

ALL OF GOVERNMENT PRESS CONFERENCE: SUNDAY, 5 APRIL 2020

PM: Good afternoon, everyone. We are in day 11 of our COVID-19 alert level 4 lockdown, and, as has been the case in the past on a Sunday, I have been sharing the platform with Director-General of Health Dr Ashley Bloomfield. I'm going to ask him to kick off our briefing today, and after that I'll make some comments and then we'll move to questions. Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So today I can report there is an increase of 89 COVID-19 cases on yesterday; 48 of these are confirmed cases and 41 are probable cases. There are no additional deaths to report. I can now report there are 156 cases who have recovered from COVID-19 infection. So the total combined, confirmed and probable, cases in New Zealand is now 1,039.

Today, there are 15 people in hospital with COVID-19 infection, and that includes three in intensive care units around the country; one in Wellington and two in Auckland. Two of those people are classified as being in a critical condition. I don't have any further details or comment to make on those cases and do ask that you respect the privacy of those folk.

From our lab numbers, we can report a seven-day rolling average of 2,448 tests per day. The total number of lab tests completed to date is 36,209, and there were 3,093 tests processed yesterday. As mentioned, we continue to have sufficient capacity, more than sufficient capacity, to do the testing that is needed, including under the expanded case definition.

For those cases we have information on, 45 percent have a clear international travel link; a further 36 percent are contacts of known cases, including those in the clusters we have around the country; and we have confirmed community transmission of one percent; and 18 percent of our cases are still under investigation.

We now have 12 significant clusters around the country, with a new cluster in Canterbury and a further one in Auckland—this was a smaller cluster that has now reached that 10-case threshold. The clusters with the highest number of associated cases remain the same, although the case numbers have gone up slightly in each: the wedding in Bluff has 58, the event in Matamata has 56, and the cluster with the largest number of cases remains the Marist College cluster in Auckland with 66 cases.

The ethnicity breakdown of confirmed cases is currently: European 74 percent, Asian 8.3 percent, Māori 7.6 percent, and Pacific 3.3 percent. More details on all of these matters are on our website.

A quick word on contact tracing: there's been a significant increase in our national capacity to undertake contact tracing, both within our public health units that have additional staff but also through our national close contact service. As of Saturday, 4,909 close contacts had been traced by that national close contact service, which was stood up on 24 March, and 702 contacts were traced on a single day on Thursday. The team working inside that centre are now making over 2,000 calls per day, and there are 190 folk working in shifts there.

Over the next week, there are a couple of areas that I'd like to provide more information on and just signalling those ahead, one is on mental health and wellbeing—a range of initiatives that are being implemented to support people in self-isolation and those, of course, the population of New Zealand, who are isolating at home in their bubbles. The initiatives are part of a \$15 million package of investment into mental health and wellbeing that's been announced by the Government. And the second area I'll provide a little more detail on during the week is our Māori response action plan. I'll hand back to you, Prime Minister.

PM: Thank you, Dr Bloomfield. As you will have heard from the director-general, we now have 1,039 cases in New Zealand, with the 89 cases that have been reported today. While I don't want to draw too many conclusions at this stage, you will see that our cases have, in the last few days, been relatively steady. We haven't seen the exponential growth that others have, the kind that leads, ultimately, to an overwhelmed health system. That is a good thing. Now what we need to do is see those numbers start over time to come down.

I'm aware, though, that every time we see new cases, it may be hard to see success, but we can be sure that what we have done as a country since the very beginning of COVID-19 is making a difference. Economist Rodney Jones was interviewed this morning and talked about some of the modelling that has been done using the expertise of his team, including a biostatistician, and using key learnings and expertise from the outbreak of SARS. This is modelling that I have seen over the last few weeks and have continued to monitor closely, especially given at several points it has been accurate in predicting New Zealand's case numbers. On the eve of our lockdown, his modelling projected we had the potential to face as many as 4,000 cases this weekend. We're instead at just over a thousand. Those 3,000 fewer cases shows the difference that cumulative action can make: 3,000 fewer people sick with COVID-19; 3,000 fewer people passing the virus on to others and then to others and then to others. We can and we must continue to break the chain of transmission. As Rodney said, we need to get to halftime and perhaps a bit beyond that to see the full gains of the lockdown. But we have made a good start, and the decisions that we've made to date have made a difference.

