

**PRIME MINISTER AND DIRECTOR-GENERAL OF HEALTH PRESS CONFERENCE:  
SUNDAY, 19 APRIL 2020**

**PM:** Tēnā koutou katoa. Good afternoon. I hope the day is treating everyone well. As is our usual practice, I'll begin by handing over to Dr Bloomfield for the latest update on cases and testing numbers, and then we'll run through a bit of an update before taking your questions. Dr Bloomfield.

**Dr Ashley Bloomfield:** Thank you, Prime Minister. Kia ora koutou katoa. So today, the total number of new cases is nine, and this comprises four confirmed and five probable cases. All of today's cases are linked to confirmed cases, and the new total of combined confirmed and probable cases in New Zealand is 1,431. There are now 912 reported cases of COVID-19 that have recovered from their infection, an increase of 45 on yesterday.

Today, there are 18 people in hospital around New Zealand with COVID-19. This includes three people in ICU, one each in Middlemore, Dunedin, and North Shore hospitals. Two of these people are in a critical condition. There are still 16 significant clusters around the country—no change from yesterday—and 12 more cases have been connected to clusters, including some of today's and others from previous days.

Yesterday, 4,146 tests were processed in our laboratories around the country, so the rolling seven-day average is 3,151, and a total of 83,224 tests have been conducted to date. Our stock and supply for laboratory testing is now over 90,000 complete tests.

Sadly, I am confirming that the death that occurred in Invercargill in the community on Tuesday evening last week is now confirmed as being a COVID-19 - related death. I'm extending my sincerest sympathies to the family, and I do ask that you also continue to respect their privacy.

Over the last few days, there have been specific efforts in a range of places around the country to do wider community testing to help confirm for us that there is no underlying community transmission of COVID-19. You'll have heard that the testing in Queenstown and in a number of places in the Waikato on Thursday and Friday respectively showed no positive tests, and there was testing undertaken in Auckland yesterday—a total of 442 samples were tested, with about three-quarters of those results processed. None of those tests have been positive. They, again, those results, and other testing that we will be doing during this coming week, particularly around any cases we find, like the one in Whanganui in the last day or two, where it's not clear what the source is—we will do some wider testing, and that, again, does help assure us that there isn't undetected community transmission of COVID-19 happening.

In terms of healthcare workers, we have 131 healthcare workers who are confirmed or probable COVID-19 cases. Forty-three of them have recovered. Of our total cases, 50 percent were infected in the workplace, either from colleagues, patients, or residents, in the case of ARC facilities. When we analysed these cases last week, it was clear that a relatively small number had, in fact, been infected by residents or patients and that most of the transmission was between healthcare workers, some of whom had been infected outside of the workplace. We're continuing to keep a close eye on this, and I've asked for an updated analysis of that new number of 131.

Finally, I just want to thank today the many people working in our public health services around the country, who have really been at the forefront of both detecting cases, following up close contacts, and investigating any clusters over the last couple of months in New Zealand. They've been working around the clock and seven days a week, and I just want to thank them for their efforts in helping lead New Zealand's response to this. So thank you very much to those workers and to all of those essential workers and healthcare workers who are supporting our overall response. Thank you, Prime Minister.

**PM:** Thank you, Dr Bloomfield. If I could take the opportunity to add my thanks to the members of our public health units from around the country, who, as Dr Bloomfield has said, have been working 24/7 for a long time now as part of that really critical part of our process for managing COVID-19, and that is contact tracing. I actually hope that sometime next week, I might be able to take a Zoom call with some of the team leaders for those PHUs, just to pass on my thanks for the role they play, that most New Zealanders may not have even known existed until now and yet were a critical part of the response to the measles outbreak we had only some months ago and, off the back of that, coming straight into COVID-19. They're doing an exceptional job.

As I have no doubt everybody in New Zealand is acutely aware, Cabinet meets tomorrow to discuss our current COVID alert level 4 and to determine whether to extend it beyond the current deadline, which is, you'll be aware, midnight on Wednesday. Before I go over how we as a group of Ministers will make that decision, I want to acknowledge that we have been successful to date in rolling out our plan because we've had a plan, and we've stuck to it, and we've done it together. We have stayed home, we have saved lives, and we are breaking the chain of transmission. And the numbers back this up, with the data coming through from Google location tracking showing a huge drop in traffic in our cities as well as far fewer visits to places like beaches and parks. I know it hasn't been easy, but it has been working.

