the weekend, and they'll be available for distribution next week. And we've got this sector-wide effort to redistribute locally so that practices and others can vaccinate those high-risk people and people over 65.

I'll leave it there, and I'll hand over to Mike Bush.

Police Commissioner Mike Bush: Kia ora. Kia ora koutou. Several things I'd like to cover off today. First, is to again acknowledge the wonderful New Zealanders that are strictly complying with the conditions that are in front of us. They all know that to stay home will save lives. But I'm also aware of some isolated incidents where people are not necessarily complying, and I refer, for example, to the commentary out of Kaitiāia this morning by Dr Lance O'Sullivan suggesting that more needs to be done. I can say that we have deployed more of our police staff up into that area to again engage, educate, and encourage people

to do the right thing, as the majority are doing. And, of course, if that doesn't work, there will be an enforcement follow-up.

I'm also aware of the issues around getting real clarity about what you can do and what you can't do, and I'd like to ensure that people do go to that COVID website. We're building it every day, so the scenario that might be in front of you, the queries and concerns you might have, should be addressed through that website.

Next thing I'd like to talk about is in terms of what's happening inside police demand. We've had a significant drop off, as you would expect, in quite a few areas. We haven't had the significant increase in family violence, family harm, through reports, but I am aware from those who are working on the ground in this—particularly NGOs, particularly in areas like Counties Manukau and others—that there has been an increase in family harm, family violence. I will repeat that it's an absolute priority for us to attend and respond to these incidents, so if that's occurring in your place, please call us. If you're responsible for that kind of thing, stop and respect others—be kind; be compassionate. Happy to talk about any more of that also.

In terms of our own staff, I've been asked a number of times: do we have the personal protection equipment required? Pleased to say that we've issued recently 9,000 individual kits to our front-line staff, and they contain goggles, they contain gloves, they contain masks, cleaning agents, so that our staff have what they need. That doesn't mean we're stopping there. We're continuing to build stocks for our people. And, if they are going into homes where there is an existing bubble, where they're invited in, they will wear that equipment.

I want to finish by saying some of you may know this is my last day as commissioner of the New Zealand Police. I'm extremely proud of the people—the 14,000 people—inside the New Zealand Police but also our emergency services partners and everyone in hospitals, private and public, that are on the front line of this response to COVID-19. What they do, the professional way they do it, the courageous way they do it—to keep everyone safe. So can I, from the bottom of my heart, thank all of them for their commitment to their country and to the people of New Zealand.

For clarity, I am staying on in my role as part of the all-of-Government response to COVID-19, in a role of strategic leadership of the operational response. Kia ora. Happy to take any questions. Sure they'll all be for you, Ash.

Media: Commissioner Bush, have the police got their priorities right, given the discussion this morning about people arriving here and self-isolating and your failure to be able to check on them within three days?

Police Commissioner Mike Bush: Yeah, so we've really ramped up in terms of that, as I discussed this morning with the select committee, especially in the last 24 hours. I'm aware of the questions that were put. I will say that it's important that we do both, and that's what we are doing. But we have to spend some time to get our system right so that we could ensure that there is compliance around self-isolation. But we've got a—what we're doing is ensuring that there's compliance so there isn't people-to-people and place-to-place transmission of COVID.

Media: Can you give us some details, though, about the actual—you talked about the technology system in the last 24 hours. Is that texting people? Can you give more detail about what that means?

Police Commissioner Mike Bush: Sure. And it's always a bit dangerous when someone like myself, who doesn't have a deep understanding of technology but knows what it can do—so people who arrive at the border are asked to give a contact cellular number. The first call they get is from welfare, to ensure that they're OK and they're in suitable accommodation—they have all they need. They will now—and they have been in the last 24 hours—they then get a text from us saying, "Look, here's an opportunity for you to engage with us. If you wish to do this, it must be with your consent. Please reply. Turn on

your location services, and, if it's OK with you, we'll be able to monitor where you are. That's all we can do: monitor their location—but they must accept [*Inaudible*]

Media: Why are we asking people for consent when the risk is so high?

