ALL-OF-GOVERNMENT PRESS CONFERENCE: MONDAY, 4 MAY 2020

Dr Ashley Bloomfield: Kia ora koutou katoa. Welcome to this afternoon's briefing. Today we have no new cases of COVID-19 to report. One probable case already known to us has been reclassified as confirmed, following a positive test in the last few days, so that is a probable case that has now become a confirmed case. It means there's no change to the overall total of confirmed and probable cases, which remains at 1,487. I'm pleased to say there are no additional deaths to report. So our total number of confirmed cases rises by one and is now 1,137, and this is the number that we continue to report to the World Health Organisation.

Yesterday, being a Sunday, there were a lower number of tests—2,473 tests completed, a combined total to date 152,696 tests completed. Of our cases, 1,276 are now reported as recovered, an increase of 10 on yesterday, and now 86 percent of our total confirmed and probable cases are considered recovered. Today there are seven people in hospital and none in ICU. We still have the 16 significant clusters and three of these are now considered closed as there is no longer transmission of the virus within the cluster, and that's a period of two incubation periods, so a total of 28 days since those three clusters had a case.

Clearly, these are encouraging figures today, but it is just one moment in time. The real test is later this week when we factor in the incubation period for the virus and the time it takes for people to display symptoms, which is generally five to six days after exposure. So that's when we will have an indication if there are any new cases coming through that might be emerging in the community as a result of our shift from level 4 to level 3. We cannot afford to squander all the hard work and effort of the past weeks. We did see at the weekend that it can be easy to start slackening off, and we need to maintain discipline and keep pushing on and sustain the advantage that we have fought so hard for.

Today I also want to commend the work on an initiative involving students and staff at Auckland's Marist College. The staff and students will be offered the opportunity to undergo free COVID-19 testing this week in a joint initiative between the public health unit and DHB and the school. While only half of the 94 cases associated with the Marist cluster were directly associated with the college—the others were a result of transmission within families or to others in the community—it's important that the wider school community is given the opportunity to be tested. The testing has been agreed in a discussion between the school board, the Ministry of Education, the Auckland metro district health boards, and the Auckland Regional Public Health Service. I'm strongly supportive of this initiative and look forward to following the progress of it during the week.

I also want to address the topic of flu vaccination. This is something we've been plugging hard this year, not because the flu vaccine gives any protection whatsoever against COVID-19 but because by vaccinating as many New Zealanders as possible, in particular our older people and vulnerable New Zealanders, that reduces the likelihood that they will get the flu and then suffer the sorts of illness that might put them in hospital. It has been a record year for flu vaccines, with more than 1.35 million vaccines already distributed out to general practices, pharmacies, workplaces, and other providers, and this is more than has ever been distributed in an entire flu season here in New Zealand previously. And you will be aware, because we've talked about it, that an additional 400,000 doses of vaccine were procured by Pharmac for this year, before the COVID-19 pandemic had even appeared on our horizon. It's been important for us to prioritise those vulnerable groups early on. Hence we started the vaccination campaign two weeks early and we continued to just prioritise and make it available for those groups that are publicly funded for a full month.

I can reassure those of us who are relatively healthy that there is a very low level of influenza circulating in our community, and I've pointed this out before—that our flu tracker and our monitoring of influenza-like illness is very, very low; a direct result of the period of lockdown we have been under, which has stopped all sorts of respiratory viruses circulating

in the community. So the current travel restrictions and restrictions under alert level 3 will be continuing that.

I'm pleased to say that over 451,000 people over 65 have been vaccinated already this year, exceeding the total number vaccinated in the whole campaign last year in this age group. And, likewise, more Māori over 65 have been vaccinated in the past five weeks than in the entire year of vaccination last year. Nearly 1.4 million doses of vaccine have been distributed to providers, and, as of 30 April, around 700,000 of those were recorded on our National Immunisation Register as administered. So there are still approximately 700,000 doses of flu vaccine out in the community. Some will have been administered but not yet entered on the National Immunisation Register and others are waiting to be administered around our one thousand or so general practices, several hundred pharmacies that have accredited vaccinators, and a range of other providers.

