

**PRIME MINISTER AND DIRECTOR-GENERAL OF HEALTH PRESS CONFERENCE:
WEDNESDAY, 22 APRIL 2020**

PM: Tēnā koutou katoa. Welcome to day 28 of level 4. I'll hand over to Dr Bloomfield for his update, and then we'll run through a few pieces of Government news before we take questions.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. Today, New Zealand's total number of new cases has increased by six. These are all confirmed cases. Three are associated with overseas travel. These were people who came back, who were repatriated from the *Greg Mortimer* cruise ship, and the other three are related to existing clusters. The new combined total of confirmed and probable cases in New Zealand is therefore 1,451.

Sadly, today I am reporting the death of a woman in her 80s, who was one of the residents of Rosewood Aged Residential Care Facility who had been transferred to Burwood Hospital. The woman had underlying health conditions. As I've previously outlined, due to the vulnerabilities of people in this group, some have not been tested for COVID-19 and instead have been managed as probable cases, and the woman who has just passed was one of those cases.

Every person we lose to COVID-19 is a tragedy and with family and friends left without their loved one, and my thoughts and those of others, I'm sure, are with this woman's family today and in coming days.

There are now 1,036 people who have reported as recovered from COVID-19. Today, in hospital we have 11 people. Two of these are in intensive care; one in Middlemore and one in Dunedin Hospital. They are both reported as being in a stable condition.

We still have the 16 significant clusters, and five more COVID-19 cases have been linked to clusters. Some of those were cases that were under investigation and have now been associated with clusters.

I am pleased to report our labs yesterday processed a record number of tests for a single day. That was 5,289 tests. It brings the total number to 94,797, and we have in stock today testing for over 87,000 tests.

Around hospital visits—and there's a lot of interest in this, which I can understand, particularly as we move from alert level 4 to alert level 3—clearly, the restrictions on visiting people in hospital do create hardships for both family and those in hospitals. We are working on the visitor policy and how it will look under alert level 3. And, just to acknowledge, while this may seem a relatively simple thing on the face of it, along with all the work we're doing with district health boards, it's how we do as much care and deliver as much care as possible to people under alert level 3 while keeping patients, staff, and visitors safe. So that work is ongoing, and I will update you on it as soon as it is finished.

There is wider testing across a range of communities today, with a particular focus on ensuring we reach Māori and Pacific communities. In Northland, there is increasing testing in conjunction with Māori health providers, and they will be providing mobile testing facilities going out into smaller communities. This provides those with an opportunity to be tested—those who are there as well as general health and wellbeing checks and flu vaccinations. So clinics will be available this week in the Far North, Kaitiāia, Hokianga, Kaikohe, Kawakawa, Moerewa, Kaipara, and Kaeō. There's also a drive-through clinic in both Kerikeri and Whangarei.

Taranaki DHB is continuing community testing of people with symptoms and encouraging anyone with symptoms to get tested. They're working with their Māori health provider network to help set up and deliver a range of outreach options, to take testing closer to

home, and, in conjunction with Ngāruahine, Ngāti Ruanui, and Tui Ora Māori health providers, there will be community-based outreach clinics in both North and South Taranaki.

And this week around the country there will be testing of selected groups, including health workers and essential workers, as part of our community-based testing—just, again, as part of our surveillance to ensure that we are not missing any undetected cases of COVID-19 out there.

Just finally on testing, the CBACs, or community-based assessment centres, are for people who are symptomatic, either referred by Healthline or a general practitioner or if someone does have symptoms. They're not there to test people who are asymptomatic, and you do not need a test if you're asymptomatic before going back to work next week.

And, finally, just a sort of a more prosaic matter, I've extended the existing section 70 notices before they expire at midnight tonight. These are available on our website. There is one change I'd like to talk about which will assist businesses. The existing section 70(1)(m) order required non-essential workplaces to be closed. As indicated by the Prime Minister, businesses will be able to work ahead of our move to alert level 3 carefully over coming days to prepare their workplaces, and the amended order allows for this.

And, finally, if you need healthcare for any reason, ring Healthline or visit or ring your GP. Do not put off seeking healthcare, and do not wait to moving to alert level 3. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. I just want to pick up on Dr Bloomfield's reference to the fact that there were three cases today amongst our confirmed cases who were connected to overseas travel. This is just an opportunity for me to highlight, again, that, regardless of moving to alert level 3, New Zealanders who are returning home will continue to be quarantined and isolated in Government facilities at alert level 3. That will continue on. We have given no end point to that part of our response to COVID. It is an intrinsic part of our response, and it is not changing because we are moving alert levels.