I've also seen reporting and statistics from Google that gives us some insight into our reduction and movement as a nation, that reflects impressively high levels of compliance by New Zealanders with the requirements of being at level 4 and reducing contacts with others. There's been an overall reduction in movement in places of retail and recreation of 91 percent. Even visits to the supermarket and pharmacy, which remain essential services and open, have dropped by half. Going to parks is down by nearly 80 percent. While we are doing well at alert level 4, we also went earlier before that point in order to ensure the virus wouldn't have a stranglehold here, and that was the case for many of our measures.

New analysis by the Ministry of Foreign Affairs and Trade shows we closed our borders 25 days after our first case. Germany took 49 days, Spain 52, Australia 55, Singapore 61. Our first economic package was in place 18 days after the first case. Most countries took more than 40 days. Ours was 6 percent of GDP, bigger at the time than the UK, France, Germany, Italy, Spain, China, Korea, and Japan, and on par with Canada.

Our case rate and death toll is well below other comparable countries. Yes, we had the benefit of time, because our distance and because our early border and mass gathering measures also have made a difference there. But we had the benefit of a window of opportunity. We had the benefit of witnessing a terrible trajectory overseas. You can see now just how small that window of opportunity is to try and stop community transmission. Going hard and going early appears, though, to be paying off for us. The lockdown is the best way to stop the virus, and it is also the best thing for our economy by making the pain as short as possible. So I say to New Zealanders: be proud of your efforts that you have all made, the sacrifices you have made. It is making a difference.

Now is the time, though, to remain focused, to not let up, and to keep our eyes on the mission that we all jointly share. This is why we have strengthened efforts to go after those who aren't sharing that mission and who appear to be breaking the rules. As Dr Bloomfield and the Police announced yesterday, a new Health Act notice has been issued to firm up the guidance around the rules in place during alert level 4 and ensure the success of the lockdown, and help move the country out of it as soon as possible, and the police are enforcing these guidelines. Over Friday and Saturday, police completed 795 prevention patrols in communities across the country and undertook 990 reassurance checks at essential services such as supermarkets, petrol stations, and pharmacies. While compliance has been generally strong, there are still some who I would charitably describe as idiots. A 38-year-old Christchurch man arrested last night after being seen in a video

online coughing at people in a supermarket I include in that description. He has been charged with endangering life by criminal nuisance and obstruction of an officer of health and will be appearing in court tomorrow.

Before I conclude, I want to dwell briefly on some of the discussion I've seen emerge over the past few days over what kind of public health response is best for the economy. I've said it many times before and I'll say it again: no matter what it is your favour, the solution is the same: fight the virus. A strategy that sacrifices people in favour of, supposedly, a better economic outcome is a false dichotomy and has been shown to produce the worst of both worlds: loss of life and prolonged economic pain. We need only look to history here as a guide. There is research available that looks at, for instance, the 1918 Spanish flu. Times may have changed, but the lesson overall is that those who work zealously to stem the spread did better economically in the aftermath.

That is not to say there is not currently pain, and for those who have lost jobs, for businesses making difficult decisions, and for those essential services providing the front-line support networks we all rely on, I know there is real and genuine struggle in New Zealand right now, and I don't carry that lightly. That is why the \$5 billion paid out for wage subsidies within a couple of weeks has been so important to cushion the blow of going hard and going early, as we have in New Zealand. But nevertheless we are likely to feel the long-term effects from a global downturn.

As the Minister of Finance said on Friday, our message to business is to hold on to your people. Give them the wage subsidy if you need to, and have a plan for coming out the other side. In particular, plan how your business will operate in different levels of the alert framework. The Government's focus this week remains doing all we can to stop the spread of the virus so we can move out of lockdown as soon as possible. Our efforts remain focused on good levels of testing across all regions and getting a better picture on community transmission; continuing to scale up our contact tracing efforts, as the director-general has outlined; and ensuring New Zealand businesses are receiving the financial support they need. I also expect this week to receive further advice from the Ministry of Health and my Chief Science Adviser and others on the evidence base needed to have confidence we do have the virus under control and therefore can move with certainty out of level 4, and the measures that will need to be in place at level 3 to ensure we're preventing any risk of further outbreaks.