No matter the outcome of Cabinet's deliberations tomorrow, it is important to remember that this is going to be a long-term project for us all. A move to alert level 3, whenever it comes, is not a return to pre - COVID-19 life for any of us. What eventually changes at alert level 3 is that more of the economy is able to come back online, but our social lives, sadly, will not. If we move too quickly in that area, we undo the good work we have done collectively over some very long days indeed.

With that in mind, Cabinet will meet at 10.30 a.m. tomorrow—we have given it an earlier time frame so that we have time for those deliberations—and then we will be sharing the decision that's been made with all of you at 4 p.m. the same day. Dr Bloomfield will be joining me for that announcement, given the strong role that Health plays in the decision making and the deliberations that Ministers will be a part of tomorrow.

Just a quick reminder that there are several things that Ministers will consider—and these were criteria discussed by Ministers some time ago. That criteria includes that the Director-General of Health is satisfied, or there be a level of satisfaction, that there is sufficient data from a range of sources, including testing and surveillance, so public health experts, statisticians, and modellers can have reasonable certainty that undetected community transmission is unlikely; secondly, there is sufficient rigorous and rapid case identification in contact-tracing, with surge capacity available in the case of an outbreak; thirdly, our self-isolation, quarantine, and border measures are robust and adhered to; and, finally, there is capacity in the health system more generally, including the workforce, ICU capacity, plus the availability of PPE for those for whom it is recommended.

Alongside that, we will look at the evidence of the effects of the measures on the economy and on society more broadly; public attitudes towards the measures and the extent to which people and businesses understand, accept, and are overall complying with them; and the ability to operationalise restrictions, including satisfactory detailed implementation planning by our all-of-Government team and Government agencies. That, essentially, is all of the information, data, and analysis that we will provide in determining New Zealand's next move.

Now, I share this with you because we have been open and transparent throughout this fight against COVID-19, and I personally believe really strongly that it is only fair. Since we are all in this together, we need to all keep working together for success, and that means us sharing with everyone the factors we'll be taking into consideration and the data we use. Every day when we come down and share what we know about our testing and our positive cases, how they relate to clusters—that's information that I receive only a few hours before

the public receives it, and that's because this is a mission that we're all on together, and that is why we've been transparent in sharing all of that information as we've gone along.

If we can look back, though, it is incredible to think of how swiftly we all acted together. It's hard to believe that it is only 32 days since we closed our borders to all but returning New Zealanders, on 19 March; 30 days since we announced our COVID alert level system, which was on 21 March; and 25 days since the lockdown began, at 11.59 on Wednesday, 20 March. During that time, our focus has been to protect the health of New Zealanders. Alongside this, we've acted to cushion the economic blow as well, to keep as many New Zealanders in jobs as possible and to help businesses remain viable. We do not underestimate the economic impact this has taken on everyone, and that's why we've had that multibillion-dollar set of investments: the 12-week wage subsidy scheme, the Government-backed business finance scheme with banks, the business support package for our smaller and medium-sized organisations, and extra financial support for students.

The decision to move New Zealand to alert level 4 was the right one for our health and for our economy. As you will have heard many of us say, the best thing for the economy has always been to stop the virus. But I do want to finish today by saying thank you, in that vein, to a very special group, many of whom have been going through an incredibly hard time but who I have often heard reflecting that in spite of what we're experiencing, that they still recognise the collective mission we all have right now. That group are our small-business owners and operators. Nobody underestimates how hard this situation is for all of you, but I want to thank you for pouring so much effort into keeping your staff employed and working so hard to keep everyone afloat for the time when you can get back up and running. We've put \$9 billion into the wage subsidy to help keep more than 1.5 New Zealanders in jobs, but that wouldn't have worked without businesses making applications and giving their all to keep their staff, who many of them consider their family, connected to work.

We are in this together, because that is the only way this will work. But I do want to say thank you for your efforts, and I know New Zealanders will continue to keep acting together to stay safe. We're happy to take your questions.

**Media:** Dr Bloomfield, can I ask you about our contact tracing capacity. There's been some criticism or questions, I guess, in the past few days about the data that is involved in assessing that capacity. Where are we at? Do we know, for example, the average length of time it takes to contact trace under a level 2 system, and are we ready to come out of lockdown?