And, of course, there have been challenges around distribution of stock, but any GP or pharmacy that has run out of stock at this point and still have at-risk people requiring vaccination should get in touch with their local immunisation coordinator, who have been coordinating the process of redistribution and/or prioritising access to the next shipment of vaccines when it arrives. Just putting that in context, remember that there is only 1 percent of the pre - COVID-19 number of international flights being undertaken. So we've worked hard to get a priority for those next two shipments of further vaccine, which are arriving this week and next week.

To conclude with three important messages: first of all, if anyone has cold or flu-like symptoms, however mild, please do seek advice and ask about getting a test as quickly as possible. This is the point in time when we want to find any residual infections that could be COVID-19 out in the community. Please also check that your phone details are up to date with your GP practice. That will help if there's any need for us to be able to contact you as part of contact tracing. And I guess my final important message is to thank all of you, as I have before, in the media for the important role you have played over the last three months in supporting our collective efforts to keep the public informed, to ask the important questions and the hard questions, and to ensure that we are being held to account for answering those. Thank you very much, and I'm open now to further questions.

Media: Dr Bloomfield, have you talked to your counterpart or health counterparts in Australia around their processes and how you can match our processes to theirs if there was some kind of trans-Tasman bubble?

Dr Ashley Bloomfield: Yes, we are in constant dialogue with our Australian counterparts. And it seems to me one of the things that will be very important if there is an agreement at the highest level to have a trans-Tasman bubble, that we are working very closely with our Australian counterparts on what those key public health pillars would need to be around how we are testing for, identifying, and isolating cases and contacts, and also our position around contact tracing and our ability to exchange information smoothly to ensure that any contacts or potential contacts could be followed up if they had travelled in either direction.

Media: Are you confident, though, that you could get there with Australia—that they have the kind of health system that would, you know, reach that standard for you?

Dr Ashley Bloomfield: Well, I think we would need to be confident in each other's capabilities in that regard, and my sense is—if I reflect how closely we have worked together over the last three months, right from the early days and trying to go very much in tandem with the range of moves we've made, whether it was around the border, around case definitions and sharing of information—I'm confident we could continue that to support a trans-Tasman bubble arrangement if that's what the Governments agree.

Media: Now that we've reached zero new cases, can you explain why we still need to stay in level 3 for the full two weeks?

Dr Ashley Bloomfield: Yes, and the important thing here, of course, is that we are still wanting to be sure that there is no undetected community transmission out in our communities. We've had a week of testing out in the community to identify—so testing asymptomatic people in a range of settings, and that continues this week. And our public health units and DHBs have just got some very clear advice, detailed advice, around the sorts of environments they should be testing in, the numbers of people—for example, to the level of detail around which aged residential care facilities, how many people they should be sampling in each, supermarket workers they should be sampling, which people they should be sampling in healthcare settings as well. So reflecting on the incubation period of this virus—and it's really later this week that we will be confident if we are or are not seeing new cases popping up in the community. So that's why it's very important we maintain the current posture.

Media: How concerned are you about the long tail like we saw at Marist, for example?

Dr Ashley Bloomfield: Look, it's clear from looking at other countries that are in a similar position, or have been in a similar position, there is a very long tail, and what we're trying to do now, of course, is make sure we are, in effect, finding any potential additional cases that are associated with current cases or clusters. And what I can say, having just had an update on some of the cases that we had in the last week or so, where it wasn't immediately clear what the exposure was, there has been wide testing around them of their work and family contacts and even more widely, and none of that testing has shown up with any further cases, which is reassuring, but we want to just make sure we are covering off that long tail. It's been very interesting to see that what we've had in New Zealand mirrors what other countries have found as well.

Media: How real is the risk that people look at the fact that there are no new cases and celebrate this news and think that we're out of the woods and then go out there and breach the guidelines?

Dr Ashley Bloomfield: Well, it is a risk, and that's why I've emphasised that this is just a point in time and it remains very important—very important—for us to maintain a discipline around this and be vigilant. We're now a week away from Cabinet making a decision about a move to alert level 2. And I think both the Prime Minister and I have been clear that it's not just the number of cases or the pattern but the level to which people are taking seriously the expectations, particularly around physical distancing, hygiene measures, and not really squandering the advantage we have created for ourselves.

Media: Likewise, this is cause for celebration, isn't it?

Dr Ashley Bloomfield: I'm sorry?

Media: And likewise, this is cause for celebration, though, isn't it?