Finally, a public service announcement: daylight savings ended overnight, and this is the time when people are usually asked to check their smoke alarms. And as we're all at home a bit more than usual, I'd say this is the year not to let that one slide.

All right, everyone, we're happy now to take your questions.

Media: Prime Minister, would you charitably describe David Clark as an idiot?

PM: I've said both publicly and privately to him that I'm, obviously, very disappointed that we've even had to discuss his activities some days ago. I think he fully understands my position, and, equally, I know the public do too.

Media: Do you have confidence in your health Minister?

PM: I do.

Media: Has he been asked to lay low?

PM: He's been asked to restrict any activity that could be considered to put him at risk, in the same way we're asking every New Zealander to do that. We don't want a situation where people engaging in risky exercise, for instance, causes there to be call-outs or unnecessary call on our front-line services. None of us want that. And so he fully understands my expectations of him. He needs to be a role model.

Media: Prime Minister, do you recognise that he's unable to do his job right now because he appears to be hiding from the media because of his mountain biking?

PM: I wouldn't classify him that way at all. I expect him to continue to do his job, obviously.

Media: [*Inaudible*] to do interviews. Even when he put out a press release on Friday, which was a good-news story about repurposing ICUs, we couldn't speak to him about that.

PM: Again, I wouldn't interpret it that way at all, Tova.

Media: But where is he?

PM: You know exactly where he is: he's in lockdown and so, obviously, remains in the same place that he has all the way through lockdown been, and that is in Dunedin. And I expect him to model the same behaviours while we're in lockdown as others. He continues to do his job, and many other New Zealanders continue to do their jobs from the place that they are in lockdown.

Media: Do you expect him to be fronting for interviews as, you know, regular responses—and, I think, including Q+A this morning, was a no-show.

PM: Oh, keep in mind, of course, that, I think, Q+A has had myself, Q+A has had the Minister of Finance—there is no lack of members of the Government continuing to make sure we're available every day to continue to answer the questions that the public and yourselves have.

Media: As a key Minister, though, would you expect him to be fronting on stories like that as a matter of course?

PM: Yes, and he will continue to do so, but you also have a range of other Ministers, including myself, consistently available to answer your questions.

Media: What does the exit plan look like—and I know it's early discussions, but given your summary today, what kind of things would you be looking for, and are there any time frames being discussed?

PM: And there are those that are plain to see, and so you'll be getting that information in real time, essentially only a few hours after I do. So things like case numbers, so it gives us the sense of the rate of transmission and whether or not we've been able to slow that down. Then we're looking at what's happening with community transmission and also the success of contact tracing for our clusters. All of that information will tell us whether or not we have got control back of COVID-19 in New Zealand and whether we're in a position then to move to different alert levels. I'm wanting to dig deeper into some of what we need to be looking for. That's where I've asked the Ministry of Health, alongside our experts and those in the science field, to help dig deeper into the criteria we need to use as a country to have confidence when we move levels.

Media: At what point are you being told when you get a much better idea about the true rates of community transmission, given the ramping up of testing that's happened?

PM: Well, actually, already I think, you know, you can see your positive rate relative to the number of tests that you're undertaking. I'll ask the director-general to touch on this as well. In some countries, for instance, 50 percent of their tests are positive, so that really gives you a sense that their ability to test broadly in their community is constrained by just how big the outbreak is. So we have a high rate of testing. What we want to make sure is that we've got enough regional spread in that testing. So if there's areas where we're not seeing enough data, that we're spreading out that testing so that it can give us the intelligence we need, and that's work that the Ministry of Health is doing as we speak. Director-General, do you want to touch on that point, though?

Bloomfield: Yes, just a further comment on that. So I think the key things we'll be looking for are, of course, the number of new cases, and especially as that testing has ramped up. And we've seen the positivity rate drop at the same time; we haven't been finding more cases. So if you think, yesterday, we had around 50 new cases with around 3,000 tests done, you know, that's a positivity rate of just over 1 percent, whereas when our

test numbers were lower, it was around 3 percent, which is the level, say, of a South Korea. So that's one thing.

Also, we've got our surveillance plan now being geared up, and so some of that testing we'll be able to use as well to inform what's happening on the surveillance. And the other thing is just also looking into those clusters and into those cases still under investigation to find out, if we, for example, assumed they were all community transmission, where are they, what's the geographical pattern, what's the age distribution and so on, and what are they telling us, so they might give us an indication of what might be happening over the next two weeks.

