

**PRIME MINISTER AND DIRECTOR-GENERAL OF HEALTH PRESS CONFERENCE:
THURSDAY, 30 APRIL 2020**

PM: Kia ora koutou katoa. Good afternoon. Welcome to day three at alert level 3. Today, I'm going to update you on our ongoing enforcement actions under COVID-19 alert level 3, as I know that there are many New Zealanders who are anxious about compliance at this level. But first, as per usual, I will hand over to the Director-General of Health for his update. Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Tēnā koutou katoa. Today, we have three new confirmed cases to report. One is linked to an existing case, and the two others are under investigation still. In addition, we have reclassified what was previously a probable case as not a case. This means our total for confirmed cases is now 1,129, and this is the number we report to the World Health Organization. The total number of probable cases is 347, and our overall total is 1,476 cases. I'm pleased to say there are no further deaths to report today, and we currently have seven people in hospital, none of whom are in intensive care.

There was a significant increase in testing yesterday, with 5,867 tests performed, and our new total tests is 134,570. Of our cases, 1,241 are reported as recovered, and this represents an increase of 12, and 84 percent of all cases are now considered recovered. There are no additional cases within our clusters, and the total number of clusters that are of at least 10 cases or more remains at 16.

Now, as we move back into level 3, routine healthcare is commencing again—and by this, I'm talking about screening tests and childhood immunisation. We have had some feedback from the sector that people may be misconstruing text reminders as being an error and the machine not having been turned off. These important preventive procedures are now back up and going, and I encourage everybody, if you do get a text, a phone call, or a reminder about, for example, a childhood immunisation or a cervical smear, to please go and get that care. It's very important not to delay what are essential parts of keeping well.

People should also not delay seeking care for acute conditions and even maintenance. If you have a chronic condition, please do get in touch with your practitioner. As you will be aware, they can do many of those consultations virtually as well. If you get an appointment from the hospital for an X-ray or other investigation or an outpatient appointment, please do take up that invitation. The hospitals have very good procedures in place to keep you safe.

A final update on the section 70 notice. An amended Health Act order has been published on the Ministry of Health website. You will find it in the epidemic notices section on the Ministry of Health website. The new order amends the previous one to specify the following: people can travel to care for their pets and other animals, because we know it's important to look after these important members of our households or where we're living. So we've clarified that veterinary services are permitted to be contact services, which means you can go into the premises to drop off pets or other animals that require care. Also, hunting of game birds for recreation purposes is not permitted at alert level 3. This means, for instance, people cannot go duck shooting and the like during alert level 3. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. New Zealand's move to alert level 3 gets 400,000 extra New Zealanders back to work and means that roughly 75 percent of the economy is now operating. But as we've said, this extra activity does come with extra responsibility—the responsibility, as I've said repeatedly, to keep up the amazing effort that the team of 5 million has put in to fight the virus. So while people can now enjoy takeaways and pick-ups, it is vital that we keep our physical distancing and stay at home if there is no proper reason to be outdoors.

Police have an online level 3 breach reporting tool via police 105. As of 5.30 p.m. yesterday, 1,035 complaints had been received, with 277 referred to the compliance assessment team. Of those, 104 had been tasked with further action by agencies. Some have been followed up by MBIE, Police, WorkSafe, and MPI—all dependent on the type of breach that may have occurred. The common themes of complaints were lack of social distancing, business breaches by patrons or staff, safe operating practices for cafes, recreational activities, and specific complaints about in-home gatherings. In addition, the all-of-Government response team has a compliance centre that is monitoring the news that is being reported, so we're not waiting, necessarily, for a member of the public to make a complaint. If we see reporting through the news of compliance issues, then those are being followed up proactively, as well.

