

ALL OF GOVERNMENT PRESS CONFERENCE: THURSDAY, 13 AUGUST 2020

PM: Kia ora koutou katoa; good afternoon. I'll hand, first of all, to Dr Bloomfield to update you on the latest case and testing numbers, and the roll-out of the Government's resurgence response plan. After that, I'll come back with a few reminders of some of the expectations for everyone living in Auckland, and then for the rest of New Zealand, as well as an update on things like road blocks and other operational sides of our resurgence plan. But first, Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister, kia ora koutou katoa. Now, I have quite a bit of information to impart today, and it will take some time, but I do think it's important it is all covered off as it also includes some specific instructions regarding groups of people who may need to self-isolate. Our priority is to ensure that this virus does not take hold and spread in our communities, and I do want to thank everyone in New Zealand, and especially in Tāmaki Makaurau, for everything they are doing to keep us all safe. Let me be clear here—there is no blame or shame in having COVID-19. The virus is the problem, not people who have contracted it. They did not ask to catch it, and in the same way you never ask to get a cold or flu in the winter. The virus is the problem; people are the solution. So people who have tested positive for the virus to date are all doing the right thing and coming forward to be tested, and we owe them our collective thanks for doing so. It is essential for us to be able to manage this outbreak.

First, on the numbers—and just a note, as we did during the earlier lockdown and outbreak period, we will continue to provide updates at 1 p.m. each day. Sometimes the information that we receive on positive cases comes through overnight or in the morning, and these can get reported via media or social media as people become aware of them and take appropriate action. It's important to note that any positive case, and their close contacts, are isolated and appropriate steps undertaken immediately, including contact tracing. We don't wait until the announcement at 1 o'clock.

So first, in managed isolation, we have one new case to report. This is a woman in her 30s who arrived in New Zealand from the Philippines on 8 August. She has been in managed isolation at the Distinction Hotel in Hamilton, and tested positive at around day three of her stay.

Moving now to the community. There are 13 new confirmed cases of COVID-19 to report in the community. They are all in Auckland, and they are all linked to the four people who we reported as confirmed cases yesterday and the day before. We will put the details of these cases up on our website as we have in the past. That means we now have a total of 14 new confirmed cases to report today: the 13 in the community associated with the other community cases already, and the one new one from managed isolation, and that brings our total number of active cases in New Zealand to 36. Seventeen of these are linked to the new outbreak.

Given that all these cases are linked, we are treating them as a cluster. What we know about clusters—as we have found out in the past—is that they do continue to grow, so we fully expect there will be further cases. There are some symptomatic people—of course they have been tested, they are in isolation, and all appropriate steps are being taken. We will update you if results come through that confirm those cases on a daily basis.

So just a little more detail around the new cases. One that I think we already all know about is a student at Mount Albert Grammar School. This is a relative of the previously announced cases in the community. The school has sent a letter to a number of students and a handful of staff who, after inquiry, were considered as close contacts, advising them to self-isolate for 14 days. All those people have already been spoken with by our national contact tracing service this morning. The student was not symptomatic while at school, and has not been at school since they became unwell and got tested, so the chance of exposure of anyone in the

school community to the infection is considered low at this point, but of course we are taking all precautions. And everyone in the whole school community has been asked to monitor their health closely, seek advice from their GP or Healthline if they have symptoms of COVID-19, which could include a new or worsening cough, a sore throat, runny nose, fever, temporary loss of smell, and difficulty breathing.

Moving on, three of the people who have tested positive are employees of Americold, the workplace where one of the previously reported cases we know worked. Another seven cases are family members of these employees.

Two Americold sites, in Mount Wellington and at Auckland Airport, have been closed. The Mount Wellington one, where the second case worked at, has been closed since Tuesday evening, and the airport site since yesterday. A mobile-testing unit went to the airport site, and all the staff who work there have now been tested. And a mobile-testing unit went to the homes of symptomatic people from the Mount Wellington site yesterday, and they've all been tested. And further testing is under way of other employees who work on different shifts at that Mount Wellington site.

Moving on, then, another person who has tested positive is an employee of Finance Now—this is the workplace of the very first case that we reported. That person actually was admitted to North Shore Hospital overnight; has now been discharged. And there is another person who has tested positive who is a family member of that Finance Now employee. We also have still one probable case of COVID-19 in the community, and that is also linked to the new outbreak.