Police Commissioner Mike Bush: Because that's the law. That's the privacy law. We're working this through with the Privacy Commissioner as we speak to ensure that we're complying. Police have to act lawfully in these occasions.

Media: You're not in contact, then, with everyone that has come through, if they don't give their consent.

Police Commissioner Mike Bush: That's right. So then we have other methodology of phoning those people, finding out where they are by asking, and also by doing random visits. All of that we're stepping up, but, to your point of priority, they're both our priorities.

Media: Does that mean for the location services, if I turn it on on my phone, I text you back, you can monitor where I am at all times, or do I need to be texting you the whole time?

Police Commissioner Mike Bush: That's a very good question. It'd be dangerous for me to answer that in certainty. I think I know the answer but I'll come back to you on it.

Media: So how widespread is the use of that technology so far? How many people are you monitoring?

Police Commissioner Mike Bush: I think in the last 24 hours we've contacted 4,000 people through that, or had 4,000 contacts.

Media: How many of those people do you know the location of in New Zealand?

Police Commissioner Mike Bush: I'm going to come back to you on that.

Media: Do you know how many of that 4,000 have agreed to be monitored?

Police Commissioner Mike Bush: We are only monitoring the ones who do agree.

Media: And how many is that?

Police Commissioner Mike Bush: As I've said, we've made 4,000 contacts in the last 24 hours.

Media: Can I just clarify: have they all agreed?

Police Commissioner Mike Bush: We will only monitor those who opt into this and all it will tell us is where they are at the point they text back.

Media: Do you have enough powers, then, at the moment to be able to credibly and satisfactorily monitor 4,000 people in a high-risk group who at the moment, some are operating on trust?

Police Commissioner Mike Bush: It's not necessarily the legal authority. The legal authority, I think, is OK, but we're always ensuring that we comply within the law. It was about setting up systems and getting resources, so one of the issues, as I think you would have heard this morning, was getting the information from the border to our front line to ensure that we had that compliance. That's being resolved so that we'll be in a position to ensure across the board that there is compliance.

Media: Can you give a solid assurance that the level of monitoring is what people were told when this option was given to people—that they'd be checked-in personally within three days and if it's not happening, isn't that a remaining risk in the community?

Police Commissioner Mike Bush: That's where we're building to, and we're building to it very quickly. I'd be very happy to come back to you with the precise data on that, but we've moved a significant way during this. This was a really difficult thing to set up in a short space of time. People have done an outstanding job to build that system so we're in a

position. So I totally get the point you're making around the priorities and the importance of this. That's why we're very focused on it.

Media: [*Inaudible*] period where people at the border haven't been checked on within three days?

Police Commissioner Mike Bush: I can't give you that exact data. I think we do have it.

Media: You said it would be dozens?

Police Commissioner Mike Bush: I couldn't tell you exactly.

Media: When you said you would go to people, you said that police officers would go to people's houses, though—that was the assurance that you gave us in this room, so a text that gives you a pinpointed location, potentially in that one instance, that's not equivalent to police officers going to these people's houses at all, is it?

Police Commissioner Mike Bush: It's as good as, but also we'll be visiting them as well.

Media: There was a period, though, when—and I understand the logistics—where there were a lot of people sent out to the community with, effectively, no checking.

Police Commissioner Mike Bush: They have been checked on but we want to ensure that we have the highest rate of compliance and compliance checking.

Media: [*Inaudible*] do this now for a number of weeks and you've just said it's only in the last 24 hours you've been able to contact almost all of them. So has there been a period of time where there has been no checking on some or many—

Police Commissioner Mike Bush: There's been no time when there's been no checking. We've had this process under way since it started, but we're building the capability and the systems to ensure that we get that compliance.

Media: From 25 March last week, when those extra border restrictions were put into place, where people had to quarantine or were to be checked off by police, how many people had come through the border that you had not checked in with?

Police Commissioner Mike Bush: I'll get you that data. We may have—I'll have to get you the data to determine whether or not there is anyone that hasn't been done, but we'll get that to you.

Media: Dr Bloomfield, is it correct that two nurses at Counties Manukau DHB have tested positive for coronavirus, COVID-19, and, if so, did they contract it at work?

