ALL-OF-GOVERNMENT PRESS CONFERENCE: MONDAY, 6 APRIL 2020

Dr Ashley Bloomfield: Kia ora koutou katoa. Welcome to today's media briefing. So I can start by confirming that today we have 39 new confirmed cases of COVID-19 and 28 new probable cases. There are no additional deaths to report, and we now have 176 cases of COVID-19 who have recovered from their illness. So the new combined total of confirmed and probable cases in New Zealand is 1,106, and this is an increase of 67, in total, from yesterday.

Today, we have 13 people in hospital, including three in ICU: one is in Wellington and two in Auckland. Two of the people in ICU are in a stable condition and one is classified as being in a critical condition, and two people have been discharged from hospital since our update yesterday and are recovering at home.

Testing continued apace over the weekend, and from our lab numbers we can report a seven-day rolling average of 2,846 tests per day. The total number of lab tests completed now is just under 40,000, and yesterday there were 3,709 tests completed. This is one of the highest number of tests for one single day, and our capacity, of course, continues to increase and remains ahead of the testing level. In terms of community testing, we have, from today, 65 community-based assessment centres in place and 48 designated swabbing centres.

Some information on the origins of the cases overall: we're now finding 43 percent of our total cases have a direct link to overseas travel, 38 percent are close contacts of other confirmed cases, and we are classifying 2 percent as confirmed as community transmission. The balance are still under investigation, and the highest numbers under investigation are in the three of our district health boards with the highest number of cases: in the Auckland metro region, in Waikato, and in the Southern region. So we're going to be working with them over the next day or two to look at each of those cases under investigation to determine whether they can or should be classified as community transmission.

In terms of ethnicity breakdown, we've got 73.5 percent European, Asian ethnicity is 8.4 percent, Māori 7.8 percent now, and Pacific people are still quite low, at 3.4 percent. The balance of the ethnicity is unknown. All the information around these aspects of the demographics of the cases, as well as more detail on the cases, will be on our website.

Clusters: I know there's ongoing interest in clusters, and that is where we have a group of cases that all are related to either a place or an event or, in the case of one of them, a cruise ship—that is, the *Ruby Princess* cruise ship. We classify a significant cluster as one where there are at least 10 people involved, and we currently have 12 significant clusters. The ones with the highest numbers today are the Marist cluster in Auckland—that now has 72 cases—the cluster from the wedding in Bluff, 62; and the Matamata cluster, which is 58.

I also have a little bit more information about the new cluster in Christchurch which I talked about yesterday. This is associated with the Rosewood Rest Home, or aged-residential care facility, in Christchurch. There is, so far, a total of 15 confirmed and probable cases amongst residents and staff, and I spoke last evening with the district health board chief executive, David Meates, who updated me on this, and senior clinical staff had been into the facility during the day to assess the picture there—the ability to safely look after and isolate residents and also staff that facility, and on the basis of their assessment, they have decided to move 20 of the residents to be cared for at Burwood Hospital by the DHB staff, to ensure that they can be looked after appropriately and/or strict self-isolation for those who may be close contacts can be maintained. Likewise, they have put in a DHB person into the rest home to supervise the care of the remaining around 40 residents to make sure that appropriate infection prevention control, including appropriate use of PPE, is happening there to look after and care for those other remaining residents.

Just on contact tracing, I've talked about our efforts over the last two weeks to shift to and stand up a national close-contact tracing centre. That's gone very well, and we now have 190 staff who are providing this service out of the Ministry of Health. I've also mentioned that we've moved what was a very manual process done locally on to a national electronic platform, which allows us to link those contact-tracing efforts with our other healthcare databases, and something that's of particular value here is to be able to link to our National Health Index, which has very up-to-date information on contactees' details for New Zealanders because those details are updated with their general practice, and that upload happens every month to update the NHI. So that will assist us in being able to identify and track close contacts in addition to the other ways we have of doing that.

The other role for technology, which is really a complementary role, is the use of mobile phone and digital technology, which we are looking at apace—and we know other countries are doing this—to help look at the movements of people if they become a close contact, and it helps to recall others that they may have been in close contact with during the preceding time when they may have been infected or infective. So just a key point here is that the mainstay of that close-contact tracing remains our call centre and that human-to-human contact: the phone calls, emails, but, in particular, phone calls to talk with people about what the expectations are on them and what symptoms to look out for, and, of course, the daily check-ins to see if they have symptoms.