Dr Ashley Bloomfield: It is cause for celebration. I think it's important that we reflect that it is symbolic of the effort that everybody has put in. So I don't want to downplay that, but, once again, you know, we need to be continuing vigilance. So, yes, it is important we all collectively acknowledge this is the first day when we've had no new cases, and we want to keep it that way.

Media: How many cases are you still investigating in terms of where they were? There's two last week—I'm not sure if they're being included. How many, do you think, are still possible community transmission?

Dr Ashley Bloomfield: So there are still the two, and just to describe a couple of those cases we had last week—one which was in Nelson-Marlborough and one which had been found through our surveillance testing of the workforce at Auckland Airport. In both instances, there was an explanation related to overseas travel some time ago, and it's likely that the late positive test reflects the fact that these people had been infected and there were still fragments of the virus that showed up on the test. But it doesn't necessarily mean they're infective, and, more importantly, in testing all the people around them, there are no

further positive tests. So that's what we're really looking for, even those cases where we can't necessarily fully explain where the infection might have occurred.

Media: Dr Bloomfield, what's the Government's thoughts in terms of these sort of tests that can be carried out on location in a matter of minutes or hours as opposed to having to be sent to a lab? Is that something that you see any promise in or see a use for in our current situation?

Dr Ashley Bloomfield: So that's a development we are watching carefully. What we're most interested in at the moment, of course, is having the most accurate testing, and I think the point of care testing is still a bit like the antibody testing—there's still questions about reliability and so it's one to watch. Where it may be useful, if we can get some reliable point of care testing, could be, for example, in more remote locations, where it would speed up the turn-around time or, secondly, it may play a role in supporting us at the border and in particular with people who are flying out and are going to a country on business, for example, where they're required to have a test. It could play a role there, but, again, at this stage, not sufficiently reliable and we will stick with the fact that we've got very good testing capacity right across the country, and we continue to work hard to make sure the turn-around times are quick on those.

Media: This approach in public health, would you permit nurses to work on a COVID ward one day and another virus-free ward with high-risk elderly patients the next day?

Dr Ashley Bloomfield: So I know there's been some concern around this at Waitakere Hospital, and there's been a response from one of the clinical leaders up there in the Auckland metro district health boards. I would rely on the advice of the clinicians, remembering that staff inside our hospitals day in, day out—particularly in the intensive care units—are working with, and caring for, people who have a whole range of infections. So the practice that the clinicians and the clinical experts are advising on there is based on experience and based on their very best advice. So I would defer to those clinical specialists for their advice.

Media: But other public health experts we've spoken to are horrified that Waitakere did that. Would you agree with that?

Dr Ashley Bloomfield: Well, again, I would be looking to the clinicians there who are working in those settings. They're experts, and they would be providing the advice, and I would imagine that, like me, they would consider that what would be paramount would be ensuring that both staff and other patients in the hospital were kept safe. And hence I know that they will have very detailed procedures around the use of PPE, washing uniforms, and so on that would support safe practice.

Media: That seems to defy common sense, though, when it's such a virulent thing you're dealing with, to have people moving in between wards with high-risk patients.

Dr Ashley Bloomfield: Look, again, I just point to the fact that, like us, I know that the teams leading the response up there rely on and put a lot of stock on getting the best possible clinical advice and that that is based on experience, of course. And, as I say, people working in all sorts of healthcare settings are dealing with infected—people with infections, a whole range of infections, in their usual daily practice, and that would be what they are basing their advice on. My expertise isn't public health. I wouldn't be second-guessing the advice that infectious disease specialists were giving. I think they are best placed to give that advice.

Media: Dr Bloomfield, this approach that the Auckland DHB has taken around testing everyone that had any involvement with this Marist cluster—all students, teachers etc.—would you expect to see other DHBs take that on board with the other clusters that we have, and do that wider testing across other clusters as well?

Dr Ashley Bloomfield: So I think there's a very specific approach being taken with the Marist cluster, in particular the decision around reopening the school and to help inform the school, the students, and, of course, the school community more widely. In fact, in each

of the clusters, in particular those ones in aged residential care facilities, there's been quite wide testing of non-symptomatic residents and staff and also family members to help support control of those clusters. So certainly over the last couple of weeks, as we've learnt more about the transmission of this virus, we've moved much more to working with the DHBs around quite wide testing. And even in the case of individual cases, some individual cases we have seen where we've tested—for example, there was one in Hawke's Bay where there was a resident at a campground there, or a holiday park. And testing has been offered to and conducted and most of the people living in that who were wanting to be tested—everyone who was offered a test was tested.

