ALL OF GOVERNMENT PRESS CONFERENCE: TUESDAY, 19 MAY 2020

Dr Ashley Bloomfield: Kia ora koutou katoa. Just me today. So today there are no new cases of COVID-19 to report in New Zealand; however, our total number of confirmed cases today increases by four. Let me explain.

These cases are people who returned to New Zealand from the *Greg Mortimer* cruise ship back in April—13 April—and they had all tested positive for COVID-19 in Uruguay before they came back. They had been classified as under investigation while we were awaiting information from Uruguay to avoid them being double-counted as part of the overall World Health Organization numbers. We have now confirmed with our counterparts in Uruguay that they did not report those cases; so we are. I should say that all four of these people have recovered, and for those of you who recall, actually we had added three of them to our total and then took three off. The fourth of these had also tested positive in Uruguay, but then, upon arrival in New Zealand, when we tested all of those passengers, all 13 of them who returned off that ship, that fourth person tested negative and subsequently tested positive. So we have these four historical cases. We are now adding them to the New Zealand total to add to the World Health Organization total. I'm sure that is all very clear! I'm happy to answer questions on that later. But, suffice to say, back to my original statement, there are no new cases to report, which is encouraging.

Media: How many tests—

Dr Ashley Bloomfield: Questions I'll take at the end, if that's all right. Our total number of confirmed cases, despite there being no new cases, is therefore 1,153, and 350 of these are probable cases. So 1,153 confirmed cases, 350 probable cases, and the combined total is now 1,503. A total of 96 percent of all confirmed and probable cases have now recovered—that's 1,442, an increase of nine on yesterday. There are just two people in hospital again today: in Auckland and Middlemore hospitals. Neither is in ICU and, I'm pleased to say, there are no further deaths to report. Yesterday, there were a total of 3,125 lab tests completed, and the grand total is now 233,843 completed tests.

As I signalled yesterday, overnight I participated in the opening session, at least, of the World Health Assembly. It started at 10 p.m. New Zealand time last evening. In the opening session there were statements from a number of country leaders, including Angela Merkel, the German Chancellor, President Macron from France, and Xi Jinping from China. And all had the same theme that they were covering, which was strong support for global cooperation in the response to COVID-19. The WHO director-general Tedros also spoke at the beginning of the meeting, and as part of his address—and it was public, and some of you may have already seen that—he announced that he intends to initiative an independent evaluation of the COVID-19 response to develop recommendations that will help improve national and global pandemic preparedness in light of the COVID-19 experience.

The timing of that evaluation is still to be announced, and a number of people who commented in that opening session did point out that it is important we do do this review or evaluation; however, it is also important that the WHO and member States are not distracted at this point from their efforts in responding to the COVID-19 pandemic. But the director-general did indicate it would be undertaken at the earliest possible moment. Our strong focus remains on fighting the pandemic now and we will, of course, contribute as we can to the evaluation when it commences to ensure we both learn and are able to share our experience. The meeting is about to pause and will be reconvened again tonight, and the resolution on COVID-19, which is a lengthy and substantial resolution that has been agreed by consensus by all WHO member States, will be considered again when it reconvenes.

Today is World Family Doctor Day, and in New Zealand we don't tend to call our GPs "family doctors", but I would like to shout out to the around 5,500 GPs in New Zealand for the work that they do day in, day out—and, of course, for the magnificent role they have played, along with their colleagues, as part of our response over recent months to the challenge of COVID-19. We've seen them fully involved in the swabbing, through CBACs or in their own practices, and also adapting very quickly to be able to provide care to people under alert level 4 virtually, using either video or phone calls.

And, finally, the Prime Minister announced yesterday the launch tomorrow of an app that will be part of our ongoing efforts around contact tracing. It will be available for download tomorrow, and I'll provide some more details about it at tomorrow's press conference.

Are there any questions?

Media: Have you revised your position on mask use, especially on public transport?

Dr Ashley Bloomfield: Not at this point, but it's still very actively under consideration, not just whether or not masks may be useful in public transport but all the different policy implications, including around supply for people; whether use of masks on public transport may mean you could relax some of the physical distancing arrangements; whether it's just public transport or, indeed, in other settings; and also the relevance of using them in alert level 2, and also if we're looking to move to alert level 1, as well.

