

**ALL-OF-GOVERNMENT COVID-19 RESPONSE TEAM PRESS CONFERENCE: FRIDAY,
17 APRIL 2020**

Hon Grant Robertson: Kia ora, ngā mihi nui ki a koutou katoa. Nau mai, haere mai ki tēnei hui pāpāho. Greetings, everybody; welcome to the media conference. As you can see today, I'm joined by Dr Caroline McElnay, the Director of Public Health. I'm going to hand over to her to update you on case numbers and testing numbers before I run through a couple of items of Government news and take your questions. Dr McElnay.

Dr Caroline McElnay: Thank you. Tena koutou katoa. Today, New Zealand's total number of COVID-19 cases has increased by eight—made up of two new confirmed cases, and six new probable cases. All of them are linked to either confirmed cases, or known outbreaks. The new, combined, total of confirmed and probable cases in New Zealand is 1,409.

Sadly, there are two further deaths to report today. One death occurred in Waikato Hospital. That person was a man in his 90s, who died yesterday. He had been living at home with family, and was admitted to hospital on Saturday night, very unwell. The man had a connection to the Matamata cluster. While the man's family were not with him when he passed away, staff at Waikato Hospital provided support to the man, and his family, to care for him in his final days.

Sadly, the second death is a woman in her 80s, who died at Burwood hospital yesterday. She was part of the group of 20 Rosewood residents who were transferred to Burwood on 6 April. The woman had an underlying health condition. Her family were also not able to be with her, but a staff member at Burwood Hospital was with the woman when she passed away.

Sadly, there's now been seven deaths from the group of Rosewood residents who were moved to Burwood. There are five other cases who remain stable at present, but this is a group of frail, elderly people.

This brings the total number of confirmed COVID-19 deaths in New Zealand to 11. These people and their families will be in the thoughts and prayers of all New Zealanders today, as we are again reminded of the serious threat that COVID-19 poses—particularly for elderly and vulnerable people.

We all need to continue to play our part to contribute to the elimination of this virus from New Zealand—by staying home, staying in your bubble, breaking the chain of transmission, and saving lives.

There are now 816 reported cases of COVID-19 who have recovered—an increase of 46 on yesterday.

Today we have 14 people in hospital with COVID-19. The total includes three people in ICU, one each in Middlemore, Dunedin, and North Shore hospitals. So that's no change from yesterday. Two of the ICU patients are in a critical condition—and, again, that's unchanged from yesterday.

There are still 16 significant clusters; no change from yesterday. Fifteen more cases have been connected to the clusters, but I have to reiterate that that's because a connection has been made—that's not necessarily new cases. As we go through the process of case investigation, we're able to make the connection to the clusters.

Just an update on testing, 4,241 tests were processed yesterday, with a rolling seven-day average of 2,674, giving us a total tests to date of 74,401. New Zealand continues to increase the amount of testing, and is expanding the pool of those being tested for COVID-19 to include anyone with respiratory symptoms. We encourage anyone who has COVID-

19 symptoms to get tested, and we continue to encourage DHBs to make sure that they're supporting that testing.

The level of community transmission in New Zealand is currently low, and most of the cases that have been diagnosed with COVID-19 do have links to overseas travel or close contacts of other cases.

DHBs, including in Queenstown, Waikato, and Canterbury, are arranging for teams to go out into the communities, including through mobile testing clinics. They are also undertaking targeted testing to provide some further information about community transmission in these regions.

Yesterday, at Pak 'N Save in Queenstown, 343 supermarket workers and customers were tested. About half of those tests have already been processed, and all are negative to date. Today, a similar approach is being taken in Canterbury, with another 250 people being tested at a supermarket, and in Waikato, there is also asymptomatic testing occurring at supermarkets in five towns: Ōtorohanga, Hamilton, Matamata, Cambridge, and Te Awamutu. This additional testing and targeted testing will add to the total pool of tests done and provide us with increased confidence in our data, and that will help give us an overall picture of COVID-19 in New Zealand.

