

**ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 20 MAY 2020**

**Dr Ashley Bloomfield:** Kia ora koutou katoa. Welcome to this afternoon's briefing. Today, I can confirm that there are no new cases of COVID-19 in New Zealand, and there are no new old cases, either. That means New Zealand's total number of confirmed cases remains at 1,153, and our combined total of confirmed and probable cases remains at 1,503. Today, there is an increase of five in the number of people who have recovered from COVID-19—so that is 96 percent of all confirmed and probable cases. I'm pleased to say there are no additional deaths to report. We have just one person in hospital, in Middlemore Hospital, and that person does not require ICU care. Yesterday, our laboratories processed a total of 4,882 tests, and our grand total now is 238,725 tests processed.

I'd like to talk a little bit about the new app, NZ COVID Tracer—so, as you'll all know, formally launched today, is actually available in Apple and Google stores from last night, and continues to be able to be downloaded from there. It's something like a digital diary that people can use by scanning QR codes at locations that they visit, and those QR codes are based on the nationally used New Zealand Business Number. And just so people know what a QR code looks like, I have one here. That is a QR or Quick Response code. Many people will be familiar with them, but in case you're not, that's a QR code. So, if you've photographed it, that is not a real QR code. It won't take you anywhere or let you know that you have been here today. So I would encourage Kiwis to download the app, and our key public health controls, as you know, are to identify cases early by testing, then isolate those people and then to identify quickly who their close contacts are and isolate and test those people as well.

So the app is another tool in our tool box to help us do that, and the faster we can do that the more likely we are to contain and prevent any onward spread. If you've been using this new app and we need to trace your contacts, then you can agree if that information is made available to our team. The only information that's held at the ministry—and that is only for the purposes for this public health contact-tracing response, not enforcement—so the only information that's held is that contact information that you provide when you register. Other information, including the record of where you have been, through scanning the QR codes, is only stored on the phone, and it is deleted after 31 days. It is up to you to share that information with the contact-tracing team should you be identified as a close contact. So, if you do choose to release your information, of course, what that does is help build a picture of where you have been and therefore identify other people who may be close contacts of a case.

There's been a lot of interest in the app already, I'm pleased to say; over 92,000 people have already registered on the app. The Ministry of Business, Innovation and Employment is in the process of contacting some 800,000 businesses around New Zealand to let them know about the process for generating a QR code that is unique to their business number, and already a thousand businesses have created the posters, and they are getting new registrations at around 10 per minute. Just to point out that, at this point, the app does not replace but rather complements other actions that businesses are taking to record who has been on the premises. Subsequent releases of the app will have functionality that will allow people to not only be registered but, if there is a case notified, for a message to be pushed out to people who may have been in a particular business at the point in time when they may therefore be a close contact.

There have, I understand, been a few wrinkles with the downloads and running the app this morning; largely, I think, on some android phones. Those have all been looked at. If you have any issues, let us know. The first update, or ironing out of any of the bugs, will be released this afternoon. We're also talking with those who have developed similar apps, like one being used locally here in Wellington, Rippl, to make sure that there can be connection between this app and theirs, and we will be working closely with them.

So, moving on to the World Health Assembly, which finished very early this morning, New Zealand time. I think you will all be aware there was a resolution agreed by all member States around the global response to the COVID-19 pandemic.

One of the features of that that has been of great interest is the agreement for an independent evaluation of the response, including a response by the World Health Organization and also by member States. For our part, we will of course be willing participants in any review. We're also particularly interested in the many other aspects of that resolution that were agreed, for example, around vaccines and supply chain, and we'd see an important role for us. It's not only to support international efforts but, particularly, to work with our Pacific Island countries and territories to ensure that they have ready access to vaccines, should one be developed, and, of course, that their supply chains for medicines and other essential equipment are strong throughout the response.

That's all I have to start with, and I'm happy to take questions.

**Media:** How much of a take-up of that app do you need for it to be a good enough complement to contact tracing?

**Bloomfield:** Well, any uptake is good and helpful, but the more people that use it and download it on to their phones, the better, because it just gives us another way of making sure we have up-to-date contact details and, then, of being able to push the message out to people if they are identified as a possibly close contact.

**Media:** What do you say to people that are quite concerned about the privacy there?

**Bloomfield:** Well, this has been a really key consideration, and, in fact, one of the reasons we have been very methodical in taking our time to get the app out for release. We've worked closely with the Privacy Commissioner, and, as I say, the key thing here is the information about where people have been, and, likewise, in subsequent releases where there may be this Bluetooth functionality to share information with other Bluetooth devices, all that information remains on the phone. It is not sent anywhere. It is with the person's permission that they then share that information. So privacy has been a major consideration, and we recognise the real importance of making sure people are confident that their information is kept private.

