

**ALL OF GOVERNMENT PRESS CONFERENCE: TUESDAY, 28 APRIL 2020**

**Dr Ashley Bloomfield:** Kia ora koutou katoa. Welcome to the update today. Today, we have two new confirmed cases of COVID-19 to report and one new probable case. Two of today's cases—and those are both the confirmed cases—can be traced to a known source; one is linked to the Marist cluster in Auckland and the other linked to the Gladys Mary rest home in Hawke's Bay. The probable case, which is from South Canterbury, is currently under investigation. So the new national total of cases, both confirmed and probable, is 1,472. There are no additional deaths to report, and New Zealand's total number of confirmed cases is 1,124. This is the number we report to the World Health Organization, and, in many instances, this is the number that many countries report as their overall total.

Yesterday, there were 2,146 COVID-19 tests processed around the country, bringing the combined total, to date, to 126,066 tests. Again, this lower number of tests reflects the pattern we have seen, for example, over Easter, when there are public holidays. Of our cases, 1,214 are now reported as recovered—that is, they have been symptom-free for at least 48 hours and it is at least 10 days since the onset of their symptoms. That's an increase of 34 on yesterday, and now 82 percent of our cases are classified as recovered. Today, there are nine people in hospital around the country, and that includes one person in ICU in Middlemore Hospital. And there are still currently 16 significant clusters around the country—that is, clusters of at least 10 or more people. In terms of the cases still under investigation, since 1 April we have just those two cases. I mentioned one yesterday; this is the case in Tauranga, for which there is a possible link that is still being investigated. And the other one is the one I've just announced from South Canterbury today—it's a probable case.

Just a word on elimination: I want to restate the comments I made yesterday about elimination, which may have caused some confusion about what this means in alert level 3. First of all, a reminder that we still will see cases of COVID-19 under an elimination goal. That just means that it is not completely eradicated, and you'll have heard Professor Sir David Skegg talk about the difference between elimination and eradication several weeks ago at the first meeting of the Epidemic Response Committee. To date, we have, of course, been considering elimination under alert level 4, and, as I said yesterday, we have achieved what we set out to achieve under alert level 3. That means we know we have a small number of cases and we know where those cases are coming from; we have the ability to undertake ongoing and extensive testing; and we can contact trace a significant number of cases each day.

However, as you will have heard today, we still do have cases ongoing of COVID-19 and we have seen, from overseas experience, how quickly those numbers can rise again if we take our foot off the pedal. We have made good progress to arrive at level 3, but we are by no means in the clear. Elimination is not a point in time; it is a sustained effort to keep it out and stamp it out over many months. It is crucial that all New Zealanders remain vigilant and follow the guidelines for level 3, including physical distancing. And, yes, like many people returning to work or back at work today, I have enjoyed a takeaway coffee; however, it is important not to congregate outside the cafes or other places, or in the carparks of takeaway places like McDonald's when you see old friends. Please do maintain the physical distancing—that will be imperative in alert level 3. We do not want to see the sorts of rebound that we have seen in other countries. So physical distancing imperative, keep to your bubble, practise good hand hygiene, and if you are unwell—most importantly—stay away from work and from others.

Finally, as I outlined yesterday, as Director-General I have issued a new order under the Health Act which lays out the provisions for alert level 3. This came into effect at 11.59 last night when we moved into alert level 3. The information in the order is comprehensive and it

outlines the functions around isolation or quarantine requirements; the permissions for essential personnel movement, personal movement, or recreation; infection control measures that are required of all premises; the ability to close non-compliant premises; and also prohibitions on gatherings. The notice is available on the Ministry of Health website under latest updates and also is linked to from the Ministry of Health's dedicated COVID-19 page. Thank you. I'm happy to take questions.

**Media:** Dr Bloomfield, did you misspeak yesterday when you said that we had achieved our goal of elimination, because now you've clarified that to say that elimination is not a point in time?

**Dr Ashley Bloomfield:** We've achieved our goal of elimination as under alert level 4. So we have achieved what we set out to achieve under alert level 4 as part of our overall goal of elimination, but as I said, it remains our goal in alert level 3—and it certainly will in alert level 2—but it is not something that you can just say, "Done and dusted, we've got it; we have eliminated." It's an ongoing effort.

**Media:** What's the scientific definition you are using to define elimination?

**Dr Ashley Bloomfield:** So again, I think we're in a situation of COVID-19 that we haven't experienced before, and I just want to refer back to Professor Sir David Skegg's definition, which I think is helpful and it is our goal: a small number of cases; a knowledge of where those are coming from; and an ability to and a posture to identify cases early, stamp them out; and, of course, to maintain strict border restrictions so we're not importing new cases. That's what underpins the elimination goal.