And lastly, I just want to draw your attention to the Health Research Council, who today announced funding for researchers from the Medical Research Institute of New Zealand to co-lead three internationally significant trials in the fight against COVID-19. The trials will assess potential therapeutic agents to fight COVID-19, including hydroxychloroquine, which is one of a number of drugs which have got attention across the world as potentially a treatment for the virus. Thank you.

Robertson: Thank you very much, Dr McElroy. I just want to add the Government's sympathies regarding the sad news of these further deaths. The fact that we knew we would lose some New Zealanders to COVID-19 doesn't lessen the shock or the sadness each time it happens, and we send our thoughts to the family and friends of those who have passed. This also serves as a sombre reminder that we need to continue to stay home to save lives and to break the chain of transmission. Despite the release yesterday of information about alert level 3, it is important to remember that New Zealand is still currently at alert level 4, and we must make sure that we are following the rules and guidance for level 4. Information about what may come next is not an invitation to adopt those level 3 measures yet. So please remember: stay local, don't visit others, and don't do anything that could put you in danger and needing rescue. Going hard and going early has put us in a good position. Things could have been very, very different, so let's not waste this chance.

As you know, Cabinet will meet on Monday to discuss and decide whether to extend the level 4 time frame from midnight on Wednesday, or whether the country, or some of it, will move to level 3. I want to say two things about this. First, as the Prime Minister made very clear yesterday, level 3 is not markedly different from level 4. It does allow more businesses to open safely as we position the economy for recovery and keep New Zealanders in jobs, but it is not a return to pre-COVID days; we are some time away from that. As we work through our decision, I note the news overnight that the UK Government extended its lockdown for a further three weeks. Other countries have made similar decisions such as France, Australia, India, and Japan. None of that is intended to signal Monday's decision. I share it with you simply as a reminder that this is a long game: a marathon, not a short sprint.

My second point is that whether we remain at level 4 or move to level 3, Government support for businesses and assistance for workers remains vital and will continue. It will cushion the economic hit and it will help keep New Zealanders in jobs and our businesses viable. On that point, may I also note that our response has differed to that of some overseas governments, in that a large part of the money that we are investing is already out the door and in people's pockets and bank accounts. It's been paid for 12 weeks upfront, so no matter where we are, that money is reaching people.

As an aside, and to throw back to my earlier comments about the importance of staying home to save lives, I'd note that the Treasury scenarios released earlier this week also reflected that a little longer now spent at level 4 or level 3 is ultimately better for the economy than an early exit and a potential return to lockdown later on. So it's clear to me that from both a health and economic perspective, what we're doing is working, and I urge everyone to continue that work. There's more mahi to do.

Lastly, before I take your questions, and as some of you may have already seen, the Treasury has done as it said it would and released its weekly economic update today, and an accompanying dashboard of high-frequency economic indicators.

These indicators cover the underlying state of sectors in the economy, like transportation and freight movement, consumer spending and trade. The dashboard also contains information on the wage subsidy scheme and the MSD Jobseeker Support payments. The Government is trying to play a role here in making sure that data like this is available to support decision making and independent analysis. The Treasury is working to constantly update its weekly dashboard as more datasets become available, both from Government and private sector sources.

To end, I think it's worth acknowledging again that the wage subsidy is doing its job to protect jobs and help businesses and workers stay connected through the lockdown. To date, the subsidy has paid out \$9.9 billion since we announced it on 17 March, and is protecting the jobs and incomes of 1.6 million workers. In comparison, there are roughly 23,000 new people on Jobseeker Support over that time—that represents about 1.5 percent of the amount of workers being covered by the wage subsidy. This shows that our action to move early and get money out the door to support businesses and workers was the right one. Happy to take your questions.

Media: The fact that we're in single digits today in terms of new cases, that would seem to be a good sign towards us moving to alert level 3 next week—is that fair?