New figures also show the ongoing police response to enforcement, including a total of 185 breaches of the CDEM or Health Acts under alert level 3—that's an increase of 81 in the past 24 hours; 46 prosecuted, an increase of 21 in 24 hours; 119 warnings, that's an increase of 48; and 20 youth referrals, that's an increase of eight. There are, of course, ongoing police assurance patrols, and over the course of the last two days there have been 1,400 of those by the police. Police have also advised that after a bit of a spike in the first 24 hours of level 3, things have started to calm down—a similar pattern that we saw when we first moved into lockdown. So as I have said, we all have a responsibility to make this new phase of our COVID response work. Please, continue to act like you have the virus when you're out and about, and if you see breaches, please report them. The last thing we can afford is a spike in cases due to taking our foot off the pedal, and, as has been reported today, we do still have cases that are coming through. And so now is not the time to loosen up our compliance.

Yesterday I provided a preliminary figure on school and ECE attendance. I can confirm that around 2 percent of year 1 to 10 school children attended yesterday, and around 4 percent of ECE. As I said yesterday, this is actually a really strong indication of the caution New Zealanders are taking at level 3, and that is exactly what we were wanting: that ultimately, everyone who could stay home was staying home, but those who needed to were able to access education.

Other news I can share with you today is that Parliament will pass under urgency a significant package of tax changes to provide further cash-flow to support small businesses, and these are ones that we have shared with you before. Our package releases more than \$3 billion through the tax system to help small and medium sized enterprises as they continue to deal with the economic impact of COVID-19. As you will recall, that includes the ability to carry over tax losses and so on.

I can also share a breakdown of how much of the wage subsidy's been paid to our smaller firms. More than \$1.25 billion has been paid to about 188,000 sole traders. A further \$4.27 billion has gone to 160,000 small businesses that employ between one and 19 staff, and almost 8,900 medium sized enterprises, so up to 99 staff, have been paid \$1.3 billion. Just as a reminder, people in receipt of that wage subsidy are those who can demonstrate hardship through COVID-19, and are required to pass all of that wage subsidy directly on to their staff members. It's one way that we have undoubtedly been able to limit the amount of job loss through this period. Many of our smaller Kiwi firms will be operating again under level 3, but they do still face tough times, so one thing I want to encourage everyone to do is to think about supporting local when you are engaging in contactless trade.

This brings me, finally, to what is fast becoming a segment on Kiwi ingenuity. Thankyouhealthcare.co.nz is a website that contains business discounts for those working in our healthcare sector. It's playing two roles, so not only is it targeted at discounts for our healthcare workers, it's also targeted at businesses that may not be able to operate yet—be it accommodation or spa experiences or even elements of tourism—but is a way to thank healthcare workforces through significant discounts, whilst also helping some of those businesses prepare for the future where they'll be able to reopen and operate. I do want to acknowledge Alika and Rahul, who came up with the idea of Thank You Healthcare. Rahul

worked in the New Zealand tourism industry for 25 years, and was recently in hospital, and says, “Now is the time to ... show our appreciation for everything these incredible people do, not just in [a time] of crisis, but every single day.” I couldn’t agree more. Ready for questions.

Media: Prime Minister, when we were looking to move into level 3, you spoke about the pillars that we wanted to aim towards in order to move into level 3. What are those pillars that we’re aiming towards in terms of a move into level 2?

PM: You will have heard us describe level 3 as the “waiting room”—the place where we check all of those things that we wanted to see at level 4 are actually in place: that we don’t have big surges in cases, that we don’t have community transmission, that we still have control of the virus, and that is what we’ll be looking for when we make that decision to move to the next alert level. We will be taking very seriously the advice of the Director-General of Health. So it may be something you may wish to comment on too, Ashley.

Dr Ashley Bloomfield: Just a couple of comments: I think, similar to the move from alert level 4 to 3, we will be looking at any new cases emerging, where they are, and our ability to link those to existing cases. We will also be looking at the outcome of our surveillance testing, which all district health boards are doing apace today, and I think you saw that reflected in the increased number of laboratory tests—so quite a lot of that will be the surveillance testing happening around the country. And I think another thing we’re very interested in, of course, is the degree of compliance with the physical distancing measures, in particular, that businesses have put in place to operate under level 3, which will need to continue into level 2. So that will be a key indicator.