**Media:** So can you only say at the end of alert level 3 if we've been successful in elimination under that alert level?

**Dr Ashley Bloomfield:** No, I think elimination will continue to be our goal and underpin our approach. In a sense, it's a single word to describe that ongoing "keep it out, stamp it out" phase, different from what was in the pandemic influenza plan, which talked about moving into a "manage it" phase. We clearly decided we wouldn't do that, and we have seen what has happened in other countries and jurisdictions where they have—either deliberately by choice or have had that choice taken away, where they have moved into a "manage it" phase. We decided we wouldn't do that, that we would go for an elimination goal, underpinned by sustained "keep it out, stamp it out".

**Media:** So at what point would we be slipping out of elimination? So say we've achieved our goal of elimination—what would need to happen for us to have slipped out of having achieved that goal?

**Dr Ashley Bloomfield:** Well, I think the development that every country is looking to is the development of a vaccine and/or an effective treatment or treatments for COVID-19. Then we could look at what the goal might be once we had effective treatments and/or a vaccine, but in the meantime, the goal of elimination will be what will see us through, as New Zealand, to that point.

**Media:** That criteria that you said before that Sir David Skegg said, we are at that stage in all those certain phases, are we not? So is it a matter of keeping it?

**Dr Ashley Bloomfield:** Yes, and I think that that description applies very aptly to what we have been doing under lockdown, but we will continue to want to remain at a point where we have a low number of cases and where we're able to identify early through testing and then isolation, contact tracing, and isolation of any contacts. That will be what will help us achieve ongoing, sustained elimination, really, through these next few phases.

**Media:** Are you concerned that New Zealanders will hear you say "Look, we've eliminated it." and breathe a sigh of relief?

**Dr Ashley Bloomfield:** Yes, well, then I can just clarify: we haven't eliminated it and we haven't eradicated it. So elimination, as I say, is not a point in time. It's not, "We've got

to the end of alert level 4; we've eliminated it." Our elimination goal continues into alert level 3, and as I've said quite clearly over the last couple of weeks, to maintain that, we need to be even more vigilant, because we don't have the full protections that a lockdown brings with it.

**Media:** So when you were talking yesterday, you were talking just specifically about level 4?

**Dr Ashley Bloomfield:** Alert level 4, yes. And this was one of the key pieces of information behind the decision to move out of alert level 4, was, yes, we have achieved what we set out to achieve under alert level 4: a low number of cases, an in-depth knowledge of where they are coming from, control of any clusters or outbreaks, very good testing capacity and widespread testing under way, and also that ability to contact trace.

**Media:** In her report on contact tracing, Dr Verrall identified a number of sort of key performance indicators, including three of critical priority. Has the Ministry of Health achieved those three critical KPIs?

**Dr Ashley Bloomfield:** Well, we are well on the way. And again, it's not just the Ministry of Health, because the fundamental workforce that does the contact tracing is out in our public health units, and if you'll recall her first recommendation about capacity and capability in public health units. When we started to get cases in New Zealand, we canvassed our public health units, and their capacity at that time was around 50 cases that they felt, between them, they could contact trace. That's now up to 185 with the investment that's happened, and with the further investment we're increasing that up to 300. So that's the fundamental capacity we will need. And then we've got, of course, our National Close Contact Service that supplements that with the ability to contact up to another 10,000 phone calls each day.

In terms of those indicators, I think the critical one is the one around the timeliness of contacting people who are identified as close contacts. And one of the challenges here has been collating data which has been manually collected locally by public health units. We have just got what I think is a good picture of that, with data from the public health units for the period from 13 to 17 April, and that showed that they were contacting and tracing 80 percent of close contacts within 48 hours, actually. And the benchmark there is within 72 hours getting 80 percent. Now, of course, what we want to be able to do is to continue that, and, even if there is an increase in cases, to maintain that achieving 80 percent within the two days.

**Media:** Now that we switch our attention to going down to level 2 and what we have to do, if we keep tracking with these single digit number of cases, what else do we have to do until you're comfortable for us to flick into level 2?

**Dr Ashley Bloomfield:** Well, it's again the number of cases and, of course, the knowledge that where they're coming from. The other thing will be to maintain early testing of people who are symptomatic, and this, again, is a really important point for people who do have any respiratory symptoms to seek advice early. And those include more severe symptoms like fever and cough, but also sneezing and sore throat, and this particular symptom that's now become quite well documented of a loss of smell or taste, which not only seems to be a symptom that people have when they might be developing the illness but also can continue for some time. So if people have those symptoms, early testing is critical, and then supplementing that with our ongoing wider testing as part of our surveillance, including of critical workforces like essential workers in healthcare settings and in non-healthcare settings.