**Dr Ashley Bloomfield:** So one of the factors that, as the Prime Minister said, I've got to be assured about is both our capacity and the timeliness of our contact tracing. It's fair to say, and I've read some of the criticism, that the system we came into the COVID-19 pandemic with was one based around our public health units—very much local capability and capacity for smaller outbreaks in those areas. So what we've had to rapidly do, of course, is get a national approach and bring that up to a national network, which we are doing.

Secondly, the system that is being used is not one that's particularly easy to get information out of. So we're updating that ability to get information not just out of that system, which is called EpiSurv, but also to be able to link it to our other health databases. So that work is happening apace.

And third, as you've pointed out, is what is the capacity both within the public health units and also nationally. Now, you'll know we've set up the national close-contact tracing centre, and over 200 people are trained to do that. What we have been doing and are doing in the first few days again of this week is actually going around to the public health units to identify what are the needs, what are their specific needs, to help increase the capability and capacity there.

So I'm of the view that we are definitely on a pathway to having—what I want is no less than a gold-standard contact tracing end-to-end process, because that will be essential for us to be able to safely be within a level 3 and lower alert level.

**Media:** Do you, though, have a sort of gauge on how long it would take, the average length of time, to contact trace at level 2, for example?

**Dr Ashley Bloomfield:** Well, what I can say is that the standard we are looking for is to be able to trace 80 percent of people within three days. Now, because all of the current mechanism and the information is held locally at the district health boards, we've had to collate that and do a sweep across them to get that information, and that information's being analysed this weekend and will help inform the decision by Cabinet tomorrow. We will be able to release that in addition to the report by Dr Verrall and the response we have made to that report. That's being considered by Cabinet tomorrow, and so the intention, Prime Minister, I think is to release it after the Cabinet decision.

**PM:** Thereafter. I think one thing that's really important to point out is that our success in contact tracing really comes down to the information that people provide. It also comes down to having a very, very swift testing regime. So if I could make two pleas to members of the public: if you even have a sniffle or the slightest sore throat, get a test, because the sooner that we get on top of knowing that someone has the symptoms of COVID-19, the more successful then our isolation and contact tracing will be.

The second thing is to all New Zealanders: think about all your movements as if we may come and interview tomorrow and try and find out who you've been with. So in all of our contact tracing, having that local—I know everyone will think just simply moving to a national structure is the way to go, and, yes, some standardisation of that data collection's really important, but unless you have that local knowledge on the ground about places, about people, about community groups, it makes your contact tracing less successful.

We, essentially, have to do forensic interviews with people to find out where they've been, who they've been in contact with, and try and trace the origin of COVID-19. Now, if you then think about that happening at a large scale across the country, it's a very complex thing to be doing. We have systems in place that now we need to just make sure that we are shoring up even further, that we have greater surge capacity, that the testing turn-around is tight, that we have that gold standard everywhere.

**Media:** How long will it take us to get to where you'd like us to be in terms of contact tracing?

**Dr Ashley Bloomfield:** I'm confident we're on a path to have that up and going within the next week.

**Media:** So if we're reading into that, then, in terms of tomorrow's announcement—

**PM:** Don't read into anything.

**Dr Ashley Bloomfield:** Yeah. What I would say is if you look at our testing numbers—and this is the other thing. I know a few weeks ago there was a lot of talk about testing rates here and so on. New Zealand's got one of the highest testing rates in the world. In particular, that community testing we've been doing, as well as the wide testing right across all the regions and across different ethnic groups, shows that we haven't—we've got a high level of confidence there isn't undetected community transmission ongoing or out there and, secondly, that our contact tracing must also be working quite effectively there on the ground. However, what you will see when we publish Dr Verrall's report is there is a set of indicators that we want to be achieving around timeliness to make sure that we are achieving that gold standard.

**Media:** Can we perhaps be expecting to stay in lockdown level 4 for another week until we get to that point?

**Dr Ashley Bloomfield:** That's Cabinet's decision.

**PM:** We're not going to get into any hypothetical discussions today about a decision Cabinet will be making tomorrow. But I do think one important thing to keep in mind is we have contact tracing across the country. In every single part of New Zealand, we have the ability to contact trace. Some countries don't even have that. What we want is to make sure

that we just get better and better and better, because it is one of many lines of defence that we need to have.