Media: So you're confident, then, that where there's been any sort of build up or reaching that cluster point that there has been substantial testing in all of those areas already, based on rest homes, etc., or are there still some areas where we have had clusters identified where there hasn't been that wider testing go on?

Dr Ashley Bloomfield: Look, for the last two or three weeks we've been advising on working closely with the public health units about quite wide testing of asymptomatic people, and I talk about this notion of putting a wide ring-fence around these clusters, and particularly in the ARC settings, but it's also being used with some of these other clusters as well.

Media: Dr Bloomfield, areas like Tai Rāwhiti in the West Coast haven't had any new cases in two weeks. They've done a lot of community testing. Would they have a good argument, areas like that, for those regional bubbles we've talked about?

Dr Ashley Bloomfield: They may do in the future. I think at the moment our advice, and I think the position, is we maintain a single national approach. And the advantage, of course, for those regional bubbles would be if that allowed interregional travel in particular, but otherwise it may allow some wider commerce retail and so on in those bubbles. We're into the second week of alert level 3. As I say, we will not know until later this week whether that loosening of the restrictions from level 4 to level 3 anywhere, even if they haven't had or have had cases recently—we won't know if there are other cases out there that might spring up. So I think it's the right position currently to keep everybody under the level 3. Regional differentiation may play a role in the future, but not at this point.

Media: Dr Bloomfield, how far away is a decision on a contact-tracing app and do we need one to be in play here in New Zealand to move to level 2?

Dr Ashley Bloomfield: So on the first question, we're currently finalising advice for Cabinet and it will be a Cabinet decision around both the functionality of and the timing of the use of an app and when that is made available. Do we need it to go into alert level 2? No, it's quite clear from our experience here and even if we look at other countries that the mainstay of being able to support a move to ease restrictions is having that really good core contact-tracing system in place, which we've been working hard to strengthen. The app may play a role—or an app may play a role in supporting that, but it will be additional to what that core capacity is there. But not having an app in place won't be a constraint to moving to level 2.

Media: And in terms of breaches, is there a certain threshold for us not being able to move to level 2 because we can't be certain that people haven't been mingling?

Dr Ashley Bloomfield: I don't think there's a level, but I think that it's very important for all New Zealanders just to maintain the current expectations, and, you know, we did really well through alert level 4. We're nearly there but let's not slacken off now. We're not putting a number on it but it will be clear if there is widespread behaviour, that could be creating risk, and I think that will definitely factor into the advice and the decision that Cabinet will make next week.

Media: Dr Bloomfield, the New Zealand Private Surgical Hospitals Association has come out and said that 30,000 elective surgeries were postponed over level 4. How are we going to be able to cope with that backlog and what's being planned at the moment to do that?

Dr Ashley Bloomfield: Well, look, there's a great deal of planning and action under way because we're already into alert level 3 by a week. And that work is happening with the private hospitals because, clearly, they're going to be an important part of catching up on that surgery and other procedures that were postponed. So, yes, this is the big challenge for the system—to do as much of that work as possible while still dealing with any acute care needs that come through the door and, of course, maintain vigilance and keeping things safe from a COVID-19 perspective. So there's a challenge ahead but all the DHBs are focused very hard and on working with private sector to ensure we catch up on that backlog.

Media: How long do you think it will take us to catch up?

Dr Ashley Bloomfield: Oh, look, it will clearly take some months.

Media: So months rather than years?

Dr Ashley Bloomfield: Ah, well, obviously, we'd be aiming for months, because remembering that what we aim to do, of course, in a non - COVID-19 environment is to provide people with their first specialist assessment within a four-month period and then, if they're deemed to need a procedure, to provide that within four months. So the aspiration is to get back to within those time frames again as quickly as possible.

Media: Can I just clarify what the instruction for elective surgeries for over-70s and obese patients are during level 3 and level 2?

Dr Ashley Bloomfield: I don't know about level 2, but I did hear this morning, yes, the description around—in alert level 3, of course, when we still are in a situation where there may be risk to older people and people with pre-existing conditions, if their surgery can be deferred, then the advice is to defer that to avoid exposing them to any potential risk of COVID-19. Once we move down alert levels, then clearly there's a much lower risk and then that stance wouldn't continue.