**Media:** A loss of smell and taste, is that now one of the official symptoms, because I—

**Dr Ashley Bloomfield:** Yes. Yes, it's in our case definition now.

**Media:** A Hamilton man has talked to *Stuff* about—he went to a CBAC 12 days ago and is yet to receive a test result. Is that kind of delay happening around the country and is that acceptable?

**Dr Ashley Bloomfield:** No, it's not happening around the country, and it surprises me that someone has had to wait 12 days, so I'm very happy to look into that and just check. What I can say is that every positive test, the person is contacted immediately by the public health unit, and it may take longer for people to receive confirmation that their test was negative. But also, of course, our positive tests are announced each day here as part of this stand up. But it shouldn't be taking 12 days. It shouldn't be taking more than a few days for anyone who gets a test to get that result back, so we'll follow that up.

**Media:** Based on what you've seen today when you've gone out for your coffee and what you've heard from people, is the level of activity that you're seeing today in level 3 what you would hope for, or have people already got a bit loose?

**Dr Ashley Bloomfield:** Well, what I was seeing was fine, but I have had reported to me that, and hence the message—you know, there will be a temptation if you see your friends, you haven't seen them for a few weeks, whether you're congregating for a coffee or takeaways, to just want to catch up, and the physical distancing thing remains very important. I just want to reiterate that message to people. We've got used to doing it during alert level 4, and it's imperative to maintain it through alert level 3.

**Media:** When were taste and smell added to the official symptoms of COVID-19 in New Zealand?

**Dr Ashley Bloomfield:** Look, I think the last change to the case definition officially was 16 April, and I'm pretty sure it's in that, so I'm happy to confirm that but we've certainly added it as a very distinctive symptom and it's one that all the CBACs are now aware of.

**Media:** Dr Bloomfield, you mentioned last week, you talked about ramping up testing in rural areas. I believe you said Te Tai Tokerau, Tai Rāwhiti, Taranaki among others, with a particular focus on Māori and Pasifika. How has that testing gone and are you pleased with the testing rates among Māori and Pasifika?

**Dr Ashley Bloomfield:** Yes, we've seen ongoing high testing rates amongst Māori and Pasifika, which is good, and the feedback I've had is that that testing's gone well out in Tai Rāwhiti, Te Tai Tokerau, and Taranaki, and we will be continuing that as appropriate. We haven't seen any positive results or tests come through from that testing, which is, I think, reassuring both for us and, of course, for those communities.

**Media:** Dr Bloomfield, is the information on the Ministry of Health's website about the extent of community transmission misleading, and, if not, why is the ministry not saying it's community transmission when someone gets the virus locally from a cluster or case when the origin of that case or cluster is unknown?

**Dr Ashley Bloomfield:** OK, so there's quite a bit in that question. So I don't think the information is misleading. What we have moved to over the last few days, rather than broadly talking about community transmission, is just to be more specific about the origin of cases, and in some cases it will be from community transmission but related to a known case or cluster, even if we don't know where that case or cluster came from originally. In other cases, in a small number we are not able to make that link. Most of those, aside from two, are pre - 1 April, so four weeks ago now, and so they will be the ones that are contributing to the overall percentage that are community transmission. What we're critically interested in now is being able to trace where our recent and emerging cases come from and being able to link those to existing cases.

**Media:** What advice have you received about these larger blood vessel clots and strokes that younger people appear to be having who have had COVID-19?

**Dr Ashley Bloomfield:** I haven't received any advice, but what I can say is we're keeping a really close eye on any emerging reports around clinical presentations that have

been—this is one—in the last week, these reports around vascular and blood changes. There's also an emerging report from the UK just today around the possibility of a—there's only a small number of children with Kawasaki disease and some of these have been COVID-19 positive, others haven't. Again, a small number. So these are the sorts of things we are looking at on a daily basis just to see, is this something we need to advise our clinicians about, to look for. So what does seem to be clear is that this infection, even though it's a respiratory infection, does affect other organ systems and, as we learn more about it, that will inform both how we manage people, and then, of course, also it will identify groups that might be a high risk that we need to act on.

**Media:** And does it serve as a reminder as well for younger people, because I think those strokes have all occurred in people who are under 50 years old, that isn't just a virus that disproportionately hurts older people or people with underlying health conditions?