Media: Is there more of a reluctance because of those supply concerns, or cost concerns, around PPE?

Dr Ashley Bloomfield: Actually, no reluctance around the use of masks. I guess, it's just making sure we're considering what role they may have in our overall response; and, if so, if they've been used by the general public, whether recommended or required, the full raft of policy issues, including that people have got access to them.

Media: Just on the low prevalence of COVID-19 in the community at the moment, does that influence the decision on whether or not to recommend or mandate the wearing of masks?

Dr Ashley Bloomfield: Yes, it does, and it influences a range of things, really, including our advice that's being developed for Cabinet to consider on Monday about increasing group size. It, obviously, will be very influential in terms of our advice around the possible move down to alert level 1. And so masks and the use of masks is one consideration there. Likewise, we're finalising our planning around testing—surveillance and sentinel testing—in alert level 2, and then, potentially, how that would look under an alert level 1 scenario. So yes, the number of cases in the community, and what is increasingly a very low risk of there being community transmission out there, definitely influences whether or not we should be advising around or recommending the use of masks.

Media: Just on alert level 1, what do we need to do to satisfy ourselves that we've completed level 2 and we're ready to move down?

Dr Ashley Bloomfield: It's too premature for me to comment on that. That work is just getting under way, and I really don't have anything further to say about that at the moment. We're only just into alert level 2. We still need to settle into the full alert level 2 parameters, which include going up to group sizes of 100. But, obviously, we're just starting to think about what alert level 1 would look like, and if things were good and our advice was we could move to alert level 1, how that transmission might be made.

Media: Are you starting to see a pick-up of respiratory diseases again—non-COVID related ones? There was, obviously, a dearth of them during the lockdown, but now we're out of lockdown, are they coming back?

Dr Ashley Bloomfield: There's no evidence of that as yet, actually. And we have weekly surveillance reports on influenza-like illness. One of the dimensions of that is

through the HealthStat data, which pulls data out of GPs'—general practitioners'—databases every night to see which consultations are coded as influenza-like illness. This year we've increased the number of practices participating from under—it was under 100, I think 90; it's now up, I think, around 360. So we'll have a very good spread. It's over a third of our practices around the country. So we will get a very quick signal as to whether there is an increase in influenza-like illness.

Media: Is that making it hard to kind of find people to test, if no one's actually really sick?

Dr Ashley Bloomfield: Well, most of our testing at the moment is asymptomatic people that is being done as part of our surveillance testing. But so saying, there is still some symptomatic testing, and that will continue to be important. As we see an increase in respiratory illness across the community, heading into winter, there will be more testing of symptomatic people—there's no doubt about that.

Media: There's been a few more outbreaks in Australia over recent weeks. Going forwards in that trans-Tasman bubble, is it the position of you and, I guess, the Ministry of Health that if there is any community transmission in Australia, we shouldn't open up travel? Or could there be some low level of community transmission that was kind of acceptable?

Dr Ashley Bloomfield: Well, I don't want to sort of pre-empt the discussions with Australia, but that's one of the things both countries will be looking at is it's not just whether there is community transmission, in and of itself, but the nature of it and whether it's contained, because it's that uncontrolled community transmission we will both be interested in avoiding in the first place. And that, I think, will be a key determinant of whether we may be able to go into a trans-Tasman bubble arrangement and continue that.

Media: On those four cases that you talked about, is there sort of, I guess, a global rule of thumb around who counts cases where, and was it your impression that they would be counted in Uruguay and then weren't? Or how does that sort of work?

Dr Ashley Bloomfield: Well, each country has what they call a focal point under the international health regulations, and that focal point is responsible for the reporting to and communication with the World Health Organization. So when a situation like this arises, and we've had it on a few occasions with Australia as well, where we've had cases here—for example, around that Hereford cattle conference—where people went back to Australia, they were subsequently found to be infected, so we liaise with their focal points just to determine who is doing the reporting. In this case, Uruguay, we confirmed, hadn't reported, so we've taken that upon ourselves then to report those confirmed cases.

Media: Because that's quite a long lag time as well. Was that just because you were going backwards and forwards trying to work out who was going to count it or what?