As part of our overall national response to this new outbreak, I am now directing medical officers of health that all confirmed cases are to be managed in a quarantine facility. Now, this is different to how positive cases were managed when we were last at levels 4 and, indeed, 3, and shows how serious we are about limiting any risk of ongoing transmission, even in self-isolation and including to others in the household. This will apply to any cases, and also close family members who might be at risk, as appropriate. A reminder: these facilities have been set up specifically and have excellent processes and resources in place to look after people with COVID-19, including health staff on site at all times, and it will help us avoid any further inadvertent spread into the community as part of our overall response.

On to testing—I will update you now on the testing numbers. Yesterday, our laboratories processed 6,006 tests, and the total number of tests now processed is 508,711. I should say that the total number of swabs collected yesterday was well over 10,000. The cut-off time for reporting is midnight; many thousand have subsequently been reported and the labs are processing those as rapidly as possible.

Demand has been high, as you will all know, at our dedicated centres for testing across Auckland, and I want to thank people for being so patient as they waited yesterday, and for showing up. It's important to know that while we have an increasing number of pop-up testing sites around Auckland, anybody can also be tested at their GP, and this is also free—and this is the same around the whole country. There will be a further two pop-up testing sites open today, in Henderson and at Airport Oaks, so the total number of pop-up and permanent community testing centres will now be 15 across Auckland.

The Vaughan Road centre in Rotorua and the Miro Street centre in Taupō have extended their hours. They are now open 9 till 4 p.m., seven days a week. And, likewise, Lakes DHB is setting up a testing centre in Tūrangi, opposite the police station, today and Friday, and a further Rotorua testing centre at Devon Street West's international stadium will be open today and through the weekend.

We are also aware that one of the people who has tested positive has visited an aged residential care facility in the Waikato. I'm not going to name that facility today, because some of the residents and their families are still being informed. However, their public health unit and ministry staff and the facility were planning, last night, about what they needed to do in response. All aged residential care facilities in the country are currently closed to the public;

they're closed to visitors. But anyone who has visited this facility recently will be notified by it and should also closely monitor their health and seek advice if they have concerns. As soon as the residents and families have been notified, we will let you know the name of that facility.

I must say that the visit was when the person was not displaying any symptoms, but they did develop symptoms the next day. The visit was to a family member resident, and the visitor saw their family member and had some contact with several staff. I know at least one person who has been tested already has returned a negative test there. And today, the DHB will be arranging testing for all staff and residents in the unit where this visit took place, and, of course, the DHBs working closely with the facility to ensure they have all the personal protective equipment that they need. I want to thank the facility for being both helpful and extremely professional in their response.

Now to a further update on Rotorua. I'm going to provide you with what we know about the movements of the family that made the visit to Rotorua. Testing is available to staff of any business—or people who visited any of those businesses—at, or directly after, the times I'm about to read out. So from what we know so far, the family checked into the Wai Ora Lakeside Hotel at 3:30 p.m. on 8 August; we also know they visited the Herbs & Spice Thai Restaurant at 8 p.m. that evening, on the 8th; the following day, at around 2:30 p.m., they visited the PAK'nSAVE supermarket at Amohau Street in Rotorua, before heading to the Heritage Farm and 3D Art Gallery at 3:30 that same day—so that's the 9 August we're talking about. And at 4 p.m. they then headed to the Skyline gondola and luge.

Now, the following morning—and this is important—on the 10th, that is Monday, they visited Sail Barbary: Eco Sailing in Taupō, so they made a day trip down to Taupō at 10:30; and they, I understand they took a boat trip, and all the people who were on that trip with them have been identified and contacted, and then followed up as close contacts; then the family returned to the Heritage Farm and 3D Art Gallery—this is back in Rotorua—on the 10th, at 3 o'clock. That evening they visited—at around 7 o'clock—the BurgerFuel, Redwood Centre, in Rotorua; and on their way they had a brief stop in Hamilton, at 9 a.m., for fuel on the Tuesday morning. There's no sense of any contact with anyone there. I don't have the direct name—I don't have the name of the petrol station that they stayed at, but the inference there is that there was no contact with people.