Media: Do we need to get zero cases? Is that something that we need to see? Or is it just if we’re not seeing new cases that are linked to existing cases?

Dr Ashley Bloomfield: Not necessarily zero, and as you’ve seen, and other countries have seen, there’s a long tail in these cases, and the key thing is keeping up that high rate of testing to make sure we’re identifying cases as well as our surveillance through general practice reporting of influenza-like illness and other surveillance through ESR and then being able to rapidly respond to that with our contact-tracing and case finding.

PM: Just one final thing to add on that, we might have, on any given day, two, three cases, but all three of those could, for instance, come from someone who’s come in from overseas and is currently in quarantine. So that’s of far less concern to New Zealand than, for instance, someone that we may find in the community. So it does matter where those cases are coming from.

Media: Prime Minister, staff at a fast food restaurant say that when they opened on Tuesday, physical distancing practices were not being adhered to inside the kitchen; workers had to work beside each other because of high demand. And they also say that the drive-thru isn’t working because, when they pass food over, their hands come into contact with the customers’ hands. Are takeaway restaurants doing enough to adhere to the standards? And how is that being checked?

PM: We are expecting standards to be upheld by those who now have the responsibility to keep everyone safe when they’re trading. And so that is why we are taking enforcement very seriously. We do have not only the police out there but of course our labour inspectorate are concerned about whether or not standards are being maintained for those who are working in those environments too. So I do expect a high standard. It is a responsibility and a level of trust we are placing on those who are operating, but we will also enforce.

Media: And what about, too, those workers who perhaps might feel they can’t speak up to their employers—might be afraid of the repercussions or consequences? What recourse do they have? What should they do in that situation?

PM: What I think we’ve seen already through our reporting is that customers are willing to enforce as well, and so I would hope, ultimately, that workers feel they can safely

make an approach to those who are involved in enforcement, including our inspectorate. But, even if they don't, customers are very mindful of what they're seeing. If they see unsafe practice, they are reporting it.

Media: Can I ask about community checkpoints? Are they legal? And are you comfortable with them?

PM: It is not legal for any member of the public to simply stop or prohibit the movement of others, but the police are, of course, able to do that. Where we've had community checkpoints, in some cases they've been information-sharing; it hasn't necessarily been prohibiting travel. Where they have been cropping up, we've had police working alongside those checkpoints to make sure that what is happening is legal, is safe, and is there to support the community.

Media: At what point do you want to see those community checkpoints gone?

PM: Obviously, when we move down alert levels, that is an indication that we are in a safe position and so, therefore, the need for some of those measures that communities have often thought to put in place to protect themselves aren't as necessary.

Media: Dr Bloomfield, many elderly are spending weeks in hospital unnecessarily because they can't go back to their rest homes without a test. Would the ministry reconsider this position given that a lot of these people are suffering unnecessarily?

Dr Ashley Bloomfield: So actually, what we're doing—and I wrote to, well, actually, one of my colleagues wrote to the Aged Care Association two days ago, and I've had an email back from Simon Wallace, the chief executive, thanking us for reaching out. We're actually going to sit down with them and look at all the information we've gleaned over the last few weeks about what we need to do to make sure our rest homes and aged residential care facilities are as safe as they can be, including from the process we've got under way to do an audit, or a review, of rest homes and facilities that have had cases, as well as information that the DHBs have gleaned by going around and checking on all of their facilities in their rohe.

So we are doing that collectively with them, and that includes the role of testing for both residents who might be entering or coming back from hospital, those who are there already as well as staff, and what procedures we need to also put around that in terms of, if they do have a case, whether we need to provide other accommodation for staff members to stop them potentially infecting members of their family. So we're looking at all of that collectively with them, and, as I say, that includes the role of testing for new residents coming in, both at the point of when they come in and also potentially while they're in that 14-days isolation, because one of the things we've found is that some of those cases we've found in these facilities have no symptoms, and so we want to be sure we're picking up any possible cases there.