**Media:** But if it doesn't [*Inaudible*] a functionality to alert people if they have been near a COVID case, can you explain the point of the app to me?

**Bloomfield:** Oh, at this stage, the main point is to get people registered, downloaded with the app, and then it does have benefit to them because it helps with them maintaining a record of where they have been in a simple way. Most people know when they've been at home and who they've been with, or when they've been at work, so this is when they're visiting other premises—retail outlets and hospitality venues, in particular.

**Media:** In terms of the QR codes, we've heard from a couple of bars and cafes who've said it's a bit too complex to get a hold of those. Can you just expand a little bit more on the work that you're doing with businesses to help them get to that?

**Bloomfield:** So I'm not familiar with the details of the process because MBIE have been working with us over the last few weeks to get that New Zealand Business Number converted into a QR code and, in particular, because an NZBN relates to a single business that may have a lot of branches, there's been some work to ensure that each branch has a unique identifier. I think we've seen that many businesses are already downloading the QR code and generating the posters, so if there are issues, then those businesses—for example, bars—should just get in touch with MBIE and get support and assistance for that.

**Media:** Should people that are already using something like Rippl be migrating on to the new app, or should they continue to use the app they were already using?

**Bloomfield:** They could do either. There's certainly value in using Rippl, and I've already downloaded that previously on my phone so that I can check in when I get my morning cup of coffee—so I'm not discouraging people from doing that. But I would

encourage them to add our app, and, likewise, we don't want people to end up having to have a dozen different apps on their phone, depending on where they're visiting. So a key next step is also to ensure that whatever app people are using, it complies with the standards that we are looking for and are able to, hopefully, migrate to using that single NZBN QR code, and then also provide us with the information we might need at a point in time when we're wanting to trace somebody.

**Media:** But if you go into a cafe, will you check in using Rippl and the new app?

**Bloomfield:** I hadn't thought about that, actually. I'll probably just do one.

**Media:** The NZ COVID Tracer app is not a replacement for something like signing in a sheet when you enter a hospitality outlet—is that correct?

**Bloomfield:** At this point in time, that is correct. Just a reminder that retail outlets don't need to keep a record of who has been there, but it is our hospitality venues—remembering that people are going for a period of time, usually to sit down and have something to eat and/or drink. So at this point in time, no, the new app—the NZ COVID Tracer—does not replace that requirement, but with the new functionality that comes along, the intention is, of course, then to be able to release our hospitality venues from having to keep a manual record of people. There's a follow-up question.

**Media:** Outside of this sort of app for contact tracing we've received a number of reports of people intentionally writing false names or false phone numbers on the sign-in sheets at different shops. What's the sort of danger in people doing this, and is it something you have any information on?

**Bloomfield:** Well, I think people need to understand what the purpose is of them recording their details, and that is just that if there is a need to trace them, the whole purpose of keeping that information is to ensure we can do that quickly. That's there to protect everybody, to stop the possibility of onward transmission. So I just encourage people to be honest, participate, and, again, if they've got the opportunity to download the app, that will help them—at this point in time—to keep a record of where they have been, and enable us to contact them should we need to.

**Media:** Those businesses who are going to stick with a manual system—one that they've already conjured up themselves—are you happy with that? Or would you like them to move on to the app?

**Bloomfield:** Well, they need to maintain the manual system at the moment. I think there will be a good incentive for them move on to the app because it will be simpler, both for them and for their customers.

**Media:** Would you have preferred to keep the data from this app onshore? It's being stored in Amazon Web Services servers in Sydney. Was there any possibility of keeping it in New Zealand, or do we just not have that data storage capability?

**Bloomfield:** Yeah, well the Amazon Web Services is an all-of-Government server that we've been using since 2017, and I'm very confident in the confidentiality and privacy arrangements around that. You'll also be aware of course that there is an intention to build a sort of a cloud-based server onshore in New Zealand that was announced not by Amazon but by others a week or two back. But, no, I'm confident. A lot of our data is already in these cloud-based services around the globe. The fact it's in Australia is neither here nor there.

**Media:** And you can guarantee that, even if people willingly share this data and say that it's OK to share, it will never be moved around within Government, it won't be linked to RealMe, the cops won't be able to see it in any kind of way—it will be just for the Ministry of Health, right?

**Bloomfield:** Yes, I can guarantee that, and that's part of the obligations on us to get through the privacy impact assessment. So it would only be used for contact tracing purposes for the COVID-19 outbreak control.

**Media:** [*Inaudible*] health workers passing on COVID to other members of their household. There is the regime with the ministry for them to get funded temporary accommodation, however there's several criteria to qualify. Is that criteria too strict?

**Bloomfield:** Well I'd be interested if it is causing a barrier for some people. I think it's important to have criteria there so that there is a good rationale for doing it. But the option is there, and Cabinet has put money aside for people to be able to have alternative accommodation if they're health workers, or if they work in aged residential care, and they feel that their home circumstances means that they could be at higher risk.