Media: [*Inaudible*] nurses moving between the COVID ward and other wards, each DHB seems to have different rules on this. Why are there not ministry guidelines on best practice?

Dr Ashley Bloomfield: Well, there are ministry guidelines on best practice for a lot of things, including use of PPE. But also recall that each hospital is different in terms of staffing, the sorts of services they provide, the way their wards are configured, the number of staff on shifts, the seriousness of the illnesses that they may be dealing with, so it's absolutely appropriate that each hospital works out what is the best way to ensure that they are keeping staff safe, patients safe, while being able to run rosters to provide care—not just for those people with COVID-19 but all the other patients who are in the hospital as well.

Media: But in this case we now have, what, 57 staff stood down so it doesn't seem like the best approach, does it?

Dr Ashley Bloomfield: Well, I think the approach to stand the staff down to head off any risk of further transmission is absolutely the right approach, and this is what we have done where we have had other cases like this. I, again, defer to the fact that the clinicians were actively leading the process of providing the advice, and they will continue to. In so saying, just as we have done in other settings, as we have learnt more in aged residential care about the nature of these infections and the way they transmit, we have constantly reviewed and updated our approach and our guidance.

Media: Dr Bloomfield, Cabinet's taking a look at what the rules will be at level 2. Have you given any particular advice about that, and when you balance the sort of "no new cases today" with the somewhat reckless behaviour, I guess, from a minority over the weekend, what sort of reckons do you have, or what have you suggested, based on that around those level 2 rules?

Dr Ashley Bloomfield: So I can say, yes, of course we've provided advice into the issues around alert level 2 that Cabinet is considering today, and the Prime Minister will be able to update you on what Cabinet's consideration was later today, but I can't second-guess or pre-empt that.

Media: But in terms of your own advice, given that we're down to zero, but given you have been quite clear that people are not doing what's been asked of them at level 3—some people—what's the advice for level 2 to sort of balance those two things?

Dr Ashley Bloomfield: Well, I think that advice will be the advice we'll provide and input into for Cabinet for next week's decision. What they're considering today is what the alert level 2 looks like in more detail, so that's not the decision about whether to move to alert level 2. I think the balance of where the cases are coming from, the pattern, whether we are seeing new, emergent cases, and also the compliance with level 3 will be something they will consider next week.

Media: So, just to clarify, you don't give any specific advice about what level 2 may or may not look like—you just give the numbers, so to speak?

Dr Ashley Bloomfield: We've given advice—very clear advice—that is being considered by Cabinet today about what level 2 looks like, along with all our agencies across Government. That's what's being considered today. What's for next week is: is it appropriate for us to move to level 2? That's the decision that Cabinet will be considering next week.

Media: On the 57 staff stood down from Waitakere Hospital, has that created any staffing issues or shortages?

Dr Ashley Bloomfield: Not as far as I know, and I did speak to the chief executive over the weekend. So they're obviously having to move staff around to accommodate that and, indeed, move some of the patients, but that's something that they will manage there. I think it's appropriate they've taken a precautionary approach, and I know they will be doing some wide testing just to ensure that there has been no further transmission.

Media: Dr Bloomfield, given the current border closures and the high proportion of migrants in our health sector, is the ministry worried about the long-term implications of staffing the health system if the borders remain closed for a long time, as they seem to be?

Dr Ashley Bloomfield: Well, one of the things we've been doing right from the start, as I think you know, is canvassing people who might have been out of the workforce for a range of reasons, and over 9,000 people have registered to be available to support the health system, if required. So my sense is we are able to manage with what we have got here, I'm sure, for some time. However, we will also be looking at, if there are emergent needs—including, for example, in the home and community support sector or aged residential care, where quite a number of the workers are from overseas—we would be working with the wider sector to find out what their needs are, and then providing advice in case we needed to change the immigration settings and the border settings to bring people in.

Media: A question from our news room: is the Government tracking to see if people who are close contacts of a case are complying with those 14-day self-isolation rules, and, if so, what's that compliance like?