Dr Ashley Bloomfield: I don't have the specific details. They may be amongst the new case numbers, but we will update the information on our website and it would include that sort of information. If that is the case, then we will take exactly the same approach as we have where we've had staff members in other hospitals test positive, and that includes both appropriate contact tracing and isolation but also, of course, finding out exactly where they were infected, if that is the case.

Media: Do you have any knowledge about any health workers testing positive, if not that specifically, further to Queenstown?

Dr Ashley Bloomfield: No, not further to Queenstown. Obviously, the two nurses down there, and that further testing is happening across a wider group of staff down there.

Media: Can I just ask your response to the issue that we've been pursuing with Police Commissioner Bush. Are you confident we are managing that risk well enough?

Dr Ashley Bloomfield: Well, right from the start, even before we got into alert level 2, 3, or 4 we had people self-isolating who were close contacts of existing cases, and as I said right from the start that is a high-trust arrangement, and what Mike Bush and the police are doing, of course, is reinforcing that arrangement, particularly with monitoring of people who are coming into the country, because they are at slightly higher risk than the general population.

Media: Because they are at slightly higher risk, should we be pursuing that high-trust arrangement with them, or should it be more strict?

Dr Ashley Bloomfield: Well, it's complementary to the high-trust arrangement, and it is stricter already—first of all, anyone who's symptomatic is quarantined immediately at the airport and tested, other people who don't have sufficient plans for self-isolation are also put into supervised accommodation and only moved out to their own self-isolation arrangements once they can satisfy ourselves that that arrangement is appropriate, but for many people we will be trusting them to go into a self-isolation arrangement. They have very clear understanding and expectations about what that involves.

Media: Dr Bloomfield, the amount of Māori that have tested positive for COVID-19 is relatively low, but some in the Māori communities believe that that could be because very few Māori are being tested for COVID-19. How many Māori are being tested and have been tested for COVID-19?

Dr Ashley Bloomfield: So two comments there. A few days ago, when I provided the information we had, I think, 4 percent of positive tests were classified as Māori. We're actually going back and having a look at—what's really important is that the ethnicity classification is being done correctly, so we are tidying that up. Secondly, as part of getting information about the number of people being tested, as opposed to the number of people who have tested positive, we will try to get information as much as possible about the demographic; not just geographic location but also the demographic. So if that information is available—and we should be able to do it because we can link through the National Health Index number to people's NHI and work out ethnicity breakdowns.

Media: Initially though, can we get a ballpark? I mean, are Māori testing for this a lot?

Dr Ashley Bloomfield: I'm sorry, I don't even have a ballpark. But we're working on getting those data; it's important for us.

Media: Just looking at the numbers from the last week, is it your perspective and opinion that New Zealand is flattening the curve?

Dr Ashley Bloomfield: Not yet. I think the 89 cases today shows that it's now—that's I think is the highest number of cases we've had in a single day, and so it is on the up. We expect it to keep rising, and we won't see any impact until another week, at least, of the measures that are currently in place.

Media: [*Inaudible*] probable cases, you list some values, particularly for probable cases, as "unknown" instead of "yes" or "no" for international travel. Where it is unknown, is that a suspected or actual case of community transmission?

Dr Ashley Bloomfield: If it's unknown, it would still be under investigation, and then that would be in that 17 percent under investigation. If there's no obvious link that can be found to international travel, so, for example, the person themselves hasn't travelled back but they may have had exposure—as the investigation goes through you can identify an exposure to someone who had travelled internationally and was a positive—then it would be categorised as international travel - related.

Media: Why are you no longer releasing the daily test numbers and going for the seven-day rolling average instead? Doesn't that diminish the ability for independent analysis or scrutiny of the numbers?

Dr Ashley Bloomfield: Well, I think we have been—and can do both. In fact, I gave the test number for yesterday in my earlier comments, so generally each day in this media stand-up I am releasing the total number of tests and, as I said, yesterday it was 2,563, which is the highest number we've tested on a single day.