And a final couple of comments from me. I gather there's still a little bit of confusion about the use of the terms "self-isolation", "quarantine", and "the bubble", so here's how we're using them: we are using "quarantine" to describe when someone comes in from overseas and they are symptomatic, and they are then assessed and taken to a quarantine location—which is a hotel in Auckland—where they are tested and then, of course, cared for if they have symptoms. And they remain in that location for the full 14-day period, even if their test for COVID-19 is negative.

In terms of "self-isolation", this is people who are close contacts, whether they are already in New Zealand and have been identified as a close contact of one of our new confirmed or probable cases, and "self-isolation" means being in your own home and also isolating from the other people who are in your home so that you are not risking passing the infection on to them. People in self-isolation—yes—can go out for a walk around the block or do some local physical activity, alone, and should not have any contact with other people.

Then we have, of course, our bubble situation, which is what we are all in as Kiwis at the moment under the alert level 4, which is where we know we're quite clear around what's expected of us, to make sure that we are only having close contact and physical contact with those in our bubble while we're in this alert level.

Finally, some reports that people who require health or medical care for other conditions not COVID-19 - related, who may be delaying seeking treatment because they may be worried about leaving the house and that they would be at risk: please do not delay seeking treatment for any condition. If you feel you need help from either Healthline or your GP, ring first. Healthline will be able to provide you with advice about what is the appropriate thing to do. If you are very unwell, for example, with significant chest pain or other problems, then you should dial 111 and get an ambulance. If you feel you might need a visit from your GP or to visit your GP, many GPs are now able to provide a consultation online via phone or via video—and that is an option—or if you do have to go out and visit, they can ensure that you are kept safe throughout that visit. They will have very good processes in place, so please do not stop seeking care that you might need for any medical condition that you may have, whether it's a new acute condition or an exacerbation of an existing condition.

I'll finish my comments here, and I'm happy to take questions.

Media: With the Christchurch cluster, how concerned are you about the 40 remaining people, given that it is an aged-care facility?

Dr Ashley Bloomfield: Well, concerned enough to ensure that there is very good supervision there, and good and rigorous infection control and use of PPE. Some of those

remaining residents could be harbouring, or incubating infections, so we want to make sure that they are well cared for. So we're very alert to making sure that their wellbeing is the prime thing.

If they need hospital-level care—and I must say that the 20 people who have been transferred to Burwood, it's not because they need hospital-level care; it's because the assessment of the clinical staff was that was the most appropriate place where they could get appropriate daily supervision and care.

Media: One of those people in that cluster who have tested positive are in hospital at the moment—is that correct?

Dr Ashley Bloomfield: Not by virtue of their symptoms requiring them to have hospital-level care.

Media: What's New Zealand's supply of nasal swabs like at the moment?

Dr Ashley Bloomfield: Oh, my understanding is it's very good. We received another 100,000 swabs last week, so we've got plenty of nasal swabs, and we're overseeing the distribution of those at a national level.

Media: How many CBAC clinics have completely run out of nasal swabs.

Dr Ashley Bloomfield: None that I'm aware of, and they shouldn't be completely running out because we do have good supply chains, either via the DHB or directly with other suppliers.

Media: And so if they have run out, what should they be doing?

Dr Ashley Bloomfield: Well, they should be in close touch with either the primary health organisation or directly with the DHB, and we can get swabs delivered very quickly.

Media: Can you give us an update on surveillance testing, what that might look like and who it will target, and when that's expected to start?