Robertson: Well it's an encouraging sign for alert level 4 doing its job, but I don't think we should get ahead of ourselves; we've still got a few—two or three—more days' worth of data to go before we reach the point of making a decision. I want to remind you of the important things that we have to assure ourselves of to be able to move. One of those is that we genuinely are breaking the chain of community transmission in particular, and while we've been doing and the Ministry of Health has been doing some excellent work on getting to the bottom of the cases that we weren't able to identify, that work goes on for some cases. We also—

Media: Would—

Robertson: I'll just finish the answer. We'll also need to make sure that we have in place fully the measures around contact tracing, around making sure that we've got all the capacity that we need in our health system as well. So there is still more work for us to do to decide on that.

Media: Just on that, though, the following up on that, with Treasury saying a little longer now spent at levels 4 and 3 is better in the long run, are we seriously still considering staying in level 3? Is that still a serious consideration?

Robertson: Staying at level 3?

Media: Four, sorry.

Robertson: Look, all those options are on the table. Cabinet has not made its decision; we still have more data to collect and we still have to take what is a critical decision very, very seriously. As I outlined, a number of other countries have taken the decision to extend their lockdown periods. We'll make ours on the basis of the most up-to-date data that we can get. New Zealanders have made great progress under level 4, and we should all be very proud of what we've done, but this is an extremely important decision and one we'll take with the most up-to-date data. Tova?

Media: But, Minister, it's amazing that these front-line health workers are able to be with these people, you know, when they're so unwell before they pass, but you talk about the fact that the families aren't there—that is devastating. Is that something that will change under level 3?

Robertson: Well, as was discussed, I think the last time you raised this question, that's something that's being considered, I know, by the Ministry of Health and I'll get Dr McElnay to say anything more about that. It is a heart-breaking time for those people, and I, like the Prime Minister, can't imagine how that would feel for me. These are the sacrifices New Zealanders are making so that we're making the progress we are. And so, you know, my sympathies go out to them, but Dr McElnay, if you've got anything more on that?

McElnay: No, that's totally right, and we want to have a very safe environment for our patients as well as our family, and obviously our healthcare workers as well, so we will be looking—particularly as our numbers have gone right down—at what we can put in place in order to enable that but still keep people safe.

Media: Are you able to expedite that work?

McElnay: Well, it's happening at the moment, so we've expedited it; we're looking at how we can do that.

Media: And in the past, you and Dr Bloomfield have both talked about foreshadowing potential further deaths at Burwood. Is that still the case?

McElnay: As I said, we have got a number who are confirmed or probable cases. This is a group who have been frail and vulnerable from the outset, and we just can't predict, or we can't say, in this age group, and with the frailty that they have—you can get deterioration quite quickly, and so we're aware that that might be the case. That doesn't mean that it will happen, and of course we hope that it doesn't, but we're not out of the woods yet.

Media: Just a question around contact tracing—a couple of things. Dr Verrall's contact tracing report: when can we expect to see that made public? And also, around these community tests being done in Queenstown and Canterbury, are people compelled to do them, are they happy to do them—what's the feedback there?

Robertson: I'll hand over to Dr McElnay on some of the detail of that. On the first point, I'll have to find out for you; I don't have that information with me today. On the second point, my understanding is that they are asked if they want to participate in that. From what I saw in Queenstown, people have wanted to do it and have actually made sure that they take the time to have the tests done on them. This kind of surveillance testing is useful, as you heard from Dr McElnay—half of those 350-odd tests in Queenstown yesterday have already been processed. Everybody was negative, but this is the kind of reassurance I know that we want. We want to maximise the amount of testing we do. We have capacity for more testing in New Zealand, so we'll look forward to the outcome of the two extra sites today. Anything to add on that?

McElnay: Just reiterate that, yes, it is completely voluntary. I've got some feedback on how it went yesterday in Queenstown, and that went very well. There was a high demand. They actually took more swabs than they'd been anticipating taking. It was a random sample of people who were shoppers at the supermarket as well as workers at the supermarket, and so the roll-out today in Waikato and Canterbury will be following the same sort of model, but completely voluntary.