Media: Despite the health ministry widening the testing criteria and sending that message to "test, test, test", why are some GPs still telling us that they're running out of

swabs and only being drip-fed a few kits, which are not enough for them to service their patients?

Dr Ashley Bloomfield: So, there are two or three things there. First of all, if I could just pick up the “test, test, test” comment, which is a quote, actually, from the WHO Director-General Tedros—

Media: And the Prime Minister.

Dr Ashley Bloomfield: Yes indeed. At the time he made that comment, he was specifically targeting it at countries that were doing no testing—New Zealand, at that point, was testing—and it very much coincided with the UK’s decision to pull back on testing. And, in fact, just for a comparison, New Zealand’s current testing capacity is already double per capita what the UK is. In fact it’s 50 percent higher than what South Korea’s is, so we have good testing capacity. The case definition was updated yesterday and it’s clear that, even prior to that, there was a lot of testing happening in people who didn’t have that international travel history, but now there’s no requirement for that.

On the swab side of it, again this is something we’ve gripped up and are taking a national approach to. We’ve got over 100,000 swabs in the country and we’re sort of moving, as we are in other areas, from what I would call a peacetime distribution system to a wartime distribution system, to make sure that the swabs are where they need to be.

Media: Explain it a bit more, sorry, as to how you identify in which areas, and why some GPs are still telling us that they need those kits, and they’re not getting those kits [*Inaudible*]

Dr Ashley Bloomfield: Yes, so we’re moving to a national distribution system of both PPE and swabs, and we will be making sure that the DHBs have supplies and that then they are able to make sure it’s supplied out—first of all, to their community-based assessment centres, but also to practices that might still be swabbing. There are 49 of those community-based assessment centres already in place, and 50 dedicated practices that are doing the testing for all the practices in those areas. So they’re the ones who need the swabs in the first place, but there is no reason why—and there won’t be any reason why—all practices won’t have swabs.

Media: How concerned are you that, in Auckland, several kava groups are continuing to meet outside of their bubble? Is there anything you can do about this?

Dr Ashley Bloomfield: That sounds like one for you there, Mike?

Media: What’s the message to them? They continue to—they know that they’re not supposed to be outside of their bubble but they’re continuing to meet anyway.

Police Commissioner Mike Bush: Obvious answer that they’d be encouraged not to, and if we have more specifics, we will be engaging with those people—in the first instance, to encourage them to desist, and I think I’ve spoken at length about what happens when you don’t.

Media: Can you give us an update on—

Police Commissioner Mike Bush: Ah, this gentleman’s been very patient—

Media: Commissioner, why do you think that messaging to stay home and only travel if it is essential—why do you think that’s not sticking with some people?

Police Commissioner Mike Bush: Look, very good question, and it is with the majority; it’s only with a small group of people that it isn’t. We all know that, in society, the majority of people will adhere to the rules without any encouragement, and those people will push them to the boundary. Our job’s to be ever-present, to move that curve to ensure that people do.

Media: [*Inaudible*] Has there been an increase in opportunistic crimes and police pursuits in this first week of the lockdown?

Police Commissioner Mike Bush: It's certainly not what we've seen. As you all know, just by driving around, there's a lot less traffic on the road. It does provide our police officers an opportunity to be even more vigilant in terms of that kind of offending.

Media: The other day you gave us an update on the number of arrests in New Zealand, can you give us an update on how many there have been since then? You said three at the time, so how many is it now?

Police Commissioner Mike Bush: Yeah, there's been four—possibly five—arrests. Most of those—the majority of those—only received a warning, and several that remain prosecuted were also wanted in relation to other matters.

Media: What's the possible—or what do you mean by “possible”? You said four, maybe, possibly five? What does that mean?

Police Commissioner Mike Bush: Yeah, I've learnt of one recently, so I just need to follow up on that to ensure it wasn't one of the four, and it's an extra one.

Media: Mr Bloomfield, what can you tell us about a reported ICU case with suspected coronavirus in Christchurch? Have you heard about it?

Dr Ashley Bloomfield: No, Christchurch is not one of the places where I understand there's someone in ICU. We have two in ICU—I know one is in Nelson/Marlborough, I'm not sure where the other one is, but I—actually, it's in Wellington Regional Hospital. I don't have any details about any other ICU—people in ICU—as at midnight last night.