Dr Ashley Bloomfield: I think it was just a matter of the time it took to get a response from our counterparts in Uruguay and then agree—the public health unit then determined, once they had had that information that these cases should be uploaded into our EpiSurv database as confirmed cases, and that's what they've done.

Media: Given the high number of tests that we're still doing, and it sounds like we're planning to continue testing large numbers of people in the future, how are you feeling about the supply chain of the reagent and the testing material in New Zealand and its security?

Dr Ashley Bloomfield: I'm feeling confident about that, and that's one of the things that our team and the laboratories have been working on very hard—you know, no better description for it—because our supplies, actually, now are higher than they ever have been. We have supplies for, I think, between 30 and 40 days of testing at the current rate we are doing, and that's higher than it's ever been, and we have a range of supplies coming into the country at all times. So I think we're in a really good position there.

Media: There are some countries around the world—I think the UK's having some difficulty with the supply chains. Why are we not facing those same issues? Why are we immune to that?

Dr Ashley Bloomfield: Well, a couple of reasons. One is it's a slightly smaller scale here than in the UK, but remember we stepped up our testing quite quickly early on when other countries were still testing at much lower rates, and we have got a range of platforms we use. So each individual supply chain is challenging, but if you can, as our team have been doing—is working each of those supply chains just to continue to get supplies coming in and, if necessary, for example, if one of our labs has a bit of a shortage for a few days, we can shift volumes of tests to one of the other labs in the meantime.

Media: Do you have an idea of how many of those elective surgeries that were put off during lockdown have now been completed or how big that backlog's been shrunk?

Dr Ashley Bloomfield: I don't have an idea of numbers and it's probably too soon for us to be able to report on that, but I can say that in our twice weekly meetings with the DHB chief executives, this is a really key focus. And, actually, I've got colleagues I'm working with—and you may well have them too—who had surgery deferred during the lockdown period and they're now being called in and having that surgery. So I can say all DHBs are working hard to make sure that people get the care as soon as possible, including using capacity in the private sector where that's available.

Media: Dr Bloomfield, how much risk is involved in not having our aircrew comply with the 14-day quarantine?

Dr Ashley Bloomfield: Well, that's one of the issues we are looking at. At the moment, we currently don't require aircrew to go into 14 days self-isolation. This is international aircrew from our three—Air New Zealand is flying three international routes. However, that is dependent on them complying with PPE requirements and so on. We work closely with the airlines. We are continually reviewing that and we're engaging again with the airlines ahead of and as part of looking at the trans-Tasman bubble, because at the moment, actually, in Australia they require international aircrew to undertake that 14 days' self-isolation. So we're looking to see whether we can get alignment with them. Now, that may or may not mean we adopt the 14 days' self-isolation. However, we are very focused on ensuring that there is no risk to the community.

Media: Because they would be one of the greatest kind of points of risk, wouldn't they, those aircrew that are coming in from overseas?

Dr Ashley Bloomfield: Yes, they potentially would be, and that's why we've agreed and provided updated guidance just last week around expectations for what they do when they're at their turnaround points offshore, and then what is required on board the flights and then when they get home.

Media: At what point could you make that decision about whether you do want aircrew, or you provide that advice that aircrew should self-isolate or be quarantined 14 days after a flight?

Dr Ashley Bloomfield: Well, we're actually reviewing it at the moment, and we would, again, be thinking about making sure we've got alignment with Australia. And, I guess, if we're thinking about Australia, probably one of the things we'd want to put in place would be ensuring that crew who were flying international routes were not also then coming and flying the Australia - New Zealand routes. So we try and treat that route as if it was a domestic route, to all intents and purposes.

Media: It does seem kind of like a glaring omission though, doesn't it, not to have those guys self-isolating yet when we've been pretty tough on anyone else coming into the country?

Dr Ashley Bloomfield: I'm not sure it's an omission because it's an area that we have put a lot of thought into and there's a lot of work and there's very clear and strict

guidance around expectations to help minimise the risk there. But, as I say, it's actually, at the moment, under active consideration again with the airlines.

Media: How are the negotiations with the private hospitals going regarding the costs of staying open during the lockdown?

Dr Ashley Bloomfield: I'm not involved in those negotiations. There is still some discussion and consideration happening by Ministers about funding for private hospitals, so I don't have any further information on that just at the moment.