**Media:** And how many health workers have asked for that temporary accommodation, and do you know how many—

**Bloomfield:** I can find the number. I understand it's a relatively small number of applications at the moment, and that may well reflect as much the fact that we have such low case numbers around the country, so people are not seeing that there is a risk?

**Media:** On the World Health Assembly—and this is a personal question—I just note the hours are particularly unfriendly to New Zealand. Have you been sleeping at all in the last three days?

**Bloomfield:** I have been, I am pleased to say. What I can say is that our participation in the World Health Assembly, whether we are doing it virtually from New Zealand, or in Geneva, we are supported by a fantastic team of diplomats who are based at our mission in Geneva. So they have done what you might call what would be our graveyard shift through the night, and we keep in regular contact. We've been working with them in the build-up as well.

**Media:** More seriously, can I ask about the takeaways from the Assembly, whether New Zealand was feted for its response to COVID-19, or, if it's not that sort of an organisation, what your takeaways might have been?

**Bloomfield:** Well I think—you know, one of the things about the World Health Assembly, and about any UN body, is that it is a forum for States to actually agree on how they are going to act collectively. There is no more important thing we could be doing that around at the moment than this global pandemic. The impacts—not just on health, but socially and economically—are profound. So I was really pleased to see—and I have seen some negotiations of resolutions go into and sometimes all through the night to get agreement—this one was agreed, actually, before we started the Assembly, and I think that is a testament to the willingness of countries to act collectively, but also the skill of the diplomats who agreed on a resolution that does still have some issues that—where there are tricky things to work through. So I think it's a great example of international cooperation work as well.

**Media:** Has New Zealand grown its mana in these sorts of organisations through its response to COVID?

**Bloomfield:** Oh, I'm not sure. I think we just go there to do our bit, to participate, and to contribute. In fact, even outside of this situation—from my experience, again, at previous World Health Assembly's—the New Zealand diplomats have a very good reputation amongst their colleagues. And very often I've found New Zealand is asked to play a role in either chairing drafting groups or helping facilitate getting resolutions finalised because the skill of our diplomats is well known.

**Media:** What would you say about the political issues that an organisation like that has come under fire recently—obviously there's an important operational function that it fulfils but it is a part of an international political sphere. Do you feel like those politics weigh on the operational day-to-day functioning of the WHO?

**Bloomfield:** Well, they have an influence, but that's not unexpected because they are, essentially, an organisation of countries. You'll have heard the WHO Director-General talk about this on the question of Taiwan. What his role is to do is to respond to the wishes

of member States. So the WHO can't make a unilateral decision whether or not Taiwan can be an observer at the WHO; that is up to member States. Yes, all UN organisations are influenced by politics, but that doesn't mean they're not important and that they don't serve a very useful function, particularly in this sort of international global health issue.

**Media:** And just back to the app, will the ministry be setting any firm targets for uptake; and, if so, what would those targets be?

**Bloomfield:** Well, I just am hopeful that as many people as possible download the app; that will make it of maximal use to us. Again, just to reiterate, it's complementary to our existing contact tracing capability and capacity. We're hitting the benchmarks around performance at the moment, and this will just give us another option, and, I think, especially once these new functionalities come on board will be useful for individual New Zealanders.

**Media:** In regards to people writing fake contact details at hospitality outlets, that sort of thing, are they putting others at risk?

**Bloomfield:** Potentially they are. So I'd encourage people to provide accurate contact information, and I also encourage them to download the app, because that will mean that we have got their contact information, and, if needs be, we can get hold of them to help manage any risk to them and their families.

**Media:** Are you confident that the app will be picked up enough by, kind of, the vulnerable populations who might be the hardest to contact trace and might even live in more cramped living spaces where COVID could spread more rapidly? Smartphone penetration's pretty high in New Zealand, but having your data on all the time is not necessarily a thing that a lot of poorer people have.

**Bloomfield:** Sure. So there will be people who don't want to download the app, and I think that will come from across different social groups. We'll be putting some effort in to making sure that there is good publicity around the app and that that publicity reaches in through a range of channels into all social and demographic groups.

**Media:** Spark already makes things like Facebook and Twitter free on data on some plans. Would you be hopeful that someone like Spark and Vodafone could make all the data that goes through this app just free?

**Bloomfield:** Oh, absolutely. In fact, over the last couple of months, both those companies have made a range of our apps—for example, the new Mentemia app and the data exchange on that; that's a mental health one that Sir John Kirwan has developed. So there is that and a number of others where they have basically zero rated that any data use by people who are using them on their mobile phones.

**Media:** Have you had any conversations with, or has the ministry had any conversations with, Spark and Vodafone about this particular app?