Let me give you an update on numbers: we currently have 2,403 people in Government-provided facilities—essentially hotels. The number in quarantine—so those who we are testing or who have symptoms—is 97, with the remainder being in isolation, but, again, in those hotels. I wanted to make that clear in case there was any confusion amongst the public over whether that will change; it will not.

In terms of Government news more broadly, you will have heard and seen that we are preparing—as Dr Bloomfield pointed out—to transition New Zealand to alert level 3 next week. Level 3 information has been shared, and many of you have been here for that process, and it's continuing to be updated and communicated, as there were some smaller pieces of work that we needed further advice on. Schools and businesses are preparing, as we speak, for that move from next Tuesday as well. Safety, of course, remains paramount, and I know that's top of mind for employers and workplaces as they make the necessary preparations to have their teams who cannot work from home re-enter the workforce.

On the larger end of this scale, New Zealand's largest infrastructure project—the Auckland City Rail Link—will be back to work post-lockdown to help support jobs in the construction sector: 200 workers will resume construction works on Tuesday at CRL sites at Britomart, Lower Queen Street, Albert Street, Aotea, Karangahape Road, Mount Eden, and on the Southern Line at Ōtāhuhu, and this will ramp up to pre-pandemic workforce, which was 400, over the week that then follows.

We've worked really hard to cushion the blow from COVID-19 with initiatives like the wage subsidy and advanced payments to transport contractors, but getting transport infrastructure projects back under way safely is part of our transition out of level 4. Of course, measures appropriate for level 3 are being put in place, including restricting access to site, having workers maintain physical distancing, and providing protective clothing where that is necessary. Waka Kotahi NZ Transport Agency projects and non-essential State

highway maintenance will also be able to resume under level 3 as well, but with strict health and safety protocols. NZTA is working with contractors on specific COVID-19 plans for each project to keep workers and the public safe.

In the meantime, as you'll hear me continually repeat, New Zealand is still at alert level 4. And, while I know there will be things we're all looking forward to under alert level 3, we must not risk the gains that we have made or that many New Zealanders have made sacrifices for over the last four weeks. Police have told me that while 99.9 percent of us are respecting the measures put in place, there are still some who are choosing to flout the rules, and I have the numbers on that for you. As at 6 p.m. yesterday, there had been 4,128 breaches of the CDM and Health Acts, 433 prosecutions, 3,580 official warnings, 115 youth referrals. More than 5,600 reassurance patrols at essential businesses and crime prevention patrols in neighbourhoods and business districts have been carried out in just the past two days. Each and every one of these people involved in breaches risks undoing the work of others. So, again, I say please do not travel unnecessarily or gather. Police will be conducting checkpoints and they will be enforcing the rules, and they do that to keep all of us safe.

Finally, you may recall that on Monday I mentioned that some workplaces, as they prepare for the return into workplaces that they need to return to, will be using these next few days to prepare. That includes premises being cleaned in preparation as well. So today my thanks and appreciation goes to our cleaners, and not before time. I've had many letters during our lockdown outlining their essential work during alert level 4, such as from another essential business, a meat processor, crediting their cleaners as a core part of their success in continuing to move products around the country for New Zealanders; from our courts, who say their cleaning staff are the first line of defence in keeping our courts safe, often working extra shifts at all times of the day and night; and even Rose, a cleaner at Ōtāhuhu police station who currently works 13 hour days. These are our essential workers, and I hope we continue to recognise them as that long after this pandemic has passed. Thank you for keeping us safe.

Now, ready for your questions.

Media: Prime Minister, we heard this morning at the COVID committee, from representatives right across the health sector, there's widespread concern about financial viability. Do you need to urgently financially help the likes of GPs, pharmacies, and dentists?

PM: What I'd point out for the likes of pharmacies, the likes of GPs, support has been provided to them. In fact, \$45 million to date has gone into general practice to support them during the COVID response. That's for everything from supporting the virtual consults that they've been doing, for additional cost as a part of testing, and also they have been eligible for the wage subsidy. So we have recognised the cost they've faced, and we have worked hard to try and support them as well.

Media: The flu vaccine roll-out was also described as a debacle by the New Zealand Medical Association. If the flu vaccine roll-out was so poorly orchestrated, how can we ensure the same doesn't—

PM: I disagree with them on that.

Media: How can we ensure that the same doesn't happen with the roll-out of COVID-19 vaccines, should one be developed?