Dr Ashley Bloomfield: So I've seen a copy of our draft surveillance plan. It's looking very good and we're expecting to finalise that in the next day or two. Surveillance testing may be part of that, and I've always caveated that. One of the things is, even if you think about a thousand cases around the country, it's quite clear that's a very, very low number of cases, and simple random surveys—and I've been looking at an email chain with a number of epidemiologists here and Australia this morning actually doing random surveys. Rod Jackson at Auckland estimated you would need to survey at least 100,000 people just to get any idea of prevalence around the community. So the mainstays of our surveillance will be the use of our Healthline data on influenza-like illness presentations; our GP data on the same. We will be able to look at the testing results that are coming in, and linking those out to regions to see how much testing is being done in each region, so we can link by NHI. And the other technology which ESR has developed is to be able to actually genome-sequence each of the isolates, or a proportion of the isolates, which will show exactly what the pattern of spread and distribution is in New Zealand, too. So it's still possible we may do widespread testing, but, in fact, we've seen a big increase in testing over this last week, and not a big increase in the cases we're detecting. So that's providing us with a level of reassurance, too.

Media: When might you make a decision about whether to include that random testing?

Dr Ashley Bloomfield: As we finalise the plan. But, of course, if in the initial plan it's not something we think needs to be done, we would keep that under constant review, and we have got a group that's advising on that, chaired by Professor Patricia Priest from Otago University and a group of epidemiologists.

Media: What's taking so long to set up that digital contact tracing, and couldn't that be a really helpful tool? We've spoken to companies that say they're ready to go as of tomorrow.

Dr Ashley Bloomfield: Yes, so what I would say is we know there is a number of options and solutions out there—a number of potential apps that could be used—so we're not planning to reinvent the wheel here. We will use one of the existing approaches. But we are interested to just see what other countries are doing and, of course, we have to adapt it to the New Zealand environment, and that includes careful consideration of privacy and security issues.

Media: In terms of the 17 percent that are unknown whether it's community transmission or not, is that an ongoing 17 percent, or is that being updated daily—more people moving into that? How does that 17 percent—

Dr Ashley Bloomfield: There will be people being moved out of that proportion—so that overall 17 percent moving across into either community transmission, or it becomes obvious that there is a link to travel history. But what we're really wanting to do is have a close look at each one of those cases and try and move them out of that category as quickly as possible.

Media: The 60 transmissions is, you know, a doubling of our community transmission. How concerning is that?

Dr Ashley Bloomfield: Well, it's sort of from around 10 to around 20, and it confirms what we knew was happening. There was some community transmission, and it also confirms that our wider testing is picking that up and we're picking up cases, so that's good. [*Interruption*] Sorry, there's a question over here.

Media: Where are those 20 locations located across New Zealand?

Dr Ashley Bloomfield: I don't have that information, but we're intending to map that, and we'll make that available on our website.

Media: How many tests a day do you need to be able to do in order to safely move from level 4 to level 3?

Dr Ashley Bloomfield: Yes, that's a good question. What we will be looking at in terms of informing a decision by the Government around moving from level 4 to level 3 is not just the number of tests but the number of positive tests and the direction of travel, and we can see we've had several data points now that are quite comfortably showing it's levelling off at this point. What we will be wanting is to see that the rate actually starts declining—the rate of new cases. I think the amount of testing we are doing and the rate at which we are doing it, compared with other countries as to where they were, is right up there, and we will continue to test with that broader case definition—test people who definitely need a test. There's no—there's no sort of hindrance to the right people being tested.

Media: When will you anticipate that there will be sufficient data for the Government to make their decision about whether that level 4 restriction should be extended?

Dr Ashley Bloomfield: I can't predict that, but we will be watching the data on a day-to-day basis. Clearly, the levelling off is a good sign. We've clearly avoided that exponential growth that the modelling would have shown would have happened if we had done nothing, and it's really watching to see when it starts to drop—that's the key thing.

Media: How heartened should we be by that number, because it has been quite a number of days now where it's stagnated around that 60, 70, 80 mark?

Dr Ashley Bloomfield: I think we can be encouraged, especially as it's maintained at that level with the increase in testing. However, I dare say what we really are looking for is a drop in that rate of increase, day by day, and the only way we will get that is if we go just as hard over this next 2½ weeks in alert 4 and continue the activities that are happening—the actions that all New Zealanders are undertaking—to break that chain. Some success so far, but we need to—our aim is to stamp it out, and we all need to do that.

Media: How much better are these numbers than you expected them to be?