**Dr Ashley Bloomfield:** Quite. It's not just confined to those groups, and we've seen in New Zealand our biggest groups, in terms of age groups that have been infected, largely reflecting people coming back from overseas in the nature of some of our clusters. The biggest groups have been 20- to 40-year-olds. They're not as susceptible to the poor outcomes, but it doesn't mean that they don't get those, and we've seen overseas where you have high numbers of cases, you do see some of these people get very unwell and some of them die. And even in the UK in that report around Kawasaki disease I was reading today, they have had a small number of deaths in under-20-year-olds related to COVID-19. It is not an innocuous infection in any age group.

**Media:** What have the testing results been for the residents of a Hawke's Bay holiday park where a resident tested positive for COVID?

**Dr Ashley Bloomfield:** Yes, I was really pleased to see the public health unit yesterday has offered testing to all those people at that holiday park. I don't have the results of those yet. We certainly haven't seen any positive tests come through in the reports today. I'm assuming that most of those will be done today and processed today and we'll be able to report back on that.

**Media:** And are you able to confirm that that was at the Affordable Westshore Holiday Park in Napier?

**Dr Ashley Bloomfield:** I don't know which holiday park it was, actually.

**Media:** Hutt Valley and CCDHB have had to ditch 100,000 face masks from emergency reserves. How disappointing is that, and what does it say about the inspection processes of our PPE stock?

**Dr Ashley Bloomfield:** Well, I think it does provide a lesson that—and I know that most DHBs do have a rotation policy, and we do that for all our pandemic supplies; including the supplies we have of Tamiflu, which are rotated out. And we have also pandemic supplies of things like Paracetamol; they're rotated out to maintain the levels. I think there is a lesson there. What I can say is we have 29 million masks in the country, both N95 and the standard mask in the country, so disappointed that those ones had to be written off, but we do have both good stocks and good supply chain of masks.

**Media:** Dr Bloomfield, as a health professional noting New Zealand's obesity rates, how did you feel about the flooding of Kiwis to takeaway food outlets today? Is there a public health message you'd like to put out there, or is that a bit rich?

**Dr Ashley Bloomfield:** Well, I think—yeah, I don't want to be preachy on this—I was pretty keen to get a takeaway coffee, and I think people are enjoying the opportunity. So I'm not going to pass any judgment on that.

One more observation I will make though—and I think others have made this—there's been a lot of people out being physically active during alert level 4, walking, cycling, and I think we will all be feeling all the better for that. And I'd encourage everybody to actually—in alert level 3, and even as we move down alert levels—maintain that regular, physical activity. We

know it's beneficial for health, whatever age you are, and even if you have pre-existing conditions, physical activity is of great benefit, so I'd just be encouraging people to maintain that.

**Media:** Just a question about extending bubbles. If you're extending your bubble to an older family member, can you actually hug them when you enter their home, or do you still need to keep your distance from them once you're inside?

**Dr Ashley Bloomfield:** Theoretically, if someone's within your bubble, you are allowed to hug them, and that may be one of the benefits of extending your bubble. But, of course, you do want to be thoughtful about that, and, of course, if you've got any symptoms of a cold—not only don't hug them but don't see them.

**Media:** Dr Bloomfield, have you got any sense of overall mortality rates over March and April? There's some studies of overseas hotspots for COVID where overall mortality spiked a lot more than the actual reported cases. I'm not saying it necessarily happened in New Zealand, but have you looked into whether overall mortality is any higher in March and April than it was, say, last year?

**Dr Ashley Bloomfield:** We haven't looked yet, but that's something we will want to look at—all causes of mortality during the period—because we also know some people have delayed seeking care. And we will want to make sure that there weren't excess deaths related to delays in seeking care. If you look at those countries—and I think the Netherlands is an example, I think the US is maybe another one—where, actually, their mortality rates have been quite a lot higher, even than the additional COVID-19 deaths, I think this reflects that their testing was not identifying all the cases out there, and there were many community-based deaths as a result of COVID-19.

What we've, of course, been in the position in New Zealand—we're confident we've been able to identify the vast majority of our cases. So our death rate is on a par with countries like Australia and others that have got high testing rates—so somewhere between 1 and 2 percent. Whereas what you'll see in, say, the US, the death rate is much higher, even approaching about 10 percent of total cases.

**Media:** So are you quite concerned about people maybe delaying care and dying because of that—maybe not going in when they should, having a heart attack or something similar?