PM: Well, firstly, I would disagree with that premise. The flu vaccine, and flu vaccinations, started earlier than we usually would, for good reason—we wanted to be prepared. And we have more flu vaccine than we would usually offer as well. So I disagree with their assessment of the flu vaccine. We know, and we want to protect New Zealanders, and that's why we moved early in order to do that. And it's not finished, we should add. That will be a rolling campaign.

Media: How can you disagree with that though, Prime Minister, when thousands of people have been turned away from receiving a flu vaccine?

PM: Again, the point that I'm making here is that the flu vaccination programme started earlier than it usually would. And we prioritised—*[Interruption]*—if I could finish. And we prioritised those who are at the greatest risk: older New Zealanders, pregnant New Zealanders, and groups that usually would be just waiting with every other New Zealander to be vaccinated. And so we moved early, we got more vaccine, and we continue with the flu vaccination programme as we continue to have more vaccine coming into the country. You'll recognise that in a pandemic more people are coming forward all at once when we started that programme early.

Media: Prime Minister, the Medical Association—and this is also for Dr Bloomfield—they're asking that the Ministry of Health be in charge of distributing a COVID-19 vaccine, rather than a distribution company, to avoid any issues like have been seen with the flu vaccine. Is that something that's being considered?

PM: Go ahead.

Dr Ashley Bloomfield: So just to pick up on the flu vaccine again, the flu vaccine is unique in New Zealand in that it is available both through publicly funded people who are eligible and also through the private sector. And it has been so for a long time. This year, Pharmac have moved to secure an extra 400,000 doses of flu vaccine before COVID-19 was even known about. We then moved to advance the flu vaccination programme so that we could make sure that our most vulnerable New Zealanders could be vaccinated first. And, in fact, over 50 percent of over-65s have already been vaccinated, even under a lockdown situation, so I think that's fantastic progress.

We also, as a ministry, essentially, stepped in on the usual distribution of that vaccine to be able to take national control of it, because in normal circumstances it's just distributed out to whoever has put an order in, and we wanted to make sure that the distribution was managed from the centre so that it would go out equally across the country. Yes, there has been restrictions on the order size that practices can put in, to 60 vaccines at a time, but they can put in more than one order. And that is so we could make sure that it could be right across the country, rather than sitting in one part of the country. We will—you can rest assured that we are already working actively on not just what we might do to distribute a COVID-19 vaccine, but to make sure that New Zealand has access to it is right across the research and ordering and purchasing and regulatory aspects of any vaccine, once it's available.

Media: Will you be stepping in ahead of time, with regards to that vaccine, given that that is what you had to do given the lack of distribution with the flu vaccine?

Dr Ashley Bloomfield: So the distribution was there, but, because of the extraordinary circumstances, we did step in to really put a control over that—recalling that a lot of that vaccine had been pre-ordered by private providers. We've actually stepped in to stop that, or to delay that, until further down the track, so that our most vulnerable people could be vaccinated.

Yes, what I can confirm is we will be managing all aspects of COVID-19 vaccine from the centre.

Media: Sir David Skegg just told the committee that if we had reached the gold standard of contact tracing, we'd come out of level 4 now. Is the failure for us to meet that standard earlier—is that causing unnecessary economic hardship?

PM: No. No, that was not the basis of the decision. Equally, whilst David Skegg has made that statement, you'll have seen others—like Shaun Hendy—encourage New Zealand to stay in for two weeks longer, in order to lock in the benefits of being at level 4.

So as we've said, and as we said on Monday, this was about striking that balance between making sure that we banked those gains, that we were less likely to return to level 4; but,

equally, that we could start transitioning our economy towards getting more people into the workplace. We expect an extra 400,000 people will be doing that next week.

Media: Those people who have commented at committee today, they're representatives of front-line workers. So by disagreeing with their statements, are you saying that their concerns aren't valid?

PM: No, not at all. You characterised the roll-out of the flu vaccine in a way that I simply disagreed with. That is not in any way—

Media: I didn't characterise it that way; the New Zealand Medical Association did.

PM: You gave a quote that I disagreed with. That does not mean that I in any way trivialise or dismiss the views of our health workforce. In fact, much of what we have done has been informed by what we've seen, heard, and know of what's happening on the ground. It's been an incredibly important part of our COVID response, and I continually get feedback—both about where we need to do more, go further, but also what people are pleased we've done as well.

Media: Are you considering requiring aircrew to isolate? It's still considered a weakness in our border control, and there has been speculation about aircrew being linked to that Bluff wedding cluster.