Dr Ashley Bloomfield: Ah, how much better are they? Well they're where I would have hoped they would be, and I think again, especially with the increase in testing, and we're still not seeing a big increase in numbers—I think that's encouraging. What we are able to do—and I mentioned it, and we want to do now—is look and see what the distribution is of testing around the country to make sure that we're not just getting a picture that's showing it in a few regions but that, actually, we know that we're testing sufficiently in every region so we're confident about that—we're finding cases everywhere.

Media: Can I ask a couple of questions? One is around respirators: you said last week that you had sourced some respirators. Where did you source them from, and when do you expect them to come in?

Dr Ashley Bloomfield: I think ventilators—do you mean for use in intensive care? I don't know exactly where they've been sourced from. I suspect from China—that's where most of these things are made—and I can't confirm the details. But when we are able to firm up the delivery time frame for those that we have on order, we will definitely make an announcement about that.

Media: [*Inaudible*] supposed to be—do you [*Inaudible*] of those two nurses who told us that they've been told they may have COVID symptoms, and what's [*Inaudible*] Healthline said we treat as COVID because of the poor accuracy of the tests and not to go back to work for 14 days, but the DHB has told them they can go back to work after 48 hours. What are your thoughts on that, and who's right?

Dr Ashley Bloomfield: Oh look, I trust the DHB clinicians, and they will know the exact situation because they will have talked with the staff members, and they will not just have the testing result, but they will have information about what the likelihood was of those staff members having been infected.

Media: The *Ruby Princess* took COVID-19 from New Zealand to Australia. Why didn't you do enough to pick it up and stop that spread?

Dr Ashley Bloomfield: OK, can I just correct that: I don't think it took COVID-19 from New Zealand to Australia. What seems clear, if you look at the picture that happened on the *Ruby Princes*s, is that there was one or more persons on board that ship with COVID-19 when it departed Australia.

Media: Just a follow-on to that: what's our subsequent contact tracing found about the *Ruby Princess* cluster—do we know where it all started?

Dr Ashley Bloomfield: Yes. What I can say is that there are two groups of people who are associated with that *Ruby Princess* cluster of 16. There are six people who were passengers on the ship and have come back into New Zealand from Australia, recalling that all of those people were treated as close contacts and went into self-isolation from the time they came back. Secondly, there are four people who were either a van driver or a tour guide, and one was a translator, who picked up the infection during its final stop in New Zealand, at Napier, and one of those people—there is another infection associated with one of those people, in an aged - residential care facility in Hawkes Bay, and that is where there are the other six cases involved with that overall *Ruby Princess* cluster.

Media: Do you have any more information about the supermarket worker in the Kaikohe supermarket who tested positive—should people still be comfortable shopping there? What more can you tell us about that?

Dr Ashley Bloomfield: Well, I don't know anything about the Kaikohe situation. But, speaking generally, remembering this infection is spread by droplets—and so I think people can be confident shopping there, particularly if that person is now in self-isolation—which they will be—and then they won't be able to infect others. I imagine that as part of the investigation—I know that as part of the investigation—all close contacts will have been identified and will be in self-isolation; tested if they're symptomatic; and monitored, if not, for symptoms.

Media: So that hasn't come across your desk, so to speak, given that it is a supermarket worker who would have contact with a lot of people?

Dr Ashley Bloomfield: Not as a specific case, given the number of cases at the moment.

Media: Why don't dentists access PPE for emergency dental work?

Dr Ashley Bloomfield: Oh, I'm sure there's nothing stopping dentists accessing PPE. I know that our team in the ministry worked with the Dental Association a couple of weeks ago to get guidance out to our dentists, and if they need PPE—particularly masks and/or visors for doing emergency dental work—then we'll make sure that's available.

Media: [*Inaudible*] they'd be particularly at risk if it is transmitted through droplets—right—

Dr Ashley Bloomfield: Quite.

Media: —falling in their mouths.

Dr Ashley Bloomfield: Quite. Yes, I agree. [*Interruption*] Sorry, there's a question here. I'm sorry, could you just say—

Media: Why has the ministry stopped naming places and businesses specifically located with clusters, like the Hereford cattle conference ones, but we're not getting the name of this aged-care facility in Christchurch? Is there a change in policy there?