PM: Dr Bloomfield, remind me, but my recollection is that we've had one case via a patient that's been brought into an aged care facility via a patient, and that was connected to overseas travel, is my recollection. So the vulnerability often has been via care workers and staff, and so I think that that singular focus on those who are residents, when actually it is that risk of those who are coming and going that we need to be very, very mindful of.

Media: Prime Minister, on the day you said that we've won the battle on community transmission but must remain vigilant, is that the wrong message to send to the public when we haven't actually started detailed testing in the community yet? We can't categorically say whether we have won that battle.

PM: Equally, probably the Director-General of Health commenting on that, but that was one of our tests for moving outside of alert level 4—was our level of confidence around community transmission. The level of testing in New Zealand is such to give us that confidence, but that is a moment in time. So I think what it's fair to say is that while we can have confidence when we made that decision, we have to maintain our vigilance. We have to constantly ensure we're still following those rules so that we can be assured that that is

still the case. We continue our testing, we continue our border controls, we continue our isolation to keep giving us that assurance. I don't think with COVID-19 anywhere will it be a matter for anyone in the world to say job done. This is going to be with us for a long time, and we will have to keep winning battles every step of the way.

Media: The ministry figures show we have just 4 percent community transmission currently. However, 28 percent of positive cases got the virus in their local community. Has the Government been too narrow in the definition of community transmissions?

PM: So you can have locally acquired but from an overseas source, so we make that distinction in the data we provide. The 4 percent around community transmission also has been over the entire course of our experience with COVID-19. So the decision to move alert levels, we very much focused in lockdown on whether or not we still had cases where we couldn't determine the source of transmission. Dr Bloomfield, do you wish to comment on anything—

Dr Ashley Bloomfield: I think you've summarised it well, Prime Minister.

Media: Just in terms of the fact that Parliament has been disrupted quite majorly in the last four, five, six weeks, will this change the campaign period that the Government plans to have just before the election—i.e., will you be shortening that down so you can pass some of the legislation that needs to be passed?

PM: At this stage we haven't changed up the sitting schedule beyond obviously there's a disruption of alert levels 3 and 4. So we're looking to maintain that, but, of course, we work with the Business Committee on any changes to the parliamentary sitting schedule.

Media: So at this stage that three-month campaign period is unchanged—it's going to be the exact same?

PM: Look, at this stage, but, again, we've had to be willing to work through what the alert levels mean for the sitting schedule as well, but no plans to change at this stage.

Media: And the plans to have the election on 19 September—that's the same?

PM: No change there. Again, as I've said, the period at which we start really counting towards the election is, in the short term, electoral finance—that starts being monitored three months out from an election. So there is still time if needs be, but at this point, we're making good progress and no intention to change the election date.

Media: The Ministry of Health has written to private hospitals and private health providers saying that their plans for reimbursement for their costs over level 4 are sort of being revised and updated, the implication being that they might not get everything they ask for, and they might not be fully reimbursed for the costs that they expended staying open during level 4. Will those private healthcare providers be reimbursed for those costs—not for lost revenue but for the costs?

PM: Yeah, the Ministry of Health is still working through some of those healthcare providers who have incurred costs through COVID-19, be it our maternity workforce, obviously GPs we've talked about in some detail, and there are then private hospitals. They have drawn a distinction between legitimate costs through COVID-19 but also not looking at lost revenue. So there is still work ongoing.

The final point, though, that I'll make, particularly for those in that sector, is that we will have a large tranche of electives that will need to be undertaken, so I expect that they will be very busy in the time to come.

Media: The Government put up the benefits in response to COVID-19. Is that something that you're looking to do again in the Budget, or is that just a one-off?

PM: Obviously, I'm not going to make Budget announcements today, but one of the reasons we did that quickly, and that involved not only just a general benefit increase but also increases for the winter energy payment, was the dual impact of COVID on our lowest

income earners, and also the fact that when you want to stimulate the economy at any given point, making sure you're giving more income to those who have the least almost guarantees it's going to go back into the economy.

Media: Prime Minister, do you have an update on the bill for MP pay cuts? Is that coming next week and is that part of the same bill allowing councillors to give part of their salary back to council?