PM: Yep, yep. And I'll let Dr Bloomfield speak to that specific example around the index case in the Bluff wedding. But, more generally, when it comes to aircrew, of course, you can imagine how difficult it would be to implement a regime where, every time someone went and fulfilled a shift at work, they then had to stay home for two weeks. But what we do need to make sure is that we have protocols in place that protect that workforce and the people around them.

What I want to do, as we get to a position of continuing to see smaller and smaller numbers coming in, and as we see those flight numbers drop, just reassess again that all of the protocols we've got around, alongside health, around our aircrew are appropriate. But, to date, they have had exemptions because of the expectations of protections in place for them while they are working.

Dr Ashley Bloomfield: So just a quick additional comment: I had a quite detailed memo last night from my border team, who are working very closely with Air New Zealand, their chief medical officer, because they are reviewing all those protocols, and what has been happening with their crew—in particular, the three international destinations they're still flying to, which is the western seaboard of the US, Shanghai, and Hong Kong. And there are different arrangements at each, and they're doing a risk assessment to look at what else they can do to help protect their crew and, of course, to make sure that there's no breach in the border when those people come back into New Zealand. So there'll be updated advice and, you know, even increased scrutiny of the procedures in place to help make sure we are not importing any cases through that avenue.

Media: Is it acceptable that hospital staff are telling us they're being bullied or threatened with dismissal if they speak out about lack of PPE or other COVID issues?

PM: No; that is absolutely not acceptable. In fact, you, I hope, will have heard that any time there's been an issue raised about PPE, we've really worked hard to investigate the particular circumstances around that. That has tended to often be in front-line community health care, because those are areas where we've relied on—or DHBs have a role in distributing to those front-line workers—and we've been wanting to ensure that that has been happening and meeting our expectations. So we rely on that feedback, and I would certainly be very upset to hear that anyone didn't feel they could speak openly about those issues.

Media: And, to follow up on that, health workers from across the sector—including pharmacists, doctors, and disability workers—have reiterated their concerns about PPE access. Are you comfortable that everything is working really well; and, if not, what are you going to do about it?

PM: Again, and that's where I would simply ask: please provide those examples. As we've said, we do want those front-line community health workers to have access to appropriate PPE, and it's a matter for us of knowing where that hasn't happened. As soon as we know that, then we reach out to ensure that that distribution happens. But, again, just general statements make it a little bit difficult for us to unlock what's happened in those circumstances. But we do not have an issue with the stock of PPE. We continue to try and meet any needs that we're hearing on the ground, and that's why we rely on those examples being raised.

Media: Prime Minister—

PM: Yeah, sorry Jenna, I'll let you finish your sentence.

Media: There have been specific examples, though—

PM: Yep.

Media —the likes of Middlemore Hospital, the likes of—

PM: Yep, and every time they're raised we follow up. I remember last week you raised with us the issue of one of the aged care facilities, Minister Clark contacted the DHB chair after that to work through what had happened on the ground. As soon as those are raised, we do follow up, and so please keep giving us those examples; that's the only way we can flush them out.

Media: [*Inaudible*] being threatened with dismissal.

PM: And I'm again saying—

Media: They're too scared to speak up.

PM: —that is completely unacceptable. And, if I were to find where that was happening—there will be follow-up on that. That is not OK. We have a health system where people should feel free to speak freely about concerns they have. That is how we meet the needs of our front-line workers, and it is just not acceptable, ever, to threaten their employment over that.

Media: Are you concerned about—

PM: Sorry, Ben, I did promise you the next question. Forgive me.

Media: That's alright. It's not related to COVID, but Canada has suffered its worst modern-day shooting on the weekend, and it's obviously a fate that's befallen this nation during your term as well. Can I ask if you've reached out to your friend Justin Trudeau and spoken to him, or, if you haven't, what you would say or what you have said?

PM: Yeah, and I know that would've been the thoughts of many New Zealanders that that is one of the worst mass shootings that they've experienced. And so, yes, I did. I sent a message on behalf of New Zealanders to Prime Minister Trudeau just to pass on our condolences and just to ask if there was anything that we could do as a nation, that we would because we know how important those offers are. They were made to us when we had a horrific experience here.

Media: Prime Minister, in regards to there being 35 Air New Zealand flight attendants who have tested positive for COVID, I gather there's some exemption there around flight attendants in terms of the quarantine. Is there going to be any changes to that given the number that have tested positive?

PM: Yeah, again, I'll let Dr Bloomfield come back to this again, but what I'll just highlight is there is obviously no exemption for anyone who is symptomatic or who tests

positively. You are absolutely obliged to isolate if you are positive for COVID-19 or if you are symptomatic. So any suggestion that someone who is ill or unwell is treated any differently, that is certainly not the case. When it comes to broader quarantine requirements for people who have gone overseas, I'll let Dr Bloomfield just reiterate the comments he made earlier.