Dr Ashley Bloomfield: No, I did give the name of the aged-care facility in Christchurch—the Rosewood. So I think what we're trying to do here is strike a balance between if it's within a group, it might be identifiable, obviously, then we'll try to maintain privacy there—that is, a specific family group or something like that, we'll maintain privacy. But we will try to give certainly an indication of the geographic location or the event or a place.

Media: Considering that the clocks have gone back and daylight savings has ended, what's your feel in a general sense of how the onset of winter might impact the spread of the coronavirus here?

Dr Ashley Bloomfield: I think yesterday I was asked this question, and I said there's no evidence yet about seasonality. However, I just was forwarded a paper today which looked interesting, and it's one paper looking at the Northern Hemisphere experience, and, very generally, about saying that it appears that countries between the latitude of 30 and 50 degrees north was where there seemed to be most spread. Now, if you translate that to south, as we come in to winter, that's pretty firmly where New Zealand is. So we would expect—as we do with other respiratory illnesses—to see more of them happening in winter, and that's why we want to get down to as low a level and keep it at as low a level as possible; in fact, to stamp it out is our aim.

Media: On flu vaccines, do you know how many people are in the high-priority category, and given the demand that we've seen early on, do you think 1.8 million vaccines is enough overall?

Dr Ashley Bloomfield: Yes, it definitely is. So when we had the first shipment in, it was nearly 900,000 vaccines distributed. That was enough to cover all of those in the over-65s and those in high-priority groups. We were also adding in healthcare and other essential front-line workers to that, and now we have the equivalent amount of vaccine arriving—either arrived or coming—in the next few weeks. There will be sufficient to vaccinate a high proportion, and we want to get as many as possible in those high-risk groups, and that includes pregnant women as well and the young children with respiratory illnesses, our front-line workers, and there will still be plenty of vaccine available for other New Zealanders who want to get a flu vaccine this year.

Media: We've heard from some GPs who have run out because other organisations are stockpiling them. Have you managed to sort of work through those issues?

Dr Ashley Bloomfield: Daily work on that—yes. We knew, for example, when the first reports of some practices running out came in—we knew there were still 500,000 vaccines out there that, according to the National Immunisation Register, had not been administered. So, yes, we're playing an active role in ensuring they are redistributed around the country.

Media: Is there a quarantine of the border post-lockdown—will that be mandatory post-lockdown?

Dr Ashley Bloomfield: That's one of the considerations we're giving, because one of the things we want to do as we come out of alert level 4 to alert level 3, with that objective of stamping it out, is control the flow of any high-risk people into the country. So one of the things we're actively looking at is what's the posture we need at the border to keep us safe and to stop that growth in imported cases, and then potential further transmission. That's definitely part of the work.

Media: What are the arguments that are being used against having a mandatory quarantine at the border?

Dr Ashley Bloomfield: I haven't seen any arguments against at this point, but of course there's a lot of work to do to think how you actually stand up that arrangement, and at the moment it also will depend on who is able to come through the border and for what purposes. Currently, of course, it's just Kiwis returning, with the very occasional exception if there's a very essential person we need to get in to perform some function that no one else in New Zealand can do. So all of these things will be considered.

Media: How different will life look under level 3 as opposed to level 4?

Dr Ashley Bloomfield: Well, I'm hoping it will look different enough. Remember that we're sort of in a lockdown-at-home arrangement. What I think we have New Zealanders getting used to under alert level 4 is the sorts of things we need to do to prevent spreading the infection to each other, both within our own homes and when we're out in our community, including getting essential services and goods. We would expect in alert level 3 we would have—you know, there would be more widespread activity happening, more people back at work, but maintaining those quite strict things around physical separation, hand hygiene, and so on to prevent infection, and, of course, backed up by really good testing and contact tracing.

Media: [*Inaudible*] will be closed, won't they, but will there be—will some of those other non-essential businesses be kind of let into the essential category? So will we start seeing bars and restaurants and things open, and gyms and the like, or is that level 2 stuff?

Dr Ashley Bloomfield: Look, I couldn't say, and that's the work that's happening at the moment. For our part, we'll give a very clear perspective from a public health side of things as to what we need to achieve within that alert level 3, and then other parts of Government will be very good at then translating that into what that means—and not just Government. I think private sector will be able to put in place the sort of arrangements that will allow us to have that level of public health protection, and keep us at alert level 3.