Media: Dr McElnay, can I ask: is there any more information regarding to the Invercargill home death and whether that has been linked to COVID-19?

McElnay: We're still investigating that. My understanding is that a post-mortem has been undertaken for that individual, and we're waiting for the results of that. So we'll be able to update you once we've got word back on that.

Media: What do you think of the proposal that I understand is under consideration that 5 million COVID cards should be distributed to enable contact tracing—that would carry, I think, a cost of \$100 million. What’s—

Robertson: Yeah, look, there’s a lot of work being done in a lot of different businesses and research centres on what is the best way to be able to support contact tracing. There’s been a number of questions at previous press conferences about Bluetooth-related testing, and testing involving mobile phones. I’m aware that there is work going on in a card type approach. We have to assess all of these as to whether or not they are the best way in order for us to get the maximum amount of contact tracing done and whether they can practically work and what are some of the other consequences, for instance, around privacy.

So certainly aware of that work, the Ministry of Health are working very closely with a number of different people, and we’ll have more to say about that as we come to make a decision on how we use it.

Media: A couple of questions on the random testing. Why did you choose those locations and how much of a role will those results play in the decision making on Monday?

McElroy: Well, we’ve been increasing our testing over the last few weeks, but we’re mindful that that requires people to present for testing. And so we sought advice from our technical advisory group as to how we could increase our confidence that we really didn’t have any undetected cases in the community, and they advised two things. As a short term measure, they advised us to increase our testing at our CBACs and our designated practices and make sure there were no access issues. But the other recommendation they made was to actually target what they referred to as “hot spots”—so places in the country where we know we have got cases; we’ve got higher numbers of cases in those areas. So we identified four places: Auckland, Waikato, Canterbury, and Queenstown, in particular, in the Southern district. And we were able to stand up very quickly the testing in Queenstown, Canterbury, and Waikato. And so it won’t be perfect information, but it gives us a snapshot of people in the community. And the reason that we chose supermarkets is because supermarket workers are in contact with a lot of people, so they would be highly exposed if there was something circulating in the community. So we worked with the supermarkets to stand up that testing.

Robertson: In terms of the second part of your question, Tova, it will be one factor. But it’s a factor within a factor, essentially. As I’ve said, one of the main things we’re concerned about is: are we breaking the chain of community transmission? Now, this is a helpful piece of information in that regard, but, equally, is the earlier contact tracing we’ve done and the work that I talked about just before in terms of going through those cases where we weren’t sure and starting to eliminate some of those cases as being connected either to an overseas visitor or an existing close contact. So all of that information comes together as part of our consideration.

Media: When can we expect the testing to begin in Auckland?

Robertson: Sorry, Maiki?

Media: When can we expect the testing to be done in Auckland, and is it still being done in South Auckland?

McElroy: So this was a snapshot test to do yesterday and today, so that we can get the test results back, to inform our advice about the level of disease across New Zealand. We will be doing further testing; we haven’t yet worked out exactly where, and what that looks like, but that is part of our surveillance plan, going forward, for COVID-19.

Media: Yesterday you mentioned testing would be undertaken in South Auckland?

McElroy: South Auckland would be one of the communities that we would want to get some testing done; we just haven’t been able to organise that for today.

Media: On the contact tracing—is the Government specifically looking at the COVID card model, and doesn't this need to be done a whole lot quicker if we're going to be, you know, feasibly leaving lockdown soon?

Robertson: Look, the work's been under way for some time on a number of different options. We're certainly aware of the COVID card option as one of those. The Ministry of Health has been working closely with a number of different providers—

Media: So are you strictly looking at it? Like, beyond being aware of it?

Robertson: It's one of the many options that have been put in front of the Government, and it's one that we're aware of, and it's one that the Ministry of Health, I know, has had conversations with some of the people who have been developing it.