PM: So it's all covered by the remuneration legislation, which is overseen by the Remuneration Authority, and so, yes, the way that MPs' pay, and others such as local government, sits within that legislation. So we're drafting that as we speak. You know that we've already made decisions about ourselves. It is certainly not for us to make decisions about anyone else, though. I expect that to be ready shortly, but regardless of the time lines for that, we're still committed to six months—regardless of when it comes into Parliament.

Media: A question on the regions, Prime Minister: there are four where there's no current case of COVID-19. In Wanganui, there hasn't been any case for 11 days, in Tai Rāwhiti it's 16 days, the West Coast 25 days, and it's a full four weeks since there was a case in the Wairarapa. Given these places are some of the most disadvantaged in New Zealand, do you think there is a case of opening up movement in the economy sooner than other places.

PM: Yeah, one of the things that you'll have heard me talk about is we did give serious consideration to regional approaches, and there may be a time when we use them in the future, but when you think about the difference between alert level 3 and 4 for those areas, it is, for instance, engaging in online commerce—quite hard to draw regional distinctions on something like that. And, of course, then the other areas are just whether or not you're trading face to face. For that, we still have to be mindful that New Zealanders move, and there are—for instance, the Wairarapa is an example where we do have people who commute for work. So some of those distinctions are a bit arbitrary when you're really trying to make sure that we've got control of the virus and we aren't transporting, where we may have cases, into other areas. So not for now—but we haven't ruled it out in the future.

Media: Could you do something, though, like let's send them to level 2 ahead of other places and restrict movement between other regions? Is that possible?

PM: Again, I haven't ruled it out for any part of our COVID response, but we just haven't utilised it at this phase.

Media: In a follow-up to that in Maiki's question before about level 2, couldn't you make the case that we are at level 2 now in terms of the risk assessment? It speaks of the fact that household transmission could be occurring, single or isolated cluster outbreaks, whereas level 3 says there is a risk that community transmission might be happening. You seem to have said that that's not the case, and you have confidence in that. So aren't we at level 2 in terms of that risk level?

PM: And that's where that distinction about this waiting room is so important. So of course what we've also had to factor in as we've gone along is the very clear message that we've had in terms of the impacts of moving too quickly are the risks of second waves, are the risks that you may have had asymptomatic transfer or that, simply, there may have been a longer tail that's bubbling away. And so level 3 allows us that time to check that we have control before moving with greater confidence. The last thing anyone wants is us to move prematurely, have a resurgence, and go back. That will be very bad for our health response, but equally horrific for our economy.

Media: Does the Government have a strategy regarding a COVID-19 vaccine, and given our success in stamping out the virus, is there a concern that we could be put at the back of the queue if there is a vaccine developed overseas.

PM: I'll let Dr Bloomfield start.

Dr Ashley Bloomfield: What I can say is there's very active work under way between ourselves and MBIE to finalise an approach that we're going to take as a country, including everything from research—which might include participating in clinical trials—as well as ensuring we're in the queue for whichever vaccine might be the one that's successful; recalling there are, I think, upwards of 90 or 100 trials under way around the world at the moment. So we're getting a planned approach to this and very keen on taking an Anzac approach to that as well, so working closely with Australia, and we'll have some more about that within the next week.

Media: Is there any work here specifically in New Zealand to develop a vaccine, because there has been talk about that among the community?

Dr Ashley Bloomfield: There has been talk, and there is interest from different research groups. At this point we're not anticipating New Zealand's best endeavours are to put funding and effort into trying to develop a vaccine but rather to work alongside other vaccine developers. It's very expensive, and that doesn't mean that our research groups here couldn't do elements of the research that will contribute to international efforts and also, more importantly I think, be participating in potential clinical trials. But, as I say, that will be all covered in our vaccine approach, which is currently being worked on.

PM: Keeping in mind, there's also the difference between development and manufacture, and so that's something that I think we shouldn't—even if we're not necessarily directly involved in one part, certainly can be in the other.