**Media:** Has there been any progress on technology, the app and that sort of thing, and is that something you would want in place before you went to level 2, for example?

**PM:** No. No, not necessarily. We do see it as an addition, of course, but it will only ever supplement what needs to be excellent contact tracing on the ground, and that has become clear no matter where you look around the world. Singapore, often referred to as a place using technology as part of their contact tracing—they themselves will be the first to admit that it does not solve all of your problems. There's accuracy over even how Bluetooth works in recognising who you're in close contact with. It relies on uptake of citizens. There are many reasons why, first and foremost, your foundation needs to be people, supplemented by technology.

**Media:** But are you still pursuing a technological—

**PM:** Yes. We are. We are, and we are still pursuing that. We continue to do work on that, but it will not be the basis on which a decision is made around changes in alert levels.

**Media:** Australia and some European countries are testing sewage to see how widespread it is. Is that something that we can do, and if we can do it, is it something we would look at doing?

**Dr Ashley Bloomfield:** Yes, I'm not sure how many countries are actually doing it—and I'm not even sure Australia is, so I'd be interested to see that. It's one of the options that you can use as overall surveillance. For example, you'll know that there is testing of sewage done for illicit drugs to get an idea of whether and what the prevalence of use might be in specific communities. The RNA PCR testing is very sensitive, so you could do it—you could do sewage testing—but you would still need a reasonable rate of infections in the community to be able to detect it. ESR was just looking at how they would do that if it was to be part of our ongoing surveillance.

**Media:** Dr Bloomfield, how confident are you that undetected community transmission is unlikely, and are you satisfied that there's currently sufficient data to back that up?

**Dr Ashley Bloomfield:** Well, that's one of the key decision points for Cabinet, so I don't want to pre-empt the advice we are giving to Cabinet. Again, just to reiterate that we have done a lot of testing in New Zealand, and particularly over these last two weeks, as we've seen the number of confirmed cases drop, recalling that the vast majority of those cases in the last three weeks we've been able to link to existing cases, overseas travel, or existing clusters. What we're particularly interested in is the results of the community testing we've done in the last few days and those cases that we haven't been able to pinpoint the source, to do some wider testing around them. That will increasingly increase our level of confidence about the fact there is no undetected community transmission.

**Media:** But so far you must be satisfied or at least encouraged by the community testing results?

**Dr Ashley Bloomfield:** I think they're encouraging, and that goes alongside the number of positive cases we're seeing each day, with that wide testing right across the country and across the range of ethnic groups as well.

**Media:** On that Invercargill death, why has it taken so long to confirm it was COVID-19, and if this person was so ill, why weren't they in hospital?

**Dr Ashley Bloomfield:** So I'll just make some broad comments about that, because I do want to respect the family's privacy here. This was someone who was being looked after in the community, with daily check-ins. They were at home with family members and wasn't that clinically unwell, but then the circumstances around that person's passing were such that we felt it was important to get a really good understanding, because it looked like it could've been the first community death from COVID-19. So we requested a post-mortem to help just affirm what the cause of death was, and then that can help inform what our

knowledge base is around how we manage people in the community with COVID-19, particularly if they have pre-existing respiratory conditions.

**Media:** Does that mean you're going to change the advice for how you manage people within the community? Are you going to maybe more regularly put people in hospital just to be safe?

**Dr Ashley Bloomfield:** Well, I've asked for advice from our chief science adviser, Dr Ian Town, who is a respiratory physician, and he's going to work with some of his colleagues to look at what the learnings are there. So there are two things, yes: how we might manage people with pre-existing respiratory conditions, and also, if people are at home with COVID-19, what sort of clinical check-in there might be regularly just to check on their condition. So it's part of informing our ongoing response to COVID-19.

**Media:** In terms of the context of the criteria that you've outlined for Cabinet tomorrow, is there any capacity for Cabinet to consider whether some industries explicitly carved out might be able to go back to a level 3 - type operation earlier than the rest of the country?

**PM:** I think what has been important to us is that we've stuck really rigorously towards a principle-based framework that really has stuck to the approach that basing our decisions on public health, keeping in mind risk, is the best way that we can protect both the economy, livelihoods, and people's wellbeing. So there is a risk assessment for everything that we do. You know, we are very, very aware, though—and it's not just businesses that have been in hibernation for the period of alert level 4; both small and large are feeling it, and we know that all too well, but, ultimately, what we've tried to do is create an alert level where we can move as a nation down in between, rather than segmenting off different parts of the economy.