Media: Minister, the continued ban on hunting at alert level 3, David Seymour says that's illogical because data shows it's actually safer than some things that are allowed, like swimming and tramping. What's your response to that, and is hunting something that the Government is willing to reconsider before we move?

Robertson: Well, there isn't a ban on hunting; what there is is a piece of work that is under way at the moment to assess whether or not it can safely go ahead at level 3. I believe the website may have had an error on it yesterday that said that hunting was banned. That work is under way right now to consider whether or not it can take place at level 3.

I'd just reiterate the principles we're trying to apply here, which are about making sure that we keep people as safe as possible, that we are involved in low-risk activities. Clearly hunting, for fairly obvious reasons, has some high risks attached to it, but if it can be done safely that's what we're now assessing, and that work will be finished as we come into early next week—for May, actually.

Media: Minister, can I just ask a question on schools. A lot of principals and teachers are upset that they weren't consulted ahead of yesterday's announcement. What is your response to that?

Robertson: I think it's really important to remember that at any point that we do make a transition down to level 3, the Ministry of Education has been very clear that schools would not open for pupils for a least a week after that. So if you think about where we are now in the best possible scenario, we're still two weeks away, effectively, from schools reopening.

So there is now time to work through with teachers, principals, parents, and students, to make sure we can make this work. I understand there is discussions this afternoon between the Ministry of Education and principals and teachers, to make sure we work through how this will work. This is a situation where I believe we can make schools into a place that will be very safe for students and teachers; that will be available for those people who have to go back to work, for their children to attend. So I'm confident we can do that; we've just got to use the time we've got over the next couple of weeks.

Media: Could you see yourself going back on some of the ideas that you announced yesterday—for example, would you go back on the idea that it's voluntary, or could you do staggered roll-outs? I mean, could you change that system if those issues continue to arise in these discussions?

Robertson: Well, the point of consultation is to hear from those who are at the coalface, or the chalkface, and make sure that we structure this in such a way that it does work, and it upholds the public health principles that we've got.

I think it is really important, though—I believe that parents will ultimately make the right decision for their children; I trust them to do that. And so, you know, some parents will be in a position, going back to work, where they do need to make sure that their children go to school. Of course, if they can stay at home—and we want people to stay at home if they can—then they can be there with their children. So we've got time to work this through.

Media: One last clarification point on that: so did you say that schools will definitely have at least a week for when level 4 lifts, regardless if that's in one week, two weeks, or three weeks?

Robertson: That's correct.

Media: Always be a week?

Robertson: That's correct.

Media: With regard to the tracing apps, where are you with those, and have you rolled out using the Singaporean one after talking to—

Robertson: As I say, there's ongoing work on that at the moment. The shortcomings around it, the Singapore app, are ones that are being looked at. Obviously, it's an example of that kind of technology, and there are other examples, as well. So it's about finding what is best to work for New Zealand. As I say, the Ministry of Health is closely involved in that work. You'll appreciate that this development is happening in real time; this is not like a piece of technology that someone's been working on for two or three years. So therefore it makes sense to talk to a number of different people, but we're certainly aware of the progress that's been made.

Media: Do you think it's safe for 20-plus young children to be attending an early childhood centre in level 3?

McElroy: Well, we're working very closely with the Ministry of Education to work through the specific advice in order to keep children safe and teachers safe and families safe. I'm not aware that we've actually released a specific number. We continue to work with them following public health principles.

Robertson: Yeah, and that's the most important thing here is that the overriding decision here is around public health and upholding public health. Clearly, the early childhood sector is one where we do have to work closely with those who provide the education there to make sure it can be done in a safe way. The creation of bubbles within schools and within early childhood centres is our belief to be the best way of making sure that we maintain those public health principles. It's the reason why, for example, in secondary schools, we're only taking people up to year 10—because that allows the schools to be able to maintain physical distancing requirements, for instance; maintain bubbles staying together rather than interacting with other bubbles. Clearly, in an early childhood setting, there are particular things that need to be borne in mind in terms of the way that toddlers will interact with one another. That's why the Ministry of Health and the Ministry of Education are working together to refine that advice.