PM: Jane—sorry, you had a follow-on from that.

Media: I just wanted to, on the flip side—is Cabinet considering a level 5? Do you have a contingency for tighter restrictions if—

PM: This is as tight as it gets—this is as tight as it gets. You'll see that relative to other countries that have used lockdowns this is equivalent to what you've seen in Italy and the likes of Spain, and that New Zealanders, relative to those countries, have really been applying the rules, by and large. And so the goal at this level is to reduce down the contact as much as possible but continue to look after the welfare, health, and safety of New Zealanders. That's the level we're at. What we need to do is get down from this level.

Media: Just to clarify that point: this is as tight as it gets, we won't see anything like curfews or anything like a 24-hour stay-at-home ban?

PM: Oh, look, no one wants to see that kind of level of extension. That seems to have been used in countries where the original rules haven't been applied and haven't been followed. I know New Zealanders—the reason that they are reporting where they see non-compliance is because they want to maintain the access that they currently have to the outdoors, and we do too. As long as people stick to the rules, we should be able to maintain that.

Media: The case definition has been widened on Friday. Just within that short period, is there any indication that community transmission has increased at all? Is it way too soon to tell? And if that's the case, does it, sort of, push out the judgment on coming out of lockdown a little bit further back?

Bloomfield: So the case definition was formally widened on Friday, but, actually, we had communicated it earlier in the week, and you saw that testing started to ramp up from the middle of the week. Again, the positivity rate has dropped even with that wider testing, which is good, and we have still seen the majority of cases are associated with international travel or confirming close contacts and, in particular, family transmission within households, which is exactly what's happened overseas. That's where most of the transmission is happening. So we haven't seen a big jump in community transmission, but we will be looking closely at those cases that are still being investigated to see what they're telling us.

Media: Because that number has been more or less the same, the 18 percent, right? So that hasn't really seemed to have gone up at all?

Bloomfield: It's a proportion. So the number is going up slightly, but that just reflects the time it takes to rule out international travel or close contact as the cause, and then they're classified as community transmission.

Media: Could that be, essentially, read as up to 18 percent might be community transmission?

Bloomfield: I would expect that a good proportion may well be community transmission. The important thing is where that is happening, whether it's in one or two locations or whether it's more widespread.

Media: You talked about testing dropping off last weekend. Are we seeing that this weekend as well, or is it ramped up?

Bloomfield: The numbers have still been good this weekend. So there's still a lot of testing happening, and what we've seen is more of those community-based assessment centres actually opening up. So there's more access to testing over this weekend than there was last weekend.

PM: I think we have to factor in human behaviour as well, because we can only test people who are coming forward for testing at those community testing stations, and some people still behave like a weekend is different than any other day. So we can only test those who are making themselves available, obviously.

Media: Will clinics be open seven days a week?

PM: A community-based testing—of course, we're making available testing seven days a week, but some people are still accessing GPs' clinics first.

Media: [*Inaudible*] of families, of partners that don't keep together, previously you've said that they can see each other during the lockdown, but the new Health Act order actually doesn't include this any more. So has there been—oh, sorry, it allows it when one of the people lives alone. So has there been a change? Why the change to, effectively, criminalise so many relationships?

PM: My understanding was that there was consistency between, for instance, shared care arrangements guidance that had already gone out and shared situations where you have two different households coming together. So my understanding is that that was consistent.

Media: There's no allowance for that in the Health Act order.

PM: Oh, from the version that I saw, there was allowances for shared bubbles, but I'm happy to go back and look. But my understanding was that that is utterly consistent with what we had. I'm happy to check again for you, though, Ben.

Media: On the exit criteria, do you expect to publish the exit criteria so businesses who are wondering where they're going to be when they come out of lockdown can see very clearly whether things are going to be better or not?

PM: Yeah, look, I do expect to be quite transparent around that, because people need to know what it is we're looking for, and as we have been transparent with the alert levels as they stand. So, yes, that is guidance that I am likely to share, but what I want to make sure is that we've really got a framework that is agreed upon that can then be shared. Most of it is, obviously, information that we'll already have: what's happening with case numbers and community transmission, as we've said.