Media: Dr Bloomfield, are you aware of the Moderna biotech firm experimental COVID-19 vaccine? Reports out of America say they've had some positive results on its first human trials yesterday. What do you know about that?

Dr Ashley Bloomfield: Yes, so I heard those reports this morning. I think this was a very initial trial with about 10 people, and this is the very first step that is undertaken in the trial of any medication or vaccine. It's really to look at that initial safety and to see if it does have the response that is intended. My understanding is there are about 10 of the trial vaccines, or vaccines that have been developed that are currently in the same stage, that are being trialled on people. So I think what's great here is there is a huge international effort going on. Progress is being made, and all the eggs aren't in one basket—there's a range of different potential vaccines being explored. So we're watching that with interest.

Media: With this particular trial, is this something you'd be interested in following up on?

Dr Ashley Bloomfield: Not specifically. We will be watching all the developments around the world, and, in particular, there are a number that the WHO has identified as the most promising potential vaccines, and they're the ones we'll be particularly interested in seeing how they are progressing.

Media: On the move to alert level 1, there are a lot of regions which haven't had an active case for quite some time. Would that be more of a consideration for moving different regions to level 1 than perhaps moving down from 3 to 2?

Dr Ashley Bloomfield: Possibly, although really, as a country, we have not had any cases in any part of the country that have just popped up over recent weeks since we were well in alert level 4, in fact. So it seems to me that there is not any evidence at the moment for us to distinguish one region from another in a move to alert level 1.

Media: Today, Stats New Zealand reported that one in three Māori and Pacific people are living in damp homes, and part of that initial COVID response was to ensure people were living in warm, dry homes. So how problematic are these figures?

Dr Ashley Bloomfield: Oh, look, I think the evidence around damp, cold housing and its impact on health has been around for a while. In fact, some of the world-leading research was led out of the University of Otago by Philippa Howden-Chapman and colleagues there some years ago. That has underpinned investment by successive Governments over the last 15 years to support insulation of homes to help reduce dampness and make these houses warmer. This is an issue over winter, and part of it is the damp and cold, and it's also, of course, ensuring that people are able to heat their homes so that particularly for children and older people, they're not in these sorts of conditions which do make them more susceptible to respiratory illnesses.

So yes, it is an ongoing issue, and as our housing stock is upgraded and renewed here in New Zealand, one of the key focuses is ensuring that houses are insulated properly. And as you'll also be aware, last year there were requirements brought in on landlords to ensure—and requiring them to insulate any of their rental properties appropriately. So I think we're making good progress on this issue, and I'm still bothered by the fact that there are damp, cold houses in New Zealand, and clearly there's still work to go.

Media: Is it almost surreal to you to look at how huge the COVID-19 response has been in terms of the entire country and the entire economy kind of focused on this, when

something like excess winter mortality, which kills hundreds of people every year in New Zealand, hasn't seemed to have the same level of response?

Dr Ashley Bloomfield: I think all these big public health issues like housing, smoking, and, you know, we've had meningococcal outbreaks in the past that New Zealand has mounted very significant public health responses to, as well as our core public health activities around screening and immunisation—these have been a focus and have been invested in quite heavily over the last couple of decades. So I don't think they've been neglected at all. What we have seen, of course, is a huge response and an investment to underpin that response to respond to what was a very threatening pandemic situation for New Zealand, and that response has paid off thus far. There will be a requirement for ongoing investment, but it also has brought to the fore and highlighted some of these core public health issues again that we do need to make sure we are focused on because prevention is a really important part of our overall efforts to improve population health.

Media: Has New Zealand reached elimination now? You were just saying before that we haven't had any cases that have, kind of, popped up unexpectedly in the community in weeks, and we've had all these days of zero cases now or, you know, one case connected to a known cluster. Is that your definition of elimination?

Dr Ashley Bloomfield: Well, yes, elimination, of course, is a sustained, you know, keep it out, stamp it out. So we've got our border measures are very tight, one is our international airline crew I've just been quizzed about, you know, are we doing enough there? So we're looking at that. And then, of course, the wider testing, making sure we are identifying cases, good contact tracing, rapid isolation of any contacts. So that's exactly what elimination is, but, as I've said earlier, it's not a point in time, it's a sustained effort, and we know we are going to have to sustain that effort.