Media: And Minister, is the Government working on a specific hospitality support package; if yes, what does that include?

Robertson: Yeah, look, we're working on further support for businesses, and one of the things we need to do is understand more about the impact of COVID-19 and the way that we respond to it on particular sectors. It's quite clear from the hospitality and restaurant associations that they're pleased that some of their businesses are now going to be able to reopen under a level 3 framework. If you look towards a level 2 framework in the future, you can also see further opportunities there. So we'll take our time over the coming weeks and months to look at how each individual sector is supported, but we have work under way around further support for both businesses and households and individuals.

Media: One of the things that they're really, really crying out for is rent relief. Will you at least consider that?

Robertson: I've said before that we are considering that. Obviously, we made some interim steps earlier this week in that regard in terms of the legislative changes, but we need to look overall at how we support businesses to get through this. Our focus has been on those that are vulnerable but viable, and we'll continue to look at that.

Media: Dr McElnay, Wairarapa appears to have zero active cases right now, perhaps maybe the only region. Is there any particular reason behind the success there, and could it be replicated elsewhere?

McElnay: I don't think there's any particular success there. They certainly did have cases. I think that's just what happens. Cases can pop up anywhere. We've seen that particularly with our large events and functions: that you can have people from all over the country being there and they go back to their home place, and then that can cause other cases. There's no science behind why one place would have higher cases than others, but what we now are seeing across the country is a high level of testing across the country, so that's getting us a much better assurance that we're not missing any undetected cases.

Robertson: I do think it's important to remember, when data is reported DHB by DHB, that it doesn't necessarily pick up the point that Dr McElnay is making—that, for example, the Hereford bull conference in Queenstown is actually the source of a number of the Waikato DHB cases. So it's actually a little bit more difficult to say it's about a particular region per se.

Media: Minister, just on health inequities, how confident are you that your public health response is capturing the concern around Māori and Pasifika communities?

McElnay: Well, we're very conscious of the need to look at our health inequities. We do not want to worsen any of the health inequities that we have as a result of our COVID-19 response. So that's been very much a part of the response that we've put into place and the advice that we've received as well.

Robertson: And it's important to remember that we also have made provision for specific funding packages for Māori health and Pasifika health providers. That's a recognition of the fact that in those population groups we know that we have to work extra hard to make sure we don't allow those inequities to increase.

Media: Just in terms of the public health response, though, is there anything specific that is being done for those communities?

Robertson: Well, I've actually just said that—we've just funded those particular groups with additional money, and there will be ongoing focus as part of the public health response on all groups across our community but especially those we consider maybe more vulnerable. We'll just come back to Tova.

Media: Dr McElnay, CCDHB has said that the nurse who tested positive for COVID-19 was wearing full PPE and had gone through PPE training. What does that say about the effectiveness of PPE, and what safety assurances can you give those healthcare workers?

McElnay: Well, we're still investigating that case to see exactly what has happened. That's my understanding—is that she was wearing full PPE. Of course, we haven't yet fully investigated the source of infection from this nurse, and the public health service is continuing to do that. PPE is part of the overall protection that we can put in place for our healthcare workers and for patients, but there are other factors that we also need to look at, which—I don't have the information on this individual. But, certainly, we encourage and are supporting the use of PPE by our healthcare workers.

Media: Do you have an update on the number of healthcare workers—

Robertson: We'll just go down the back.

Media: Just to follow on—a very quick follow-on, sorry. Do you have an update on the number of healthcare workers who currently have COVID-19?

McElnay: So we have 128 healthcare workers who have been reported to date, and about half of those were infected outside the workplace, and we're continuing to investigate the other half, because it's actually—it is really critical that we understand how they acquired their infection.