What I would say to every business now, though, as I did at the time that we announced the alert levels, we're moving from essential only to safe only, so prepare yourself and your business, if you're not currently operating, to be in a position to be able to operate. Do that assessment around social distancing within your workplace. If you're a retail outlet, do the work around contactless commerce, because we want those who are able to safely open to safely resume when the time comes.

**Media:** Are our quarantine measures and border controls sufficient for a move to level 3?

**PM:** Yes, absolutely. They're very, very rigorous. We have currently 1,601 individuals who are in facilities managed by the Government. Some of those will be in the stricter version of quarantine, which means they can't leave at all because they're symptomatic; others will be in facilities where they're able to get fresh air but that's it.

**Media:** And what about our health system? Is our health system able to cope?

**PM:** Yes. I mean, I think one thing that will be clear to everyone is that the huge effort of all New Zealanders has meant that our health system absolutely has been able to cope. We've had, ultimately, I think, 69 hospitalisations—relative to our number of cases, that's been very low. It has been absolutely manageable, but that has been our goal. Our strategy has meant that everyone should be able to get the care they need no matter what, and we've managed to do that because of the strategy all New Zealand has adopted.

**Media:** Can I just return to the topic of the app. So it sounds like now that's an optional thing; it's something you might not even go down the path of—

**PM:** No, no. Sorry if I haven't been clear—

**Media:** Will it be formally considered at some point?

**PM:** No, no. Forgive me if I haven't been clear. The app is absolutely part of our work programme, and work is under way, and it will be a feature of New Zealand's response. What I've said is that it won't be a part of the criteria around whether we move or not, and in large part that's because an app will only ever supplement the work that we have to do for

contact tracing. And, again, most countries who have an app like this will highlight that you have to have the foundation of people and a people-centred network of contact tracers.

**Media:** Dr Bloomfield, can I ask about whether you have any update on how many cases there are where the source of infection is unknown. You mentioned a Whanganui case, I think—

**Dr Ashley Bloomfield:** Yes—so none today. I understand from yesterday, one of the cases in Whanganui was—the source was unknown, and there was one from two or three days ago in Timaru which is still being worked out. And then prior to that, we had done that analysis of all the outstanding cases that hadn't been linked from 24 March, and there was just the—all could be linked to cases in clusters except for four that had been put down to community transmission, and we're working with each of those public health units to not only continue to investigate but also to ensure there is testing right around those cases to ensure there's no further spread.

**Media:** [*Inaudible*] encouraging, surely. That's a very low number.

**Dr Ashley Bloomfield:** It is encouraging, and I think particularly just those two more recently. But what we're doing, for example, in the case of the Timaru man, even though there wasn't a list of—there weren't many close contacts—there's been quite wide testing: all of the folks in his workplace and various other close contacts. So we're, sort of, making sure that any case now, we're going in with a very thorough response, and we're working closely with the public health units, including wide testing.

**PM:** And that's why part of that ongoing surveillance that Dr Bloomfield's talked about we're now attaching to actual cases as well. So Timaru is an example, Whanganui another area, where as soon as we get that data, then using that to do some wider surveillance in that community to see if we can ascertain whether there has been wider undetected community transmission.

**Media:** So there will be targeted testing in Timaru and Whanganui?

**Dr Ashley Bloomfield:** There has been already in Timaru, and Whanganui, from the lab data a couple of weeks ago, had quite low rates of testing, and so they've been doing much more testing in this last week just generally across the population, and we're talking with them today about what sort of additional testing that might be needed to be done around that case just to, again, make sure we're getting a really confident picture about whether there is wider community transmission or not.

**PM:** And what a position to be in, to be able to do that—knowing individual cases—to be able to respond like that, which is pretty unique to us right now.

**Media:** Dr Bloomfield, what medical procedures would be able to be carried out under level 3, and what is the situation with elective surgery and, kind of, catch-up work that would have to be done in the wider health sector?

**Dr Ashley Bloomfield:** So in a sense, the principles that apply to the rest of New Zealand apply within the health sector, and that is moving from not doing much at all to doing whatever is being done safely, and that includes elective surgery and, in particular, urgent diagnostics and surgery for people whose care may have been deferred for a few weeks. So the key thing here is—the principles are we're doing as much as possible while keeping staff and patients safe, and the DHBs have been working very hard on how to make that happen as we go into alert level 3.