Dr Ashley Bloomfield Yes, so the circumstances of the 35 Air New Zealand staff are different, and, of course, many of those date from pre the lockdown period. But just to reiterate, we are reviewing and looking very closely at the more recent cases and what the current risk is for those staff, particularly when they are on their downtime in one of those three destinations that Air New Zealand is flying to and what the arrangements are there on the ground and what else could be done to ensure that they are kept safe there and also that there is appropriate protection for them and for passengers during the flights and then what needs to happen when they do come onshore.

PM: I imagine you can think of the—the difficulty, of course, is that this is these individual stewards' line of work—that if that every time they work a shift they're required to then isolate, that becomes very difficult, both for the airline and for them. So you may then question why aren't they then required that, whenever they're not working, to be only able to be at home. Again, there are issues attached with that as well. That means that for many, many months we could have stewards who wouldn't be able to ever leave their home. So there are issues that we have to work through here, but we're very, very aware of the fact that, generally, the border is a vulnerability that we have to make sure we have really watertight arrangements around but that we're also looking after the wellbeing of those workers—and pilots, I should add, as well.

Media: We've seen calls from the US, Australia, and Britain for an international inquiry into the origins of the outbreak in Wuhan. What's New Zealand's position on that?

PM: Yeah, I've actually seen those reports, and I'm not sure that I would call them necessarily anything as formal as an inquiry. I think, when asked, there have been politicians around the world who have said, "Look, in the aftermath of this, we do need to look at what happened and whether or not there are areas where we could as a global community improve our response.", and I think that's common sense. Of course we want to make sure we learn from what has been a global pandemic that has shaken the globe in a way that none other has for many decades. We need to learn from it, and I think of course New Zealand would be very, very open to making sure that if there is something like this in the future, we have the best response as a globe that we possibly could.

Media: Would the Government consider putting a cap on how much Uber Eats could charge its restaurants? It's around 30 to 35 percent at the moment.

PM: Yeah, which, as I understand, has of course been Uber's business model before and continues to be their model. What I would just encourage consumers—all New Zealanders who may be looking forward next week to accessing takeaway food—is just to look at your favourite local eatery, and I do encourage you to support local businesses, and just see whether or not they offer delivery directly themselves—that will often be, then, at a lesser cost to them as a business—and just see whether or not they've got contactless options as well, and that's probably the best way that we can see those businesses not incurring the costs of being, perhaps, under a surcharge that is quite hefty.

Media: Prime Minister, just on WorkSafe, given they're the regulator of workplace safety, what role is WorkSafe going to be playing in terms of moving to level 3 in businesses? Are they going to be the sort of regulator of that activity, or does it still fall to the health sector?

PM: Yeah, you will recall there is a role there to play, and, in fact, the labour inspectorate's been playing a considerable role all the way through our COVID response—making sure, in particular, that employees are having their legal requirements met. Going forward, MBIE has been working through a framework that enables, really, a form of self-accreditation—just businesses to access the information they need to be able to provide a

plan within their own work site to keep their workforce safe. Then it'll be a matter of us then checking in on those work sites. As you can imagine, there will be a large number opening—400,000 going back to work—and so it won't be possible to be present everywhere. This is a high-trust model.

Media: In terms of the second wave, what's being done to protect the smaller communities where there's not access to healthcare and testing to ensure the outbreak doesn't come from there?

PM: Dr Bloomfield.

Dr Ashley Bloomfield: Ah, so perhaps it's worth referring back to the comments I made about testing in my opening remarks—that, actually, in particular, in some of those remote communities in Tai Rāwhiti, Taranaki, Northland, for example, there are very deliberate efforts being put in place this week to get mobile testing out to those remote communities, working with local iwi and Māori providers, and this is something that I know all the district health boards are doing around the country at the moment. So, yes, we do want to get out into the more remote parts of their areas, just to make sure there are no undetected cases out there.

Media: In the Epidemic Response Committee, some Opposition MPs—Gerry Brownlee, David Seymour, and Simon Bridges among them—have raised concerns about predominantly iwi-led checkpoints. They say people are being intimidated; they're calling them illegal checkpoints. However, iwi say that this is all about looking after communities, looking after their people, particularly kaumātua. Where do you sit on this—are you OK with those checkpoints?