Media: When do you expect to be able to tell people whether or not it's looking like you're coming out of lockdown—

PM: Yeah, I'm happy to be very clear on this. Firstly, I've heard a lot of rumours that there might, for instance, be extensions already. No decisions have been made on the point at which we will be exiting level 4, because we have to rely on the most up-to-date data that we have, and we're not at a point yet where we can see the full impacts of alert level 4, let alone make that determination. But what I can say is that the more people comply, the more likely it is that we'll be able to come out at the time that we've said. What I've also said is there may be circumstances where certain regions, depending on what's happening with cases and clusters, may stay in longer than other regions. But, again, it depends all on our ability to wrest control back of transmission of COVID-19.

Media: Are people going to know whether lockdown is being lifted or extended prior to maybe 48 hours—

PM: If you see, for instance, an exponential growth in cases, then, obviously, that will send a signal to New Zealanders. We haven't seen that. But there are other signs that we need to look for to make sure that we have wrested control back of COVID-19. You'll see that other countries—I understand, the likes of Singapore—are looking to move into a

phase like us. They've called it their circuit breaker, and that's exactly what we are doing. We are getting control back so we can then make sure that we continue to stamp out COVID-19.

Media: Dr Bloomfield, there's been criticism that we're not doing enough contact tracing. One epidemiologist thinks we need to increase capacity to around 1,000 cases a day and beef it up using the likes of apps. What do you make of that?

Bloomfield: Well, as I talked about, we've certainly increased our contact tracing capacity, and we continue to increase it, but our maximum number of new cases we've had each day—probably today's the highest number, 89. So we're clearly nowhere near that 1,000 limit. We're continuing to increase it. We've got 190 people now, in addition to those in public health units, so plenty of capacity to contact trace based on the numbers. We also have the ability, because we're moving it on to a digital platform, to expand that should we need to.

Media: And what does the ethnic breakdown tell us do you think?

Bloomfield: Well, I think—a couple of comments on that. First of all, I think that if you look at both the ethnicity breakdown and the age breakdown of our cases, it reflects that a great many of our cases were people returning from overseas, over the last two or three weeks in particular. I expect that we will see the Māori and Pacific proportions start to grow as we see more close contacts confirmed and/or community transmission.

Media: Compared with other countries—the likes of Italy and Spain—our death rate is very low. What do you put that down to?

Bloomfield: Well, two things: first of all, we're much earlier in an outbreak than they are because we had put measures in place much sooner. But, secondly, also, we've got a much better idea than they have of the total number of cases, and I think there's agreement around the world that where you see what appears to be a disproportionately high number of deaths compared with the overall case numbers, it's very clear they're not finding all the cases. We're, I think, much closer to finding the majority or all of the cases than other countries.

Media: I have a question for both of you. What advice do you have for people who think it's funny to spit or cough on others?

PM: That it's not funny, and you will be arrested.

Media: What about yourself, Mr Bloomfield? What would be your response?

Bloomfield: I concur completely. It's completely out of order.

Media: Do you understand the acting Australian immigration Minister's statement on temporary visa holders in Australia? Do you understand that affecting New Zealanders in that it, effectively, tells unemployed or previously casually employed workers to leave Australia and to come home?

PM: Well, it struck me that that actually applied to anyone, any New Zealander, who had been affected that may not be eligible for their JobKeeper programme, and that could be a wide number, a wide range, of New Zealanders. And I think what he'd do well to remember is that if they wish for Australia to be in a position to gear up in the aftermath of the outbreak, then they'll need a workforce to do that, and New Zealanders make up that workforce. They on average earn more and pay more taxes than others, they are a key part of the Australian economy, and I would've thought they wouldn't want to be so quick to lose them. The second point I would make is that New Zealanders also make up the health workforce and that there are some, for instance, who won't be being kept on because they may have been involved in contractual arrangements in the health workforce and in elective services. And that I would've thought, again, would be a workforce that they would wish to keep. I'll happily take them back, though.

Media: On midwives, midwives are telling us that they've got more work at the moment because they're having to do more home births, and even things like shopping for expectant mums. They haven't got any extra Government funding, though, and are really crying out for that. What do you say to them?