Dr Ashley Bloomfield: So, at the moment, all those people are followed up daily with a phone call to check on what they're doing, obviously, and also their health—if they have any symptoms and any welfare needs. It's one of the areas we are looking at, as to whether that may need to be strengthened as we go into alert level 2—so perhaps shifting from phone calls to actual physical checks of people who are close contacts.

Media: Does that suggest that sometimes, you know, the phone calls—the phone doesn't get picked up and there are concerns that there might be non-compliance there?

Dr Ashley Bloomfield: The feedback I have is that there's very high levels of compliance and, in fact, if someone isn't compliant, of course there is that opportunity for the medical officer of health to issue a section 70 notice and require them to go into supervised self-isolation.

Media: Did police ever raise concerns with you that they did not have the legal power to enforce the lockdown?

Dr Ashley Bloomfield: Sorry—did?

Media: Did police ever raise concerns with you that they didn't have the legal powers to enforce the lockdown?

Dr Ashley Bloomfield: No, they didn't raise concerns but both ourselves and the police and Crown Law were very thoughtful about making sure that the section 70 notices that have been issued sequentially did provide a sound legal basis for the full range of expectations that we were putting on people, including the police powers to enforce those expectations.

Media: The first section 70 notice you put out wasn't until part-way through the lockdown, so were they not covered in that first part?

Dr Ashley Bloomfield: Well, our sense was they were. However, we felt that issuing a very detailed section 70 notice was the best way to just provide that assurance that there was the legal basis for them to exercise those powers.

Media: Why was the decision made to use the Health Act rather than the civil defence Act in that case?

Dr Ashley Bloomfield: Well, actually, recalling also that there was a national emergency declared and that's still actually in place, the fundamental reason we have put these very significant restrictions in place is because of a public health threat—the threat of a pandemic from an infectious agent. And so it's very appropriate that we use these powers that are there under the Health Act 1956 and it was felt that was the best basis for providing a legal framework for the lockdown measures to be implemented.

Media: But was there a point where police did not have that power to enforce the lockdown?

Dr Ashely Bloomfield: Not that I'm aware of, and, as I say, we were in very close discussion with Crown Law and with the police right through the lockdown and then as we moved into alert level 3 as well.

Media: Dr Bloomfield, it's just been revealed in Australia that Scott Morrison has invited Jacinda Ardern to participate in a national Cabinet meeting tomorrow. What aspects of New Zealand's response would you be keen for Jacinda Ardern to share with Australian leaders?

Dr Ashley Bloomfield: Well, you probably know I can't pre-empt what the PM will discuss with her counterpart. I'm aware—and we've been providing and preparing advice for the Prime Minister for that discussion and she may well reveal later today or indeed tomorrow after the discussion exactly which issues were discussed. But, as you can imagine, of great interest, of course, is the idea of a trans-Tasman bubble, which has been well canvassed already.

Media: Dr Bloomfield, is two weeks one incubation period and just that really enough time to figure out whether the level 3 restrictions, and perhaps people breaching even those, in terms of how relaxed they're getting, would lead to more transmission? I mean, if someone was infected at one of these parties over the weekend, we might not see that until Tuesday or Wednesday of next week if the symptoms take long enough to come up.

Dr Ashley Bloomfield: Yes, that is correct, and later this week we will know if there are new infections emerging, but we also, of course, will look back over the preceding four weeks, remembering that there wasn't a bright line when we entered alert level 3, so we, looking back, will be able to look and see what is the pattern of cases over that full four-

week period—so two incubation periods—and are there any new cases emerging. It may well be, even if the decision is made to go into alert level 2 and that progresses, that we may still see cases emerging, and that's why it's very important. That's why we maintain our really strong posture around wide testing, surveillance testing, rapid contact tracing, and isolation of contacts if we do see those cases emerging.

Media: Did those people that partied over the weekend, did they jeopardise our chance of moving into level 2?

Dr Ashley Bloomfield: I hope not.

Media: Dr Bloomfield, if we were to open up the domestic travel again to all New Zealanders under level 2, would that make you nervous?

Dr Ashley Bloomfield: Sorry? Until we're under level 2 or once we're under level 2?

Media: Sorry, under level 2. If we were to reopen domestic travel to all New Zealanders, would that make you nervous?