Media: Is this move around schools at level 3—is it for educational reasons or is it, effectively, creating like a babysitting-type service?

Robertson: We absolutely want students, children, to be able to continue to learn. That is our primary focus. It's the reason why we've rolled out the online learning programme, and all of the support that goes with that, and we are completely focused on this as an educational issue. But we have to undertake that education within a safe public health environment—hence, as I said before, why in the secondary school settings we're looking at making sure that it's only those up to year 10—so that we can space people out and have physical distancing. Similarly, that's the reason why we're looking at bubbles within primary schools and ECEs. This is about making sure that educational opportunity is available.

I just want to reiterate what I said before: we know that a lot of parents will make the decision on behalf of their children that they'll stay home and continue to use the distance learning opportunities—that's something to be encouraged. But for other parents, they may not have that choice because they'll be going back to work. This is about making sure that their children continue to get education as well.

Media: Minister, just a couple of questions about the greatest game of rugby league, what do you make of the NRL's plans to resume on 28 May? Have they briefed you, given the Warriors will be involved? Do you support it? And do they actually need a special exemption to leave New Zealand to play in it?

Robertson: Personally, I haven't been involved in any discussions about that. I believe there may have been some high-level discussions between some people working on behalf of the NRL and Sport New Zealand. Look, that sounds like a very ambitious date to me, to start a competition up, and no doubt there's a lot to work through on both sides of the Tasman about how that would work. Clearly, both sides of the Tasman are operating strict quarantine arrangements at the moment, and therefore that provides some real limitations on the ability of people to travel and spend time in situ. I did hear yesterday that the other NRL clubs had said that they wanted to make sure that the Warriors had the opportunity to undertake pre-season training once they got to Australia, if that's where they got to. So if you think about that in terms of the time line, it's pretty ambitious. I think overall, you know, the principle we continue to have to apply is public health and safety, and that applies as much to people who are professional sports people as it does to anybody else.

Media: Just to follow up on the sports question, quickly?

Robertson: Well, of course if it's a sports question, I'll take it, Tova.

Media: Thank you very much—ha! What clarity will you be providing to national sports organisations around which sports are able to resume training, and in what capacity, if and when the nation moves to level 3?

Robertson: So in level 3—and, actually, some guidance about sport and recreation at the levels has just gone up on the COVID website in recent time. At level 3, there really isn't the scope for that. At level 3, we want people to stay in their bubbles still. So I know a number of our professional athletes are training hard inside their own bubble. When it comes to level 2, there is further work to do there as to what might be possible in terms of particularly contact sport at a professional level. That requires conversations with health officials and with sports clubs. Clearly, myself, as a sports fan, and many others around the country would love to see that take place, but it certainly won't be happening at level 3.

Media: On the active cases, do you know how many of them are in quarantine or managed self-isolation?

McElroy: I don't have those figures with me, but we can get that information.

Media: Under the level 3 rules, the relocation rules, would someone in a bubble be able to move to their holiday home if they were staying in the holiday home for the entirety of whatever the next lockdown period is?

Robertson: I think, as I understand the bubble rules, we want people to, essentially, stay where they are. If they do need to relocate back to a region for work, then we have said that that is OK. But we do not want a large number of people heading off to their holiday homes.

Media: I just want to ask about those in quarantine coming into the country. Can you give us a bit of an update around how many have come in, how many more you might expect, and what the Government's doing for them—how that's panning out?

Robertson: I don't have particular numbers in front of me, Collette. Clearly, numbers have dropped off significantly, and we can come back to you with what those are. But it's to be expected that people have made their way back to New Zealand. There are declining numbers—and there have been every week since we've been in lockdown. In terms of how it's going, my understanding is it continues to work relatively well. People are being looked after and they are being assessed and monitored, as we said they would be.

Media: The economic dashboard talks about the IMF forecasting a much worse global economy in 2020 than during the global financial crisis, but then it goes on to say that the global economy is forecast to rebound strongly in 2021. Are you confident it will happen that quickly?