**Bloomfield:** I'd have to check that. My team have done amazing work on this, so I'd be confident they have left no stone unturned.

**Media:** The lockdown's obviously an extraordinary amount of time in preventing the spread of COVID, but lots of other clinical diseases as well—I'm thinking, particularly, of HIV and STIs—advocates say there's a possibility of breaking the chain of transmission. Do you agree? And, if so, how can we capitalise on that extraordinary period of time so that might cap future transmissions, or what would you say to that?

**Bloomfield:** Look, to be honest, I haven't really thought about that particular issue. We've certainly, of course, seen this big reduction in infectious respiratory diseases. And I think one of the things we will be very interested to look at is what the pattern of presentations to health services is over these coming weeks and months for both communicable and non-communicable diseases. My understanding is that a number of other countries have seen quite a significant drop in non-communicable disease outcomes, including, for example, myocardial infarction, strokes, obviously injuries as well are greatly reduced if you haven't got people driving around in motor vehicles or doing other risky

activities. So we'll be looking closely at what the patterns of, for example, primary care and hospital presentations are over coming months—that will give us an idea.

**Media:** I guess as a follow-up: are you in a place where you can capitalise on this very unique time to actually understand how best to treat or to study or to know? Like, do you have resources in place to do this sort of work?

**Bloomfield:** Actually, one thing we are focused on and putting our resource into is capturing and amplifying some of the changes that have happened in the way services are delivered—in particular, that use of virtual technologies. Now, clearly, not every interaction between, for example, a GP and one of their patients can happen over the phone or virtually, but many can, as can many, for example, follow-up appointments with specialists at a hospital. So we're very interested, and this is where we are putting effort into—is capturing those, locking them in, and broadening their use so that they, yeah, are part of what the future health system looks like.

**Media:** But hasn't that virtual consultation been a little bit problematic for GPs, because there's no funding coming into them if you're just consulting virtually? How is that sustainable?

**Bloomfield:** Well, a couple of things there. We've been working with GP leaders over the last couple of months on that very issue. Secondly, they are still able to charge co-payment for a virtual consultation. Of course, it's not something that people are used to doing. They're used to getting their money's worth by coming in, sitting in a waiting room for some time, having their 10 minutes, and then getting a prescription and going. But I think, as it becomes more a normal part of our interactions with primary care, that will be less of an issue. But it has forced us to—both in the ministry and with primary care—rethink about the way funding goes to primary care, so that we can fund and incentivise the most appropriate consultation regardless of how that happens.

**Media:** What's our capacity to quarantine incoming arrivals at the moment, and are there any plans to ramp it up if Cabinet makes any decisions around loosening border restrictions for certain industries or certain categories of worker, and that kind of thing?

**Bloomfield:** So my understanding is we've got 10 hotels that are at the moment available to quarantine or put people in isolation in Auckland alone. There also has been a hotel in Christchurch. So we have plenty of capacity. If we were increasing the number of arrivals coming, it would be part of a broader decision around relaxing border controls. Now, of course, the first one that we're looking at is the trans-Tasman one with Australia, and we would only do that if we were in a position to not require incoming travellers to quarantine. So I think our focus is, first of all, on that.

But certainly what we've seen is a pretty steady pattern of relatively low numbers of people coming into the country—Kiwis returning—over the last few weeks at least. So there's plenty of capacity for that. Any final questions?

**Media:** Just one, and apologies if you already clarified this yesterday. But, in terms of the WHO evaluation, is that looking into the origins of the virus and the initial outbreak?

**Bloomfield:** Yes. I think that's explicitly in the resolution that that has been included, and I can imagine that took quite a bit of negotiation to get agreement on.

**Media:** Are you able to expand a bit on the negotiation that was required to get there?

**Bloomfield:** No. Unfortunately, I wasn't part of them. It would have been fascinating. But there were weeks of, basically, Geneva-based negotiation to get to agreement on the text of the resolution. Final question.

**Media:** Can I just ask—sorry, back on the app—if it is rolled out—if there is a higher level of uptake and it becomes easier for people to check in to places, will you require retail outlets to start contact tracing the same as hospitality, or are they completely off the hook?

**Bloomfield:** I think, if you think about the functionality for people, as part of their digital diary, I'm expecting retailers to have a QR code for their New Zealand Business Number—not because they are required to maintain a record but because it will be helpful for people to scan—and they can just quickly scan on the way in—and that will keep a record of where they have been.

**Media:** Do you think it's getting a bit confusing with multiple different apps and then manual sign in and other people using the QR codes?

**Bloomfield:** It could be confusing. But, at the moment, the thing that isn't confusing is that we have got this app. It is specifically to assist our contact tracing, and I'd really encourage people to download it on to their phone and to register. OK. Thank you very much.

**conclusion of press conference**