Media: Prime Minister, we've been told that the Ministry of Social Development doesn't have, or at the very least can't provide, some detailed breakdowns of demographic data of those applying for the jobseeker benefit. Wouldn't you need that to, sort of, inform detailed solutions, or targeted solution support?

PM: We have been trying to pick up the pace of the data that we are providing around what's happening with our benefits at a more rapid pace. So we are trying to churn that our more frequently. I would really need to ask the question around MSD as to whether or not that's data that's collected or just simply cannot be aggregated in short periods of time. But what we do know, because this is analysis that we can draw from even the work that Treasury has done as part of its living standards framework—we do know those regions, those demographics, those New Zealanders who are already profoundly affected by low incomes, who are more likely to work in precarious areas of work, so where they are more vulnerable to loss of hours or job loss. So that is information that we already have as a country, and it's why we have, for instance, targeted so many of our initiatives, be it the Provincial Growth Fund or MSD support packages like Mana in Mahi. So whilst we might not have that specific data in COVID, there are things we already know about our community, which helps us target our response.

Media: But you are working to aggregate that data?

PM: Again, I don't want to give you a specific answer without asking MSD directly around what the issues may be around quick turnover of some of that data. But they have been working hard to try and provide more information outside of the usual cycle of what they provide.

Media: Prime Minister, Green Party co-leader Marama Davidson believes that essential workers should be getting at least a living wage. Do you agree?

PM: I want all New Zealanders to be able to not only survive on what they earn but have a really good quality of life. Now, that should be the aspiration that everyone in New Zealand has for our fellow New Zealanders. What I think we've seen at the moment is a growing awareness of the critical role that people in jobs that have often been undervalued play.

Media: But even in a short-term capacity, given that added health risk for essential workers and given that the Government has already invested billions of dollars into subsidies and packages, is this something that the Government could look at in a short-

term basis—bringing those essential workers' wages who are below a living wage up to a living wage?

PM: What we have been doing is, for instance—for example our nursing workforce is working hard to see their wages lifted, and that's something that we've been doing since we've been in Government. Equally, I would say the same, for instance, for people who are cleaners in our schools; again, that work we've already done to see their wages lifted. Where the Government has a role to play, we've played it. What I would ask the private sector is to value your workforce in the same way. We've seen the importance of people who are working on our frontline, whether they are cleaners, whether they collect waste, or whether they're working at a supermarket.

Media: Can I just ask a follow-on question to Charlie's one about vaccines? There's been some promising signs in the US about that antiviral drug, Remdesivir, which has been used for Ebola. Has the ministry here been given any advice about it; is New Zealand interested in that drug?

Dr Ashley Bloomfield: Yes, well I heard Dr Fauci this morning waxing quite enthusiastically about it, so I did a little bit of research. I'm yet to see the study that he was referring to. Two earlier studies—one of which is published in *The Lancet*, actually—done in Wuhan didn't show any impact of the drug and neither did the other one, so I'm very interested to see this. I should point out Remdesivir is still an investigatory drug; it's not one that's licensed for treatment for any condition in any country at the moment. So it's very early in these trials, which also had relatively small numbers of participants, several hundred in each, so watching very closely. And this is an area of expertise of Dr Fauci, so I was particularly interested in his interpretation of the data. We'll watch to see what happens when that is published.

Media: Prime Minister, just on drugs, an analysis from the cybercrime unit in Australia has found that there are 645 listings for coronavirus-related medical products, including vaccines and respirators which have been found on the dark web. Have we seen any similar reports of alleged coronavirus vaccines on our dark web; and, if so, are we doing anything about them?

PM: I have to say, in the monitoring that I receive, I'm not getting any of that data on an ongoing basis. Again, I can ask the question, but that's not something that's been proactively raised with me.

Media: Prime Minister, can I ask a question on behalf of our *The Project* whānau, that Burger Fuel photo has sparked a debate about dobbing in violators. Big gatherings or small gatherings, how important is it that Kiwis report breaches of any size?