PM: Yeah, I was actually talking with the police leadership just this morning around some of those checkpoints, and the feedback I've had is that they've been working really closely on the ground to make sure that where communities have established their own response, that they've been keeping themselves safe, they've been keeping others safe, and they've been operating within the law. And so, for me, that's actually been the important thing—that police have been aware, they've been working with those communities. They know that the intention here is just to look after one another, and so long as it's being done in a way that is not inhibiting what should be free movement and that people are being kept safe, then we can work with some of those responses in our community.

Media: So you're OK with them—you are OK with them.

PM: I've haven't had—no one would tolerate reports of bullying or abuse, but I haven't had them brought to me. In fact, I know the intent has been to look after communities, so as long as there's really just not overstepping the mark there, there is a way to find a way through.

Media: Just a follow-up on that earlier question about regional testing: to Dr Bloomfield, two mystery cases come from the West Coast. Has there been community testing over there; and, if not, why not?

Dr Ashley Bloomfield: Ah, I'm not quite sure what the two mystery cases are. Are they recent cases? I haven't had any cases there—

Media: It's on behalf of a colleague, and the DHB there said that we had to ask you rather than go through the DHB.

PM: I'm not familiar with any in recent times.

Dr Ashley Bloomfield: No—no cases from West Coast. We did have there—actually, you'll recall the first death we had was on the West Coast, and it's still not entirely clear where that case came from. But there have been no cases on the West Coast for some weeks now.

Media: Is there any community testing on the West Coast?

Dr Ashley Bloomfield: I don't know exactly, but every DHB—actually, we sent a message out to them all yesterday to talk about the testing for this week, and that includes some community testing but focused on groups—for example, healthcare workers and other essential workers, because those are the people who might have been exposed to people coming into their settings. So that's where the focus will be. We're expecting plans back from every DHB today, and so we will have a look and I'll be able to confirm. You may well see community testing.

PM: We'll come back to you on some of that—in fact, we can give you a bit of an outline of some of that community testing that's going on.

Media: [*Inaudible*] clarity on the hunting rules under level 3?

PM: I expect there'll be an announcement on that tomorrow. One of the things that will be happening later on today is that Minister Sage will be talking directly to Fish & Game, because many of you may be familiar with the fact that for duck shooting, that's something that is gazetted and has already been gazetted. So she'll be talking to them around what it is we can do to make sure that as many people as possible can participate in the season at the appropriate time. So that's something that's happening this evening; I expect announcements tomorrow.

Media: Prime Minister, given the impact on small businesses, medium-sized businesses, and workers of the extension of the lockdown, is it acceptable that the small-business Minister and employment Minister fronted the committee yesterday and didn't have any analysis, data, numbers—anything—in terms of what Cabinet had actually considered the impact would be on them of extending the lockdown?

PM: Well, of course, we had a range of scenarios that were already provided by Treasury around the extension of lockdown, or long periods at level 4, in particular, and at level 3. You can understand how it would be quite difficult to get into granular analysis around some of the size of those SMEs who are within the small group who continue to be unable to operate at full strength, so there's a number of variables that would make that hard. What we do know, though, is that from the wage subsidy that we've put out, almost three-quarters of that wage subsidy has gone to SMEs. So we were very aware when we came in to designing the packages that SMEs were going to be some of the most affected groups by New Zealand's response generally. That's why the wage subsidy was designed to meet their needs. It was why, of course—and, helpfully, there's been a deferral of ACC invoicing because of some of those costs SMEs will be facing, the loan underwrite scheme, and, of course, the work we did on commercial leases has all been with SMEs in mind, because New Zealand is predominantly a country of small and medium sized enterprises. So it's driven much of our decision making.

Media: And just a supp on that: in terms of both Deborah Russell and Willie Jackson's comments, respectfully, do you agree with them? In the case of Deborah Russell, she talked about the fact that small businesses should be able to survive something like what has happened economically with this lockdown, and Willie Jackson saying that nobody will have any great loss in terms of the lockdown, and that it's fine and everyone will be fine for another week.

PM: I disagree with those comments, and the Minister of Finance did—as he appeared at the time—as well.

Media: What level would the COVID alert level have to be at for the election to go on as planned? Could it occur under a level 2 or even level 3?

PM: So the Electoral Commission has been doing some contingency planning just for a COVID environment in New Zealand more generally. I think—without, again, giving an official ruling on this—I think you can see that at alert level 2, it is a more permissive environment. It is a level where you can have slightly more congregation in the public than you can at the other alert levels. What I would point out is that we have some time to run. It won't be until June until we're in a position where the electoral finance regulations—that

period starts kicking in, and so we do have time to assess that we'll be at the right alert level in order for an election to be held.