Media: Commissioner Bush, you said at the select committee this morning, that initially, in those initial days, it was difficult to get information on where those returning from overseas were? Why was that?

Police Commissioner Mike Bush: It was a system issue; it wasn't anything to do with anyone's intent. It was—as you can imagine, all that data is collected at the border, and it was then getting it into a system and transferred to the police officers, who were then keen to go out and check on compliance—so it was a logistical system issue, which we've worked really hard to correct.

Media: With regard to that, [*Inaudible*]

Police Commissioner Mike Bush: Yes, that is absolutely our intent—sorry about that.

Media: I mean, you've given an answer—because many of the public would have been hearing this information, they would be alarmed at what seems to be a lack of monitoring of those returning from overseas. So you're doing the monitoring via the mobile phone—will you give an undertaking, and will we see more of that door-knocking from police on those people's—

Police Commissioner Mike Bush: Yes, absolutely. Now that the information is getting to our officers, that is absolutely our intent, so I do give that commitment.

Media: What then happens to the data that you're collecting from those text messages after the self-isolation period ends? Are police still holding on to that data?

Police Commissioner Mike Bush: That's a good—that's a really good question, and our practice is to ensure that we only retain it for short periods of time, and then it's disposed of, because we have no legal ability or need to retain it.

Media: Dr Bloomfield, [*Inaudible*] a lot of GPs and medical practices that are having a lot of trouble with cash flow right now, even though they're essential services. Are you doing anything to help keep them in business [*Inaudible*] actually need it?

Dr Ashley Bloomfield: Yes, absolutely, and I've had a number of messages, letters, and conversations with general practice leaders, and we've got a team working apace on some policy work to get funding out to general practices. In fact, there's already been an initial payment out to all GPs to help them with this response, and I'm very aware, because there are two particular revenue streams that have dropped a lot. One is their co-payments

from people coming to visit, and the second is ACC-related revenue, because with people less out and about, there are less injuries and accidents happening. So, yes, we've got some work under way, and that's coming to a head over the next few days.

Media: Commissioner Bush, you said there were four or maybe five arrests. Have there been any actual charges laid or prosecutions related to any COVID behaviour or non-compliance?

Police Commissioner Mike Bush: Yes, I believe there has, but to be specific, I'd like to get that to you in detail.

Media: The American Center for Disease Control is reviewing whether the wider public should be wearing face masks. What's your view on that?

Dr Ashley Bloomfield: My view is I'm watching that very closely, and there is a range of views on this and some particular interest in the fact that the wearing of face masks is quite common in countries in South-East Asia, even in normal circumstances, when they have a respiratory illness, and there's some suggestion that routine wearing of face masks by people when they're out in public may help reduce the transmission, for example, if they are asymptomatic. So we're looking very closely at that. I'm watching that CDC review very closely.

Media: Those 41 million masks, then—is there potential that those masks could go to the public as well as health professionals?

Dr Ashley Bloomfield: Yes—well, it is possible, yes, because the main thing would be to ensure that they are being used where they are of most value.

Media: How does the Ministry of Health determine whether someone has recovered—that 48 hours with no symptoms measure?

Dr Ashley Bloomfield: How have we—sorry?

Media: How do you determine that someone has recovered from COVID-19 by—I think the criteria is that they're recovered, or with no symptoms after 48 hours—

Dr Ashley Bloomfield: Forty-eight hours—yes.

Media: [Inaudible] reach that determination?

Dr Ashley Bloomfield: So that's based on international practice.

Media: But, previously, wasn't it 14 days we were being told they had to be symptom-free for, and then the website's just changed for it to be 48 hours now?

Dr Ashley Bloomfield: So, two different things: one is 48 hours—if they're 48 hours symptom-free, then we would classify them as recovered. We would use the 14-day period as a sort of a safety period so that they're not—we're confident they're no longer infectious.

Media: The Prime Minister has said a couple of weeks ago that—expects between eight and 10 days before we see, essentially, what is the peak. That peak came out at the time at about April 6th. Are you still expecting that to be the peak, or is that being pushed out a bit?