Media: Smaller ethnic communities are reporting that they're struggling to keep up with the change of information, day to day. Is enough being done to translate that information and then communicate it to those smaller groups?

Dr Ashley Bloomfield: Well, I'll take that back—I think there is a big effort on ensuring that key information and resources is being translated. So I'll take that back and just—I'm happy to get any information about specific communities that might feel the information could be coming out more quickly.

Media: Do you have any advice on the number of Kiwis returning back from overseas, and whether or not that will increase in the coming days and weeks, and if it will increase, are you looking at perhaps upskilling the number of people available to help with those quarantine efforts?

Dr Ashley Bloomfield: In terms of your latter question, absolutely. If we are wanting to strengthen the approach, or have a good, strong approach at the border, we need to make sure there are enough staff there. I'm just looking at that: at the moment, there are about 37,000—oh, this is going the other way—37,000 people who have registered that they want to leave New Zealand—that is, visitors here—and about 5,000 are travelling in the next five days. There are around a thousand, 1,200—900 departed on Saturday and 1,200 on Sunday, so that's the sort of numbers leaving. If we look at currently overseas, we've got about 22,000 New Zealanders registered on SafeTravel. So we're assuming those are people who are overseas,and at some point may wish to come back, because they're just visiting overseas—they're not there long term. Whatever happens at the border, we'll need to make sure it is very carefully managed and controlled so that we don't see an increased risk from imported cases. Final couple of questions, please.

Media: Have you been briefed on the death at the Pickled Parrot hotel here in Wellington [*Inaudible*]

Dr Ashley Bloomfield: Yes, I had a note on that, and we've talked with the DHB. There's no suggestion that that is COVID-19 - related, and I think the DHB has subsequently put out a statement to put some context around that. I daresay, though, that at the moment, where there is a sudden death where there's any potential possibility of COVID-19 infection, then that is assessed as part of the coroner's process.

Media: Should that hotel be taking precautions just in case? Should they be cleaning it down and—

Dr Ashley Bloomfield: Well, I expect the motel will be doing a very thorough clean anyway. [*Interruption*] Two more questions—one here, and one over there, thanks.

Media: Three of the biggest bodies representing the tech industry say that they haven't been consulted by the Government or the Ministry of Health on potential technology to be used for contact tracing. Why is that, and why isn't there a digital advisory group?

Dr Ashley Bloomfield: What I can say is that we have had a huge number of approaches and offers from the private sector generally, and particularly around digital solutions, so there's no shortage of offers and options available. Our team in the Ministry of Health and across Government's got a really good picture of what the options are and what it is we think is needed, and so we will be advising the Government around decisions around which products to go with and how to stand those up. So I think if there hasn't been interaction with bodies per se, that does not mean that there hasn't been huge engagement with a whole range of private sector players, including in the digital industry.

Final question.

Media: In terms of essential businesses, the list of those seems to be ever-expanding with MBIE—we've got a whole bunch of fashion retailers now allowed to sell clothing. Would you deem that is essential, and are you concerned about the number of businesses that are on the list?

Dr Ashley Bloomfield: I'm not concerned, and I think the rationale behind fashion retailers—and I've looked at a couple myself—is because we're coming into winter. It's cooler, and people need to be able to be sure that they've got appropriate clothing to keep warm and keep safe. So that's what's happening there, and what I am confident is that each business knows what the expectations are around ensuring that they are keeping both their staff safe if there is direct interaction, and also keeping any customers safe.

Thank you very much. I look forward to seeing you tomorrow. [*Interruption*] One quick follow-up.

Media: Do we trust those businesses to deem which of their products are essential, or should there be more oversight from the ministry on that?

Dr Ashley Bloomfield: I don't think necessarily from, if you're talking about the Ministry of Health—look, I think they've got thorough processes in place, and, again, the one or two

that I looked at online last night, it was really clear there were some products you could access and some you could not, and they had done a very good job of delineating which were the ones that were appropriate to be offering for sale at this point. Thank you very much.

conclusion of press conference