Bloomfield: Well, what I can say is we're looking at all our workforces, including primary care workforces like our midwives, to see what is happening in terms of the funding they are getting and also what additional support might be needed. And if some of the activities they're doing are ones they wouldn't normally do, like the shopping, we'll make sure that there are other options for them to ensure that the women they are looking after are getting all the care and support they need.

Media: I understand that term 2 starts in 10 days for our tamariki, and there's online tutorials happening. There's some concerns for our decile 1 and 3 schools not getting resources—

PM: Yes, and that's an area that, even from the beginning of being in alert level 4, we were mindful of. What I might look to do is, next week, have the Minister of Education give an update on some of the work that's being done to overcome the digital divide. We never wanted a situation where distant learning relied on having solely—on devices, because there will be those who may have had access issues. Good work is being done on providing resources much more broadly, but I think I might let him come and share some of that with you.

Media: People arriving at the border, there's still conflicting advice between Healthline, Ministry of Health, the COVID site, and even Grant Robertson on Friday—people being told different things about whether they can leave their home during that first 14 days; some that they can, some that they can't. Is this kind of inconsistency helpful, especially for such a high-risk group, both for what they know they can do but also for compliance?

PM: And that is because there are different guidelines depending on whether or not you are symptomatic and quarantined versus those who are in self-isolation.

Media: These are people who are not symptomatic, who have been sent home with a plan, and there are self-isolation rules, and some say they can stay home—they have to stay home—for the first 14 days; some advice is that they can go out for a walk. Dr Bloomfield, maybe you can—

PM: Yeah, go ahead, Dr Bloomfield.

Bloomfield: I will talk to that, Prime Minister. So if there is inconsistency, we will clear that up. I can be very clear because I was asked about this a couple of days ago: these people are treated as if they are close contacts. They should be self-isolating even from their other household members and maintaining that physical distancing and other infection control approaches. Yes, they can go out for physical activity—a walk around the block—by themselves. They should be avoiding all close contact, or physical contact, with anybody else, including their own family members. They certainly shouldn't be going out to access essential services unless, of course, they need to access healthcare, in which case the first point of call is to do that over the phone.

PM: And that was actually the advice that we had for people who came into self-isolation from the time that we put our first border controls in in February. What might be getting confused is that people who are symptomatic and are in quarantine are being treated, obviously, as you would expect, with much stricter requirements.

Media: On local cases, mayors are telling staff that they've been asked by the ministry not to, kind of, tell people the amount of cases actually in their district and that numbers are being kept at DHB level. Why is that? Is it privacy, or—

PM: It's on a public website, though.

Media: That's just at DHB level, not at, you know, town-by-town level.

PM: Well, clusters, it's clear, though. That's publicly available. You can see where those clusters are. We speak about them frequently, so—

Media: Outside of clusters, though, mayors have been told they shouldn't say if there's, you know, three clusters in their town. Is that a privacy matter or is that a—

Bloomfield: Yes, we do provide quite detailed breakdown of the cases on our website by DHB region. Now, for some small DHBs, of course, there's a close alignment between, perhaps, a major town and the DHB. In broader regions—and Southern would be a good example, which covers a number of different local authorities—then it may be harder to find exactly which towns. But, yes, there are privacy issues there. If you've got two or three cases in a relatively small town, I think it's important that people's privacy is respected.

PM: One thing I would say, though, is if this information is being sought so that people can have more or less concern about the way they behave or the way they apply the rules, we need everyone to act as if they have COVID-19, let alone someone in their town. So, actually, having that information shouldn't change the way people behave. We need everyone to act cautiously.

Media: What do you have to say to Kiwis who might think about relaxing their isolation once New Zealand's past its peak?

PM: Well, they would be making huge assumptions about where New Zealand is currently. None of us have been willing to rush to judgment, and so neither should the public, and, equally, we set aside this time frame for good reason. The evidence tells us this is how long we have to stick tightly to alert level 4 for us to get control back and for us to heighten the chances of coming out of this really restricted period of time.

Media: Given the Google Analytics evidence, how impressed are you with New Zealand's compliance?

PM: Oh, you know, I, from day one, have thought that the effort New Zealanders have put into this has been incredible—the fact that they moved so quickly, the fact that everyone understood why this was so important. Now we need to just stick to it. You know, you've seen other countries like, for instance, the UK: the sun comes out, people wish to go outside. It's important that no matter what the environment is like, we need to stick to the requirements of alert level 4, because it improves our chances of getting out of this alert level.