PM: I think one of the things that's driving that from Kiwis is that sense that, actually, we do all have a role to play. We're members of a big team and our success is dependent on one another. And so I'm not sure that I would characterise it as dobbing, necessarily, because actually that's not really in our culture as a country, but really a reflection of people really wanting us not to let one another down. And so I do think it's probably just a matter of people saying "Actually, we're doing our bit, we want you to as well". Let's make sure that we're doing everything we can not to let the side down.

Media: When it comes to regional travel under level 2, Air New Zealand put up a wish list of routes they'd like to take. What is the advice that you've developed around level 2?

PM: So you will have seen that we've already put out some of the advice at the different alert levels. Cabinet will, of course, be discussing in a bit more finer detail, and I expect travel to be part of that. Again, just checking that we've got those settings right. As I said, we have actually worked through most of that already when we did the finer detail around alert level 3. But, as is our practice, we keep doing double-checks as we move through the alerts that we think it's matching our needs at that time.

Media: But will it just be the essential workforce that'll be allowed to travel—non-essential still banned?

PM: And we have, again, at alert level 2, a big focus for us there is still issues like mass gatherings and ongoing preventative measures on containment. And when you think about some of the outbreaks we've had, it's often been that regional movement that's been really problematic for us. But we keep assessing as we go to make sure we've got those settings right.

Media: And therefore, looking at the idea of the trans-Tasman bubble, at what alert level would we need to be before we even entertain the idea letting Aussies come in?

PM: Yeah, regardless, I think there's actually quite a bit of work that needs to be done in that space, but I think you will have heard both Prime Minister Morrison and myself speak really positively about the potential there. We are both, as countries, working really hard to get control of COVID-19, and our goal is to make life feel as normal as possible and, eventually, I would hope that would mean our ability to have movement between our countries. But that is a longer-term goal.

Media: A couple of days ago—or maybe a bit longer ago—you told us that you were going to be meeting with Dr Verrall again to talk about her contact tracing report. Can you tell us how that went, and her response to what you plan to do with her report?

Dr Ashley Bloomfield: Well, hot off the press, she was waiting in the Ministry of Health vestibule when I came to walk down here for this media conference, so she's in there this afternoon, meeting with the team. So I'll catch up with her later in the afternoon and see what her thoughts are.

Media: Just a follow up on mass gatherings please, Prime Minister. Do you expect—whether or not we go into level 2 or 1—restrictions on mass gatherings to continue at least until the end of the year?

PM: We haven't put a strict time line around that, but in the short term, yes. Do continue to expect that there will be limitations around mass gatherings. In preparation for movement, though, of course we've been working with the hospitality association, others who are involved in areas of work that involve gatherings of people, just to try and prepare ourselves for some of those different alert levels. But do expect that to be part of our reality in the near term.

Media: Dr Bloomfield, are you ruling out developing a COVID-19 vaccine in New Zealand?

Dr Ashley Bloomfield: Oh, no, it's not for me to rule out, but we've got a good team of people—actually, the ministry effort, led by our Chief Science Advisor Dr Ian Town, who's actually a respiratory doctor by training, and working with MBIE, and also with input from researchers around the country, are coming up with an approach. We'd like to take that to Ministers first, to get agreement, and then that will have advice around where we think our efforts are best focused at each point in the vaccine development and access cycle.

Media: Prime Minister, Sir Peter Gluckman says Māori and iwi should be more involved in pandemic response decisions because of their holistic thinking. What measures is the Government taking to better include Māori?

PM: I actually had a conversation with Professor Tahu Kukutai this morning and Professor Tracey McIntosh. They're both members of our science advisory network, and we were reflecting together, actually, the really important part of our response that has been driven by iwi, by Whānau Ora providers, by Māori wardens who have been involved, and at a local community level, particularly. I do think that the innovation we've seen from Māori in response to COVID is something that we need to learn from and scale up, but also the Te Ao Māori approach of community wellbeing absolutely needs to be one of our ongoing lessons in our pandemic response.

Media: Have you sent a message of congratulations to Prime Minister Johnson?