Now, for those businesses visited by the family who haven't been issued yet with an alert through our app, the advice is the same: monitor your health, and if you're unwell—ring Healthline. Testing is available to any business that requires it, or would like it—employees there—and of course anyone who is symptomatic should take immediate action. Again, reflecting on this, the work that the public health unit has done with this family, aside from the sailing trip—which there were some others on—the sense is that at most there was casual contact with other people at those other places. We know there are other locations they also visited, but it's important to note: at these locations, we are very confident there was no risk of exposure to anyone—for example, that family members were the only ones at those locations at the time, or they would drive through.

I'm nearly there. The app alert—so this morning, for the first time, we have utilised the alert function on the NZ Tracer app, which allows us to send a notification to anyone who has scanned into locations at the same time that we know people who have tested positive for COVID-19 were there. We have issued an exposure alert covering the two separate visits of the family in Rotorua to the Heritage Farm, and also the one visit to the Skyline Gondola. So that alert has gone out to anybody who has the app and had used it to scan in at the times the family was at those facilities.

On to QR codes—I'm pleased to see that the app has now recorded 986,000 registered users, an increase of 338,000 in the last 48 hours, and I want to thank everyone who has done that. I understand that there was some slowness for people in downloading the app because of the volume of people who were doing so, and there were some caps in place by the Apple store, and also Google Play—those have now been increased or lifted, so that shouldn't be a problem now. There've been a total of 138,000 posters created now—an

increase of 51,000 in the last 48 hours, and the app has now recorded over 2.6 million poster scans, and nearly 450,000 manual entries.

And finally, a word on the genome sequencing: we are continuing the genome sequencing investigations—ESR is leading that—and what we know so far is that there has been no exact link made between the genome sequence of the positive swabs in this new cluster with any recent—the genome sequence of any recent case in an MIQ facility. Although, I should say that not all the samples from the MIQ facilities have been able to have been genome sequenced. So at the moment there is no link, but what we do know is that the genome sequence of the new cases—broadly—most closely resembles the pattern from the UK and Australia. That's all I have; Prime Minister?

PM: Thank you, Dr Bloomfield. So, as you can see from the latest update this morning, you can see the seriousness of this situation. While it is serious, it is being dealt with in an urgent but calm and methodical way. As we all learnt from our first experience with COVID, once you identify a cluster, it grows before it slows. We should expect that to be the case here.

The fact that we are in level 3 in Auckland is giving us a helping hand. It means that when we are contacting people they, of course, are already observing restrictions that limit the spread of the virus. You will have heard from the update that there is more information we need to find, such as the source or what we generally refer to in a cluster as the index case. We've managed to contain clusters before without identifying the source, but knowing where it has started does give us that extra confidence that we have reached everyone we need to in order to stop transmission.

So here is what we ask you to do on an ongoing basis and until, of course, the updates that we continue to share. If you live in Auckland, work from home if you can. If you go out, of course it's for essential items—food, exercise, getting a test if you're unwell. Whenever you leave your home, we encourage you to wear a face covering, and it's great to see so many people are observing that advice. There are now 15 special purpose COVID clinics, and I do want to again reemphasise what Dr Bloomfield has said. We have seen congestion at those clinics and I acknowledge people are trying to do the right thing but are getting frustrated by the waits. You can go to your local GP. We do ask if you're symptomatic to call ahead so they can prepare for you, but you can be tested there for free as well. If you are well, though, if you are in good health and you've not been asked, for any reason, to get a test, we ask that you just stay put. It helps us to prioritise the testing.

For businesses at level 3 in Auckland, you'll recall that customers cannot be on your premises except for those key exceptions: supermarkets, dairies, petrol stations, pharmacies, or permitted health services. But for everyone else, of course, we encourage you to use contactless pick-up, click and collect, or delivery services. We saw under level 3 last time that businesses did a great job of adapting to still provide to their customers, and it should be no different this time.

For those businesses where people cannot work from home and you are not customer facing, a reminder just to comply with all of those measures that we've put in place so you can operate safely, including social distancing. Now, I know this disruption to businesses is putting extraordinary pressure on you, but the best long-term economic response is for us to get this immediate response right.

For businesses across the country, a reminder that all must put up in place a QR code for use with the New Zealand COVID Tracer app at each entryway so people can track their movements. You must put up your poster before 19 August to avoid penalties. Many of you have, and I really thank you for doing that.