Media: Prime Minister, the principal of Morrinsville College—your—

PM: Mr Inger.

Media: —yeah—has accused the Government of wanting to pass child-minding responsibilities on to his sector, rather than kind of having people deal with them. What did you make of those comments when you saw them?

PM: I can't but help but wonder if Mr Inger is reflecting that I would have been one of those children returning to school, with my father being a police officer and my mother working at the school. So perhaps he had me in mind when he was making that judgment call. Obviously, I disagree.

Media: Dr Bloomfield, he directly also caught up with the ministry's comments. He said the Marist cluster experience showed that, actually, kids could infect adults. What did you make of that?

Dr Ashley Bloomfield: So it wasn't a child that introduced the infection into the school in the first place. And, yes, there's no doubt that children can infect adults, but it seems to be very uncommon is the evidence from around the world. And, of course, I guess the first principle here is the work we have put in as a country over the last four weeks has put us in a position where not only have we got a very small number of cases but we are increasingly confident that there is not undetected COVID-19 out in our community. That is the most important protection for not just children, teachers, and their families but for all New Zealanders.

PM: The other thing I think, more generally—just to keep in mind the education more generally—in fact, we are preparing as a nation to transition, and so at level 3 we have 400,000 workers going back into the workplace and we have some children and young people who may be re-entering schools. And, actually, regardless of the differing impacts that COVID-19 may or may not have on different communities, we need a plan for the health, wellbeing, and safety of all of those Kiwis, whether they're children in schools, teachers in schools, or transport workers. We need to be able to do that safely for all of them, and that's been top of our mind for all of our planning.

Media: Midwives are still asking for additional funding along the lines of what's been given to pharmacies, just to help with the added costs of working in the time of COVID. We understand there are some discussions ongoing. What's holding them up, and how are those discussions going?

PM: Yeah, and all we've needed to do is make sure, of course, that for the COVID-related response that we are meeting COVID-related costs, and so sometimes that takes a little bit to work through, but I'll leave that to our health Minister.

Media: But will there be extra money, though?

PM: Again, I'm leaving that to the health Minister. He's having to work across the health sector to identify where there have been COVID-specific related costs. I know it's been difficult for our midwives, and they've been scaling up some of their response to some of the vulnerable families that they work with, where often their work goes well beyond just midwifery. So I recognise that, but that's something that our health Minister is working through.

Media: Dr Bloomfield, we're now experiencing a very low number—

PM: OK.

Media: Yeah. Now I've lost my question.

Dr Ashley Bloomfield: Very low numbers?

Media: We're now experiencing a very low number of new cases every day. When do you anticipate that that number will drop right down to zero or one? Is there any modelling that's been done particularly with level 3 in mind?

Dr Ashley Bloomfield: Well, what we have got down to is not just a small number but knowing where those cases are coming from, and the second point is probably the more important. So our aim is, of course, to stop any ongoing infection from existing cases and in existing clusters, but recalling that some of those cases—most of the cases we're now confirming as cases actually were infected a week or more ago and some of them actually before we entered the lockdown period, in the case of a few of the more recent confirmed cases. I think the critical thing here is this is the situation we wanted to be in and the situation we want to stay in, where we identify quickly where any cases are emerging and we're able to get in there really quickly and do the contact tracing and isolation.

Media: Do you have an update on the recent number of cases where the source of the infection is unknown?

Dr Ashley Bloomfield: Sorry, could you just repeat—

Media: Do you have an update on the recent number of cases where the source of the infection is unknown?

Dr Ashley Bloomfield: We're down to two, essentially, since the start of April, and we're continuing to investigate those. They're not recent onset ones, but they're two where we just haven't been able to pinpoint exactly where the infection may have come from.

PM: And those are areas where quite a bit of testing is going around the periphery of those individuals.

Media: The Aged Care Association is wanting to test all new incoming residents and also those on the front line, given their vulnerability in the aged care sector, and they're also saying that those three inquiries that are under way will put pressure on their services and increase risk of infection. Could you just respond to those two, please?

Dr Ashley Bloomfield: Sure. In the case of the first point, actually aged residential care workers is one of the groups identified in our message to DHBs yesterday, that they should do some surveillance testing on, just to check, because that is a group that could be at a higher risk. On the issue of what happens to residents going into or going back into aged residential care facilities, just to be clear: anyone with symptoms is tested; anyone who is positive does not go into the facility until they are cleared. Even if they are tested and are negative and all other admissions are isolated for 14 days and treated as if they were COVID-19 positive. So there's a really—and we agree on this—there's a very clear process which we agree on to help prevent any further infection from residents coming into any of our aged residential care facilities. We are absolutely focused on that.