PM: Yes, I have, just congratulating him on behalf of New Zealand for the birth of his baby boy. And I cannot imagine the rollercoaster of experiences him and his family have been having now, but this, I'm sure, will bring joy to his family.

Media: Prime Minister, have you given thought to schools in terms of the fact that last time you gave them a week to open from 4 to 3? Will you do the same between level 3 and level 2?

PM: Well, we haven't put specific time lines. I have indicated that we do like to give a level of notice before we change alert levels, just to make sure that it's considered, that it's planned, and that we can do it with confidence. Anything abrupt with such big changes I don't think's actually good for New Zealand, let alone our education system.

Media: Prime Minister, I appreciate a lot of these issues have been talked about in different parts of today's conference, but I'm just trying to put a bow on it. It sounds like level 2 previously, and the level 2 we're going to enter into, are going to look different in a number of respects. Is that fair to say?

PM: Oh, no. I think probably people's primary reflection from level 2 for the first period that we were in it was the issue of ongoing social distancing, and that stays; and issues around mass gatherings—the number of people in indoor venues and outdoor venues—and there's no change there, either; and, of course, the expectations around the amount of domestic travel that was happening. So no, I think people will be already familiar, albeit for a short time, with what level 2 meant.

Media: So gatherings of up to 100 people inside?

PM: Yep, so you'll see that all of that guidance remains the same at level 2. We do still need to be careful and cautious around issues of mass gatherings. You'll see that for many countries that are changing and moving through their restrictions, mass gatherings are still a common theme that is remaining for many countries.

Media: Just in terms of the distancing, when people are sort of in a restaurant or a cafe and they're not allowed to be within 2 metres of each other, when does that go? Is that level 1 or level 0?

PM: I'll have to refresh and have a little look at that final guidance on level 1, but certainly at level 2, again, what we're trying to do is just making sure that if we see any resurgence, that we make our contact tracing easier. And if you've been in a public space like a cafe, having 2 metres of distance means it's less likely that someone else nearby who contracts COVID will have you winding up in isolation for two weeks. Last question.

Media: Prime Minister, from a colleague, just to clarify, will regional travel potentially still be off the cards for non-essential workers at level 2?

PM: Yeah, and that's, again, we're already—that is part of the guidance that we have given, but we as a Cabinet, as we have done in the past, have reconfirmed what will be happening at the different alert levels before we've moved into them. We will, again, give consideration specifically to the settings of alert level 2 before we make any announcements, so I'm happy to talk to you about them at that time.

Media: Where are things at with that quick-fire PPE review that you ordered?

PM: So sorry, that was the audit of PPE and the way it was being distributed by DHBs? Dr Bloomfield.

Dr Ashley Bloomfield: Yes, so got a report late on Friday. Had a look at it over the weekend, actually, in great detail, and we're just finalising a report on that to the Minister, and that will include the detail. That'll go up to him later today, and then it's in his hands, because he was the one who directed that, so he will decide how he will use that. For my part, looking at it I was very reassured by what I saw.

Media: Why not release that publicly sooner?

Dr Ashley Bloomfield: Because it was the Minister who requested that, so I think it's only appropriate that he sees the information and makes the decision about the release of it.

Media: Still seems quite a long time before it got to him, though, right? If you got it on Friday.

PM: He doesn't have it yet?

Media: Yeah, well, exactly.

PM: Oh, I don't think it's unreasonable for the Ministry of Health and the Director-General of Health to take two days to look at a report and then give it to the Minister. All right—

Media: One last question on behalf of others, please. What is your advice to New Zealand residents in the US, given the situation there? Should they come home?

PM: Sorry, our advice for—

Media: To New Zealand residents in the US. Should they come home?

PM: Oh, look, we gave advice very early on in the pandemic around New Zealanders using the windows that were available for travel. Many New Zealanders who are overseas are resident overseas. They live there, they have jobs there, they have family there. And so our message some time ago was what they call in foreign affairs terms "shelter in place": stay where you are—and we haven't altered our advice since that time. OK, thanks, everyone.

conclusion of press conference