**Media:** But will level 3 give a little bit more flexibility for that?

**Dr Ashley Bloomfield:** Yes, it certainly will.

**Media:** And also, what is the pressure in terms of the backlog, potentially, of surgeries and that sort of [*Inaudible*]?

**Dr Ashley Bloomfield:** Look, there's no doubt there will be a backlog. You will all know how busy our hospitals are in usual circumstances, and most of them have high

occupancy rates, they are putting elective procedures through regularly, there's high demand on diagnostics, so there will be a build-up of care that needs to be delivered, and they're working on the plans to make sure they move through that as quickly as possible, prioritising those with the highest urgency.

**Media:** So it will be dependent on the levels coming down, presumably, how quickly that backlog can be cleared?

**Dr Ashley Bloomfield:** Yes, that's correct.

**Media:** Prime Minister, you were saying our tracking and tracing is good, that our controls at the border are good, and that our health system is coping, so is that all four criteria met?

**PM:** As I've said, jump to no conclusions. That is just a handful of the wider data, analysis, modelling, and also wider societal and economic impacts that we will be considering tomorrow. As you can imagine, this is an incredibly important decision for us to make. No one wants to lose the huge gains we've made as a country off the back of the hard work of every New Zealander, and so it'll be something that we will be giving a lot of consideration, and we'll be moving cautiously.

**Media:** How much weight are you giving to those economic concerns? Can you give a percent on how much weight you're—

**PM:** No, look, I can't weight it in that way, but what we've always been really clear on is that our best response and our best recovery in terms of the economy will come off the back of being successful in fighting COVID. What we don't want in New Zealand is what you've seen in many countries around the world, where they have prolonged periods of time with heavy levels of restrictions. We moved hard and early so that we can move as quickly as we can back to as much normality as we can in everyday life, and that includes for our economy.

**Media:** Just on contact tracing, in terms of people, sort of, keeping diaries, you've said that people's own information is best. As we look to potentially move to level 3 and people moving around more, are you asking people to be keeping, sort of, a written record of what they're actually doing?

**PM:** It's not necessarily that it's best, but it's incredibly helpful. Yes, I would ask New Zealanders to think about doing that. Just keeping a quick note of where you've been and who you've been with will not only help them; it will help us. But if you imagine even asking someone six days later to recount every movement over a period of time, it's an incredibly hard task—even, it would be, at alert level 3. And so I am asking New Zealanders to just have new practices, new things that they do at the end of the day, just to help us, because the better that we are able to do at alert levels like that, the sooner we can move further down the alert levels and the sooner life feels more normal.

**Media:** Prime Minister, [*Inaudible*] announcing your short-term media reforms or support package, and will that also include support for magazines, who feel pretty aggrieved at being left out of publication during level 4?

**PM:** Obviously, the best thing that we can do for those kind of outlets is get back into a position where they're able to publish, keeping in mind, of course, online offerings have been available and many have continued to work from home. The media package I expect will be in the coming days, but as you've heard us talking about, it's something that we've been working on actively over the past week.

**Media:** Dr Bloomfield, are you aware of a mental health staffer who's tested positive at Tauranga Hospital, and if so, what measures are being taken to contain the spread there out to patients and staff?

**Dr Ashley Bloomfield:** Yes, I am aware, and I got a text two evenings ago from the chief executive there outlining a very robust and fulsome response to that. And I know the medical officer of health and the staff in the unit have been working very hard on this over



the last couple of days to, effectively, ring-fence that, make sure there are no further admissions, test staff and inpatients very widely, and to provide other options for any new people who might require admission to be diverted to either Whakatāne or other DHBs.

**Media:** Do you know roughly how many staff and other people connected with that case are self-isolating?

**Dr Ashley Bloomfield:** No, I don't know, but we can get that information.

**Media:** Dr Bloomfield, how concerned are you about that transmission within the hospitals that you've mentioned? You said only a limited number had actually been transferred from patients, so is it really concerning, then, that we're seeing that sort of transmit between staff?