Dr Ashley Bloomfield: I'm not sure it would make me nervous. What I think it applies to, whether it's domestic travel or other elements of what we want to do under alert level 2, which is open up more retail settings. There is a whole raft of things that would come into play. What would make me nervous is if we were not maintaining those core sort of public health behaviours that we will need to maintain around particularly physical distancing, hygiene, and not going out if people have any symptoms. So those are the things, not specific settings. It's routinely making sure those are being observed in whatever the setting, including if it's domestic travel.

Media: Just on that, what do you think is the bigger concern—opening up the domestic airlines and things so people can move around, or more retail being open and people congregating more at, you know, restaurants and those sorts of things? What's the bigger concern for you?

Dr Ashley Bloomfield: So none of them are a concern per se. Perhaps, to just go back to my previous response, the concern would be if we were relaxing, you know, the sorts of things we have now started to do more routinely around physical distancing and around, you know, not going out, either to work or to visit others if we have symptoms of a respiratory infection.

Media: Is there a bigger risk, though, that comes with one of them?

Dr Ashley Bloomfield: Not specifically. I think, again, the risks lies in the way that we go about those activities. And what we've seen in retail settings that have already opened up is that they can, for the most part—and there was some learning along the way—undertake activities in a way that actually does support the core public health principles that are underneath that apply, and also supports the behaviours that we need everybody to continue into alert level 3 and 2. Perhaps one more question if there is one.

Media: Dr Bloomfield, just on a case where it says that the travel was from the Cook Islands, are you contact tracing that case of the woman down in Nelson and, obviously, trying to mitigate a bit of panic in the Cook Islands where they have zero cases?

Dr Ashley Bloomfield: Well, two things. First of all, we were communicating on the day that this was found out—well, the local public health officer was communicating with my counterpart, the equivalent of director-general in the Cooks, about that case. What's not clear is whether that infection might have happened as part of the travel back from the Cooks. In fact, it's very unlikely, because the Cooks hasn't had any cases—but whether it happened in another setting during the period after that person arrived back. And so that's more likely. So I don't think it puts in jeopardy anything that might have happened in the Cooks there. I think there was one further question.

Media: Dr Bloomfield, the influenza pandemic plan mentions SARS four times, including once in the glossary, and no other coronavirus mentions at all in there. Is there a case after

this crisis abates for us to be more prepared for a wider range of pandemic threats, not just influenza but coronaviruses or re-emerging pathogens as well?

Dr Ashley Bloomfield: Yes, I think there is. And one of the things we've had to do, and I think we've done effectively, is adapt our overall approach and influenza pandemic plan because we saw this was a different virus behaving in different ways in terms of its infectivity, in terms of the seriousness of infection in some people, and in terms of the mortality rate. So, yes, I think one of the things we will want to do will be to look at our pandemic plan so that it's got more flexibility, depending on the nature of the agent that it's responding to.

Media: Was the plan not as flexible as you wanted it to be in retrospect?

Dr Ashley Bloomfield: Well, I think the plan's good in that it provides a framework and it's still, I think, been a very good basis for our preparation and for our initial response. The key difference is that we made that early decision not to move into a manage it - type phase, and that was the key decision. But our actions under "Keep It Out" and "Stamp It Out" are really still very consistent with what is in the pandemic influenza plan, except we've taken them a lot further than perhaps happened 10 years ago with the swine flu pandemic, of course, because a much stronger response at the border, and then we've upped our capacity and capability around contact tracing in response to the differences between the two viruses.

Media: In regions which appear to be completely coronavirus-free, is there an argument for a kind of case by case basis for relaxing of the rules for things that we've talked about before, like visiting people in hospital after surgeries and the like on compassionate grounds under level 3?

Dr Ashley Bloomfield: Not at this point. I think it's important—as I said, we may still see cases emerging later this week, and there's no guarantee they won't emerge even in those regions that don't currently have a case. So now is the time for us to just maintain that vigilance right across the country. And as we move into alert level 2, that's where, in the future, there may be a case for some regional differentiation.

Media: And what kind of numbers should people be looking to at the end of the week in that kind of critical period that you're looking at? What kind of case numbers should people be looking at to go, ah, that suggests we might move into 2 or not?

Dr Ashley Bloomfield: Well, again, I'm not going to pre-empt Cabinet's decision, but what we will be looking for is low case numbers and knowing where all those cases are coming from. So being able to link them to our existing cases—that's what's critical. Thank you very much.

conclusion of press conference