**Dr Ashley Bloomfield:** You'll have heard us through alert level 4 repeatedly encouraging people to seek care in a timely way and avoid—especially if it's something like chest pain or symptoms that really do require them to get urgent care, that they should not delay. And that continues into level 3—that people should seek the care they need, whether it's acute or for more longstanding chronic conditions. And we will be looking back at all causes of mortality just to see what the impact was of COVID-19, including whether there were any increased deaths from infectious causes. However, I could also say that we've been quite inclusive in terms of our deaths that we have classified as COVID-19—including a number of probable cases, even where the testing was negative but we felt it was likely to be the case.

**Media:** Have you considered any wider antibody tests—of the kind that they've done in New York—to get a more fuller picture of the prevalence of COVID in New Zealand?

**Dr Ashley Bloomfield:** It's one of the things we're considering further down the track as part of surveillance. It will depend on there being a reliable antibody test—I think there are still some questions around the reliability and usefulness of antibody testing, particularly in a situation like New Zealand, where we've had such a low number of cases. Of more value—and I think you'll see the States—I think New York's done an antibody test of a sample of New Yorkers and found they thought around 10 percent of the population has probably been infected. It's of more value there, whereas here we've got such small numbers, and if the test is not that reliable, it's unlikely to provide any useful information until we get, I think, really much reliable antibody tests.

**Media:** Do you have any comment on Auckland University Rod Jackson's analysis that there might be undetected cases equivalent to the amount of active cases we currently have?

**Dr Ashley Bloomfield:** I think we've always understood that there would be other cases out there that we might not detect. I'm not sure if it's an equivalent number to the ones we have found, but the key point and the key benefit of the lockdown has been that even if those cases were out there, they've clearly not transmitted on to others, because people have been staying within their bubbles, or the majority of people have. But this will be one of the things we will really want to be very careful about as we go into alert level 3 and further on to alert level 2, and hence maintaining that wide testing, case-finding and testing of certain populations, to identify whether there is any COVID-19 still out there. Maybe a final question there.

**Media:** Yeah, this morning during the select committee looking at the impact on small to medium businesses, we heard from a business owner in Auckland who runs a shopping mall, and she was saying "Look at these tiny numbers of positive cases you're getting each day." Today, it's three. You know, we've had five, eight. She was saying, look, she feels that we've beaten this thing, and she thinks it's madness that, you know, malls like hers have to remain closed at level 3. What would be your response to that?

**Dr Ashley Bloomfield:** Well, I can understand that perspective, and I think, for all New Zealanders, we look and I think we should feel proud of the efforts we've made to get down to this small number of cases. However, to repeat a comment I've made here before, it's quite clear this is a tricky virus, and as we learn more about pre-symptomatic and asymptomatic transmission, that makes it all the more important we maintain the approach we are maintaining. I'd also point to countries—in particular, ones like Singapore—that also had very small numbers of cases and then saw a big increase, and now finds itself in a very different situation. We don't want to be in that situation, and we want to make sure that we get the full benefits of the sacrifices we have all made under the lockdown alert level 4. So that would be my response there.

**Media:** Just very quickly, Dr Bloomfield, yesterday we achieved our goal of elimination; today, we haven't eliminated. Have we eliminated the virus or not?

**Dr Ashley Bloomfield:** Let's be clear, and I'll just repeat the comment: elimination is not a point in time. Yesterday I was referring to alert level 4. We had achieved what we set out to achieve in terms of our overall goal of elimination under alert level 4. This is going to be a prolonged effort. It's going to be a sustained effort, and we will all need to continue that effort in alert level 3 and on to alert level 2. Thanks.

**Media:** Sorry, just on that, internationally a lot of people have praised us, you know, with that headline. Would you like to correct some of those?

**Dr Ashley Bloomfield:** Correct the international headlines?

**Media:** Yeah. They've sort of said—I mean, not that either of us have the power to do that, but they've said that New Zealand's eliminated it. Do you want to correct that information?

**Dr Ashley Bloomfield:** Well, I think we've been clear here about what we mean by elimination, and it's not eradication. We haven't eradicated the virus, but we have achieved what we wanted to achieve in our ongoing goal of elimination.

**Media:** Do you recognise that, you know, it's as clear as mud, really, isn't it? Because the Prime Minister's been talking the whole time about how we're going to be one of the few countries in the world, or we hope to be, that can actually eliminate this virus. Yesterday, people celebrated because we thought we got there. As Jess says, the *New York Times* is running big headlines saying New Zealand's eliminated the virus, and then today you're standing up there saying, "No, no. That was just under level 4, not level 3."

**Dr Ashley Bloomfield:** Well, I hope my explanation today has helped to clarify that. If there was mud yesterday, the water is clearer today, and I hope you all have a good understanding of that and that other New Zealanders do. Kia ora koutou. Thanks very much.

**conclusion of press conference**