**Dr Ashley Bloomfield:** Well, I think the transmission between staff reflects the fact that, as we've found globally, a lot of the transmission happens when people are in close contact with each other, usually in the family home, and we know within the hospital setting, too, that colleagues are working close by. It's much harder for them to keep that physical distancing. And what it points to is the importance of making sure that all those measures are in place—physical distancing but also really good hygiene, particularly hand washing, and availability and appropriate use of PPE. But it also emphasises, you know, that even the best-trained people using appropriate PPE is not fail-safe, and that's why we have this very low threshold for testing staff if they're symptomatic and, of course, also for staff staying home and indicating if they have any respiratory symptoms and being tested, and then, of course, going in very hard with standing people down and testing all those who may have been close contacts.

**Media:** Are you confident in the processes that are in place to help keep those workers safe?

**Dr Ashley Bloomfield:** I am confident because I know that from my own time at a local district health board, that the infection prevention control specialists and the nurses there are very, very good at both identifying what needs to happen and also training staff in the right procedures. But as I say, again, it's not always fail-safe, and that's why we need to have, sort of, those three or four layers of protection for staff.

**Media:** Prime Minister, have you had an update from police at all since you laid out the potential changes to level 3—whether people have maybe heard first-, second-, or third-hand, not been completely on top of the news, and think that those changes have already taken place? Are people being a little bit more liberal with their movements?

**PM:** I haven't had any direct feedback on that. I do have the daily numbers, and so I'm happy to share them. There's been 371 breaches in the past 24 hours to 8 p.m. yesterday. Overall, though, our numbers are at 321 prosecutions, 2,700 warnings, 76 youth referrals. Also important to note that we've had, of course, a number of prevention patrols. So between 16 and 18 April, 3,436 prevention patrols. I think it's probably hard for us to get a true sense, because the police, I think, are probably where they think that there might be risk of drops in compliance, up their patrols, and, of course, that means that they'll be issuing perhaps warnings more frequently if they're more present.

Overall, though, the Google analysis that we have, which everyone can see is made available publicly, is actually New Zealand's compliance relative to other countries has been very, very high. So regardless of whether or not there's been perhaps some confusion, overall, New Zealand as a country has done exceptionally well with what has been a really, really rigorous approach that we've taken as part of our strategy as a country.

**Media:** Prime Minister, a question from our sports team. The NRL has said that the Warriors have been granted some type of exemption to go over to Australia near the start of May. What's your understanding of this exemption?

**PM:** The Minister for Sport is perhaps somewhat ill-prepared to answer this question, based on his attire, but he sits amongst you, and what I might get him to do is respond to

that after the press conference. That's certainly not something I've been advised of. What I do know is that some thought has been given to different codes, how they'll operate once we get lower down in the alert system. Are there ways that we can create, almost, bubbles for teams that are in professional competitions, to enable them to continue? But it feels to me like it's quite early days. With regard to the NRL, I'll leave it to the Minister for Sport to give you some more detail.

**Media:** Can I just clarify those six cases you talked about before, the community transmission ones. There are about 40-odd cases—you know, the 3 percent of all cases that are community transmissions. Does that mean the other 35-, 36-odd are just a few cycles old and they're not of high concern?

**Dr Ashley Bloomfield:** Yes. They predated 24 March. And, again, of those six, four have been categorised as community transmission; two are still under investigation.

**PM:** Yeah. So we've been keeping a very close eye on this last two-week period of transmission. That's what we're monitoring very, very closely.

**Media:** Dr Bloomfield, I've heard some concerns from Māori health practitioners that they don't have enough ethnicity data to help mobilise in Māori and Pacific communities. Do you have an update on the ethnicity data collection, and also, in addition of the 912 recoveries, can you tell us how many are Māori and Pacific?

**Dr Ashley Bloomfield:** So if I go to the latter point first, I don't have the breakdown of those who've recovered. We do have the breakdown by ethnicity of all cases, and that is updated each day. The latest figures will be on our website after this briefing. What I can also say is I think one of the concerns has been amongst Māori practitioners, and likewise we have Pacific practitioners who are advising us as well, that they wanted to be assured that both these groups were being tested, and particularly because we do know that in these sorts of events, they tend to be groups that have poorer outcomes if they get infections in those communities.