Dr Ashley Bloomfield: Well, the more data points we get in terms of the number of cases—especially as our testing increases—the more confident we'll be able to say when the peak might be, but there will always be uncertainty around it. Again, I think right from the start we've said it would be at least seven to 10 days after the alert level 4 came in before we might start to see a turnaround. We've just seen today our biggest number of daily cases, so we're clearly not there yet.

Media: But that is the biggest number of daily tests since last Wednesday, isn't it?

Dr Ashley Bloomfield: Noting that the number of cases would—confirmed cases—from yesterday would probably reflect the testing from the day or two before—yes.

Media: That seven to 10 - day period before you start to see some of the impacts of the lockdown—so are you expecting on Saturday that you might be able to update us as to how long we're going to stay in the lockdown for, or what the criteria might be to de-escalate from level 4?

Dr Ashley Bloomfield: That's a piece of work that's happening right across Government, and it may be Saturday we can update you. In fact, I'm going next—and maybe one more question—to a meeting to discuss the first bit of work that's being done on what are the criteria and how might we know what we should be looking for. It's coming out from our scenario forecasting to help us determine when we might be able to come out of alert level 4.

Media: It's there on Saturday as to—

Dr Ashley Bloomfield: I don't know if it will be Saturday—I can't promise that.

Media: What's the exact plan B? So plan A is eradication—you've kind of clarified this in the last couple of days. But some academics are saying that you need a plan B as well, and that part is being locked down for ever. Is that the plan B—just locking up for ever?

Dr Ashley Bloomfield: So, let me explain: the term "elimination" makes it sound like we can completely get rid of the virus and it will never come back. What the current measures are designed to do is to—with a goal of eliminating at this point in time, because we've got control on the border, we've got very strict social isolation, or physical isolation, mechanisms in place, and that testing and contact tracing and isolation. So our goal is to get the number of cases right down again, and as soon as we can, we will want to be able to release, or step down from alert level 4 to alert level 3. It may well be that we may not be able to do that in every part of the country at the same time—is one possible scenario.

What we want to do—and I refer back to the original language of the pandemic influenza plan. It has four phases, but really it's to keep it out, stamp it out, and then it would to manage it. We decided we didn't want to move to "manage it"; we wanted to stay in an extended "keep it out, stamp it out" phase. And the "stamp it out" we're trying to do at the moment is stamp it out altogether. But there will be—cases will pop up, and that's where we then want them to be at a low number so that we can do that typical public health response and really do the close contact tracing, self-isolation, and stomp out those individual cases when they come up again. It may well be that the number of cases grows again, and that may be when we need to increase the alert levels in future.

Media: [*Inaudible*] you'd have to manage it? What would that look like—would that be keeping all over-60s home and kind of letting the rest of the country run a bit more like normal?

Dr Ashley Bloomfield: Well, our plan is not to get into that situation, and that's why we're taking such significant measures and before many other similar countries did in their epidemic curve. We're trying to head off—

Media: [*Inaudible*]

PM: Because one of our key drivers of this has been to protect our healthcare system, to protect our population, keep them well, and to not see the number of deaths that some of the modelling suggested would happen, and we didn't see that as tenable or where we wanted to go.

Media: There was no back-up plan at all?

Dr Ashley Bloomfield: Well, we are in the plan. The plan is the plan, isn't it? And that's why we've got alert level 4. If we need to, we will keep the measures in place until we see that drop off in cases. We will then maintain that long-term "stamp it out" phase.

Media: Commissioner Bush, how are you celebrating your last day? With cake?

Police Commissioner Mike Bush: Not yet. Have you got one? Thank you. No, I'm celebrating my last day in the New Zealand Police by attending select committee, by being here in your good company.

Dr Ashley Bloomfield: There won't be a party at Mike's place later!

Police Commissioner Mike Bush: No. There'll be a virtual one.

Dr Ashley Bloomfield: OK. Thank you very much for your interest, and we'll see you again.

Police Commissioner Mike Bush: Thank you.

conclusion of press conference