Media: Dr Bloomfield, given that there have been, kind of, changes to the alert levels as we've moved on and learnt more about the virus—the changes to level 2, in particular—what are the key differences? Can you lay out the key differences between alert level 2 and alert level 1?

Dr Ashley Bloomfield: I just think it's premature to do that, actually. I think we're still settling into alert level 2, we've only been in it for less than a week—a few days—and there are still dimensions of alert level 2 that Cabinet still has to decide on around gathering size. So I just don't feel I'm in a position to comment at this stage.

Media: People should really anticipate being in level 2 for, kind of, a matter of months rather than weeks—is that fair?

Dr Ashley Bloomfield: Not at all, no. I think what people should anticipate is that we will be continuing to ask them to do the basics, which means that, then, we're more likely to be able to keep our cases low or zero, which means we are much better placed then to consider a move to alert level 1.

Media: How would you describe Jacinda Ardern in one word?

Dr Ashley Bloomfield: Can I use two?

Media: Yep.

Dr Ashley Bloomfield: Prime Minister.

Media: Is there anything that took you by surprise at the World Health Assembly last night, or anything that you thought was really interesting?

Dr Ashley Bloomfield: I think, well, I was interested that they had clearly asked and had a positive response from a number of heads of State. I've been going to World Health Assemblies on and off since about 2004 or 2005, and it's unusual to have a head of State address a World Health Assembly, but they had a number of heads of State, which I think emphasised the huge significance of the pandemic. But it also provided an opportunity for heads of State to be very clear about the priority their country placed on a collective effort

and on supporting the work of the WHO as our global UN body for health, and I think that was a very strong theme, and it was good to see that coming through from a number of heads of State.

Media: Yeah, of course you wouldn't be expecting this review into the coronavirus outbreak to be happening anytime soon when they're not going to be carrying it out while countries are still battling with it.

Dr Ashley Bloomfield: Well, that's up to the director-general. He didn't give any hints around timing, other than to say it would be undertaken as soon as possible.

Media: Do you think there's a high likelihood that New Zealand will ever see another day of double-digit new cases; and, if so, what do you think the greatest threat is? Is it returning airline staff or is it undetected transmission in the community?

Dr Ashley Bloomfield: Well, there's still a long way to go for us to get into alert level 1. And clearly, then, as we have potentially relaxed the border, in the first instance with Australia, and that would be the most likely way that cases would be introduced into New Zealand. Again, I'm not so worried about the number. I'm worried about us identifying cases, or I'm concerned about us identifying cases quickly and having really good contact tracing and ensuring that we don't get that community spread again.

Media: Just on that community spread. At what point can we—you know, with days and days of low case numbers and easily identifiable cases, as you say, at what point are you definitely able to say that this is just not happening in the community?

Dr Ashley Bloomfield: Well, I'll just go back to the comment I made earlier that, even if at this point in time we've got zero or no cases that we can identify out there, that doesn't mean we're out of the woods. You know, elimination is a sustained game, because what we really want to do is, of course, open up our economy as much as possible. By introducing the opportunity for people to travel back into New Zealand then that increases the risk that there could be a case imported. And so what our job is is to maintain that really strong approach around keep it out, stamp it out.

Media: Dr Bloomfield, we've seen over the past few months a significant increase in the, sort of, number of conspiracy theories surrounding the virus. From a public health perspective, and as someone who's overseeing a system that requires a lot of people to, essentially, participate voluntarily in these, sort of, public health measures like social distancing and contact tracing and so on, does that concern you and how does it impact the job that you're trying to do?

Dr Ashley Bloomfield: Well, it's not surprising there are conspiracy theories. They develop around many things, and this is, sort of, the biggest thing that's happened to most people in their lifetime. It hasn't impacted on or affected our response. And I think the reason for this is that repeated surveys show that the vast majority of New Zealanders take it seriously, that they support what the Government is trying to achieve, and, as we saw, particularly through the lockdown and alert level 3, they are willing participants in and contributors to our collective efforts to break the chain of transmission. So therefore, my sense is that they understand both the reasons why the virus is important and also what needs to happen to address it. And so I think most New Zealanders don't pay too much attention to any of those conspiracy theories. Thank you very much.

conclusion of press conference