And so two things there: one is our rate of testing amongst those communities, based on the updated data from last week, shows over 15 percent of the testing has been done amongst Māori and about 8 percent amongst Pacific. So that's one thing. And the second thing is we are complementing that with some focused testing, and particularly in some of those more rural Māori communities in Tai Rāwhiti and Taranaki. And, actually, on the Hauora Tairāwhiti website right at the moment, it talks about the testing that's going to happen over this next few days in a number of those remote communities on the East Coast and further inland as well, just to help provide us with that assurance that we haven't got undetected COVID-19 in those key groups.

**Media:** Prime Minister, on the eve of the Cabinet decision tomorrow, how does it feel to have the option of lifting out of level 4 lockdown? Many, many countries around the world couldn't even fathom that, at the point they're at.

**PM:** I think that's a really good point. I often reflect, when I sit and talk with the director-general about an individual case, or when I talk about an individual person in hospital care, that we are still, despite battling COVID-19 ourselves, in a very privileged position to be able to talk about individuals, when I look overseas and see that some places, they are tracking thousands a day. And so that does mean that we're lucky, but we're lucky because every New Zealander has joined us in a mission to get rid of COVID-19 in New Zealand.

**Media:** Did you think we'd be in this position when you announced the lockdown 30 days ago?

**PM:** You'll remember that at the time, someone asked me whether or not I was afraid, and my answer to that was no because we have a plan. But what everyone has proven is that we've been able to fulfil that plan because we've been in it together. And so I did think it was possible, and New Zealanders proved it.

**Media:** Will this be a more difficult decision than the one you made to go into level 4?

**PM:** I think every decision here has been difficult, not only because we're dealing with a virus that keeps teaching us new things but also because we, in some ways, are doing things differently, and so it's not always possible to look to another country for examples. We are carving our own path here. So some of that does make it difficult, but I have confidence in the data we have, the analysis that we're providing, and the quality of the people that we're working with, that we'll make the right decision.

**Media:** Prime Minister, with Anzac Day this Saturday, I'm just wondering how you'll be preparing to celebrate the unique type of day and how you [*Inaudible*] a bit differently this year.

**PM:** Yeah, and we will have to do Anzac Day differently this year. But despite that, I hope that—actually, I hope that we will see even more participate, in their own way, because of it. I do think it will have a different feeling, and many have reflected on the fact that the huge sacrifices that generations before us have made at times when the international community has faced challenges that are, frankly, unprecedented. Our challenge is a different one, but I think it brings home exactly what it is that our forefathers have gone through. I hope that we'll see that recognition in people's own commemorations. I'll provide a little bit more detail next week on what it will mean for me and the Government.

**Media:** Dr Bloomfield, the CHT St Margaret's cluster—the residents there who were taken to hospital. How many of those residents who were taken to hospital have since tested positive, and how many staff have also tested positive, and why were they taken to two separate hospitals?

**Dr Ashley Bloomfield:** My understanding is there are six residents who are in Waitakere Hospital, and they were all COVID-19 positive, and they were taken there to be cared for there. I don't think they were in two separate hospitals, but I stand to be corrected on that. And when I last spoke with the chief executive there a day or two ago, there were five staff members who were infected, and the other cases associated with that cluster are community-based—so family members of the staff members.

**Media:** How concerning is the Whanganui case of a person in their 20s with no known links to the region's other seven cases, and will instances like that play into your decision making on alert levels?

**PM:** As we have talked about in these last two weeks, we have been getting down to analysing individual cases to see what they tell us about potential community transmission, and when we see that, doing follow up to then test whether or not there is anything wider happening within those communities. But what I would say is this demonstrates also the job that our contact tracers have. They have to go in and conduct sometimes forensic interviews to try and ascertain what exactly has happened with a case that is a little bit more difficult to build a picture. But it gives you a sense of exactly what we'll be weighing up as a Cabinet tomorrow.

**Media:** And one more on shopping centres. The New Zealand Retail Property Group's saying that there should be a rethink on the opening of the malls during level 3. They say centre managers can safely organise their operations to maintain social distancing. Would you reconsider malls?

**PM:** No. In fact, retail all falls in the same category, whether or not they're a mall or a retail store on the main street of a small town. We're asking them to adopt contactless trade, whether that's online, over-the-phone orders, drive in, or contactless exchanges. Ultimately, we do want commerce to start up again, but we need to reduce down face-to-face contact still at alert level 3 as much as we can. Our hope, though, is to not be there to long. OK. Thank you, everyone.

### conclusion of press conference