Media: Prime Minister, just in regards to the mental health support services that you're going to be rolling out, obviously there are people who have used those sorts of services and know exactly where to go and who the right people are. There might be people, sort of, partway through this lockdown now who have never had any interaction with those sorts of people and this is all very new to them. How are you going to target people that don't have any understanding of how mental health support works?

PM: I'll actually hand over to Dr Bloomfield to talk on that a little bit more, but one of the points that I was making is so many of these services are accessible in a lockdown situation. And so for mental health services, 1737 is still the place to go. And it's so important that, actually, that's now a telehealth service. Also, if you feel more comfortable with your local GP, many of them have put in place the ability to give consultations and do that digitally over a computer and over a service that is designed to be able to have face-to-face contact so that they can see you and see how you're doing. So you can still use familiar services, but they just might be provided in another way.

Bloomfield: Just to add to that, we'll be sure to have both a range of channels whereby people can access those services and also really good information about how to do that, not just the 1737 but there is already a range of online resources, and we're looking to push out some additional ones as well this week. And we'll give detail on that in the next day or two.

Media: So how fast is that going to be? Is there going to be new systems in place by the end of this week?

Bloomfield: Oh, yes, very much so.

PM: We'll just have the last couple of questions. Are you asking on behalf of, Tova?

Media: Yes, on behalf of. Dr Bloomfield, how confident are you that our testing is reliable?

Bloomfield: I'm very confident in our testing. We have a really good range of labs around the country. And just to point out that testing doesn't start in a laboratory unless the laboratory is accredited and certified and that their testing process has gone through the appropriate regulatory assessment. So I'm very confident, and we have our ESR laboratory as our reference laboratory for all other labs across the country.

Media: Have either of you had time for a 5½k bike ride during the lockdown?

PM: Again, I have taken walks, and I expect that other New Zealanders would've taken a little bit of time to go outside and get some fresh air. We ask that people do it local and that they keep it safe.

Media: Dr Bloomfield, do you have anything else that you can tell us about the Canterbury or Christchurch cluster?

Bloomfield: I'm sorry, I don't at this point, but the information will go up on our website.

PM: OK, I'll take last question over in the corner, yeah.

Media: What does day one of moving down alert levels look like, and what kind of planning has been done around that?

PM: Intensive planning. As you can imagine, what we need to make sure is, first, that we have all of the criteria we need and all of the different thresholds really interrogated, and that's the work we're doing at the moment, because I've always shared the obvious ones, but we want to look at another level again. Second—so that's at the decision-making point. Then you've already seen the framework for what alert level 3 looks like. We need to make sure, therefore, that we have all of the guidance that then sits around that.

What I would ask, though, is that it's not Government alone that has a role to play in that. So we've already asked some parts of the education sector to do some planning for what different alert levels will look like for them and how they can help us with, for instance, the intensive contact tracing we'll need to be able to do no matter what level we're at over the next period. And so I ask all businesses: have a look at the alert level framework. Think about how your business could successfully operate within each, keeping in mind we will need to, for many months to come, be able to contact trace all New Zealanders who come in contact with one another, and workplaces have a role to play in that. OK, thanks, everyone.

Media: A couple of questions on behalf of others, please?

PM: Oh, you really need to put them up front. I'll give you one, but in the future if we could put them up front a bit more.

Media: Fiji announced yesterday that a 20-year-old woman who returned there from Auckland on 22 March went into immediate isolation. She could've only contracted the virus in Auckland. Has contact tracing been done for this woman, and how confident are you that COVID-19 is contained amongst Pasifika cases?

PM: I couldn't give you the answer to a specific case, unfortunately, because with a little prior warning, these are things that we can look into. But, obviously, what we did say for those at the border travelling into the Pacific, that we had those additional screening—no one should be travelling symptomatic, and that's actually a prerequisite for all flights

carriers across the globe now. No one should be travelling symptomatic. But I'm sure the director-general could follow up on that.

Bloomfield: Just one other point there is that each country has its own international health regulations focal point, so whenever there's a situation like this where someone has travelled from a country to another, there is a formal notification made to kick off any contact tracing that might need to happen in any country where that person has been or has come from.

PM: Yeah. OK, thank you.

conclusion of press conference