On the second point, I think you mentioned three inquiries, and I'm aware of the Ombudsman's inquiry and I've also asked my team to do a review; I'm not aware of a third. And certainly in the case of our one, when I first mooted the idea I floated that with the Aged Care Association to look for their support in us doing that, and we're going to be very careful in going about that that it doesn't add extra burden to those facilities where our teams go in, and we will aim to do as much of it as possible remotely.

Media: Prime Minister, do you think that the National Party and Simon Bridges are guilty of politicising the COVID crisis?

PM: You'll forgive me for being utterly focused on the Government's response to COVID-19, and that means that I have paid no attention to any, therefore, of the commentary that may have been coming from within the National Party itself.

Media: Have you noticed this kind of increased vitriol on social media? We've seen one post today that's, actually, there are death threats against you. And I know that you've said that's an unfortunate reality of your role, but is there a responsibility on Facebook, perhaps,

to immediately take down those types of threats, and are you also concerned about that kind of increased level of vitriol?

PM: Well, to be honest, as I've said, that's something that does come with the job. And I have not allowed myself to be distracted by anything through this period, including statements made on social media.

Media: Prime Minister, the Medical Association says there's about \$22 million of funding they were expecting for GPs that's being held up at Cabinet. Is there a delay? When can they expect that money?

PM: No, I don't consider there's been a delay. There has already been support, and that support has totalled \$45 million, and that doesn't include the access GPs had to the wage subsidy as well. We've worked very hard to recognise the costs that front-line practices have incurred through COVID-19 but, at the same time, also recognise they will have had a drop in revenue, and many businesses have experienced that too.

Media: Just in terms of the breaches, prosecutions, and things—those others that you mentioned earlier—you mentioned youth referrals. Do you have any idea of what the sort of breakdown is? Like, are youth a large chunk of the ones that are kind of behaving badly, or is it older people?

PM: No, I certainly don't believe so, of course, because that number hasn't grown to a huge degree, and so I haven't got a breakdown of the number from within the 115 further than the fact that that's just been the total number of youth referrals.

Media: So it's more the older age group—it's more adults who are behaving badly?

PM: Yeah, I would say, based on that figure, because in total we've had 4,128 breaches and, of those, 115 youth referrals. Keeping in mind that within those breaches, that includes warnings as well.

Media: Back on that \$22 million for GPs, who gave them the impression that they were getting that second payment? How did they get that impression?

PM: Again, I'm simply giving you the decisions that have been made by Cabinet and by Ministers.

Media: Did the ministry give them false hope?

PM: Again, I don't think \$45 million is false hope; I think it's support and much-needed support.

Media: But they were told they were getting a second payment of \$22 million.

PM: And, again, I can't get into any conversations beyond those had by Cabinet and decisions made by Cabinet. But I do not think \$45 million is an insignificant sum when we think about the support we're trying to provide across all of New Zealand, including businesses across all of New Zealand.

Media: Prime Minister, just with the return of Parliament next week, are you expecting all key Ministers involved in the COVID response to return here to Wellington, and have you had any discussions with the Deputy Prime Minister about whether he'll be travelling, given his age?

PM: I have had some conversations with Ministers around what we'll be doing at alert level 3, and you'll remember that small time period we had before we scaled up the response we were conducting Cabinet meetings partially in person and partially with some at distance so we could maintain social distancing. So I do expect we will have a few more Ministers who will be available here. That will include the health Minister—he will be basing himself out of Wellington for alert level 3. And I'm expecting that the Deputy Prime Minister is likely to do the same also.

Media: Just an update, Dr Bloomfield, on the number of different people throughout the entire coronavirus [*Inaudible*] that have been hospitalised. I think a few days ago it was 69 different people had been hospitalised at any one point.

PM: 79.

Media: 79 now?

Dr Ashley Bloomfield: 79 is the total, so it's actually a really low proportion compared with what a number of other countries have found where their outbreaks have got out of control. And I think, just to reflect on—one of the things that seems clear is that our testing, because it has been at high rates, we have identified all our COVID-19 cases out there. If you look at countries with higher hospitalisation and death rates, it's very clear that their total number of cases is actually less than what is almost certainly out there. So our hospitalisation rate around sort of 5 percent, instead of the 15 percent that was the original figure that came out of Wuhan, and our mortality rate at around 1 percent is lower than other countries are seeing.

PM: And a median age of hospitalisation of 59. OK, all right then, thank you everyone.

conclusion of press conference