Robertson: Well, that's the forecast of the IMF, and it's certainly what I think everybody would want. What that reflects is that economic activity will have some burst when we do come out of periods of lockdown around the world. But, clearly, all of these projections are being done in an environment where we lack any data to compare it to. We, in many ways, can't compare it particularly well to the financial crisis, because that was a crisis of the financial sector and the system; this is, essentially, a health crisis that is leading to a demand crisis within the global economy. So they're actually different examples. Clearly, what we'd all like to see is the economy rebound as soon as possible into 2021, but we'll need a lot more data before we can be sure about that.

Media: Might the Government start pushing ahead with some of its infrastructure projects under alert level 3, or would that have to wait till level 2?

Robertson: Look, I mean, what alert level 3 allows is some productive parts of our economy to get going—including the construction sector, forestry, manufacturing, and so on. So within that sector are a number of Government infrastructure projects that I would like to see get going as soon as they can within the public health guidelines. Clearly, if we're able to move through the levels to level 2, that will see more of that work come forward.

In terms of the identification of projects, that work continues. There are a lot of projects that have been identified, and so we'll take some time over the next couple of weeks to work our way through that list.

Media: Are you alarmed at the number of complaints MBIE has received about employers pocketing the wage subsidy?

Robertson: Look, there are a large number of complaints, and they need to be thoroughly investigated. We've been extremely clear that the purpose of the wage subsidy scheme is for money to reach employees and make sure that they stay attached to their business. So those accusations now need to be investigated, they are being investigated, and I'd be very, very disappointed if businesses have misused that scheme.

Media: Just to follow on that, a Michael Hill worker has told us that they haven't received a subsidy, and it's been paid out \$2.26 million. What's your message to Michael Hill?

Robertson: I'll look into that right now.

Media: Just a couple of health queries, sorry. The Wellington nurse who's tested positive: we've been told that—forgive me, I'm just trying to decipher this—a patient positive with the virus left an isolation room, which is how the nurse got infected. Can you confirm that?

Robertson: I think that's probably the kind of investigation that Dr McElroy said is exactly under way. And rather than just take from you something that you're deciphering, that's exactly why we need to look into that.

Media: It's an honest query from a newsroom. We've got another one—in Christchurch, we've spoken to a COVID case who was cleared from self-isolation after being symptom-free for 48 hours but then subsequently was re-tested as a positive later that day. Is that 48-hour window suitable?

McElroy: Well, we, on our website, have our guidance for when patients are considered to be recovered: it's 48 hours from when they're symptom free. I don't know the details of that particular case, and there may be more in order to interpret your question, but that guidance is there and it talks also about a 10-day period from the onset of symptoms. So we've got quite a robust definition of recovery.

Media: Some more health questions, sorry. Can I get your reaction to the trialling of the hydroxychloroquine drug, and why is that so important, and what benefit is New Zealand bringing to the table by investing into this research?

McElroy: For the details of that research, I'll have to pass you over to the Health Research Council, because they've been involved with the funding of that, but I guess it's a reflection of the worldwide interest that there is, and the researchers that we have will be part of a team looking into this. And there is interest, as you'll be aware, on the possibilities of this drug, and so we do need to do further research in order to really understand whether or not that's the case.

Robertson: Could you just say the name of the drug again?

Media: Hydroxychloroquine.

Robertson: Oh, thank you. That's fantastic.

McElroy: Well done!

Media: You say that you really want to ramp up testing, Dr McElroy. Why not then remove the requirement to have a referral from Healthline or a GP to get a test?

McElroy: Well, we will be looking at how we can best make our testing as available as possible going forward. It is one of our central pillars for maintaining elimination, which we hope to achieve, but maintaining that going forward. So as we move through into the next phases, we need to look at how best we can get that testing—

Robertson: And to be clear, if people have respiratory symptoms, they should come forward and they should be tested. Thanks, everybody. Thank you.

conclusion of press conference