An update on checkpoints: there are 10 checkpoints operating. Police have provided maps and details of the locations on their website and social media pages. I'm told by 7 a.m. roughly 17,000 vehicles had been stopped. Mostly those vehicles were travelling for the right reasons; 312 by 7 a.m. had been turned back. Police are reporting that there have been attempts

made by people to travel to their holiday homes. Again, I just reinforce, if your residence is in Auckland we are asking you to stay put.

Finally, I acknowledge the anxiety of some New Zealanders as are we are moving at pace to stamp out COVID in our community and protect the health of all New Zealanders, but the pace and the speed should also act as an extra layer of reassurance. Within six hours of this case and notification amongst health officials, we were informing people of the need to move alert levels, and in less than 24 hours Auckland was at level 3. In Hong Kong, Vietnam, and Victoria, which are all managing the re-emergence of COVID, they in some cases waited three to four weeks before implementing restrictions similar to ours. Going hard and early is still the best course of action, and we all have a part to play in that.

I'll say again that as with our first outbreak we do have an expectation that things will get worse before they get better. We'll all remember that pattern as well, and modelling suggests that we will still see more positive cases. Again, though, at this stage, though—at this stage—heartening to see them in one cluster, which I think is a take-home from this morning. But, once again, we are reminded of how tricky this virus is and how easily it can spread, but we know that limiting people-to-people contact really helps stop the spread. We have a plan, we have acted quickly, and now we'll continue to roll out that plan.

If you have any questions that have not been answered here today, please visit the COVID-19 website. Healthline staff have been increased by an extra 180 people, but they are better help with immediate needs and health needs in particular.

As for future updates, there will be a 1 p.m. briefing, again, tomorrow. We will then do an extra briefing later in the afternoon, after Cabinet has convened, to share next steps. We'll confirm the timing of that extra briefing later on today. Till then, everyone, look after yourselves. Remember: be calm, be kind, and continue to stay strong.

Happy to answer questions.

Media: Prime Minister, we're now talking about visits in Auckland, Rotorua, Taupō, and somewhere in the Waikato. Do we need to start thinking about restrictions wider if they're just Auckland?

PM: Actually, I'll have the director-general answer that question, first of all—because, of course, we do lean on their health advice in these decisions.

Dr Ashley Bloomfield: Thanks, Prime Minister. At this stage, we don't think so because what we are finding is that the source of this outbreak and where all our confirmed cases are are in Auckland. We are of course doing the follow-up of those visits, where they occurred around the country. The most recent information today was that the visit to the aged residential care facility in the Waikato and also a trip to Taupō is part of that Rotorua trip. What I would just say is that our experience earlier in the year was that the vast majority—over 95 percent—of cases occur in workplaces and in households, not through casual visits to places. So that's a very important part of our assessment, and, of course, we dig deeply to find out exactly what it is people did, to identify if there were any close contacts. But at this point in time, it seems very clear the locus of the outbreak is in Auckland.

PM: Just on the aged-care facility, because, as you can imagine, we've all taken a very, very deep interest in that—again, we do have at least one test that has come back from that facility that has come back negative. Of course more is under way, but that does give us an indication. Obviously, that person, we've already identified, was asymptomatic at the time of the visit.

Media: Is there any other travel history that you can tell us about those confirmed cases and one probable case in the last 14 days?

Dr Ashley Bloomfield: Not at this point. So all of those new confirmed cases came from testing that was processed last evening. The results came in overnight, and I found out about them first thing this morning. The case investigations and discussions were happening this morning, so I don't have further information, but, of course, as we get it—and I should

point out, even if we don't provide more detailed information until 1 o'clock tomorrow about any new cases, any pertinent information around the travel histories of those new cases, we will make public of course, if it's important for people to know.

PM: Yeah, Tova.

Media: The 13 new cases of—community cases. It seems inevitable now that you'll need to extend the lockdown restrictions in Auckland. Why not just do that now?

PM: You'll remember that last time we did make sure that we had the latest information available to us before we made any decisions. What I'll want to make sure is that when we make that decision, we're able to make an assessment based on, for instance, whether or not we still have cases within a cluster—that will be a very important part of the information provided to Cabinet—or whether or not we see any that we can't link to that cluster. So I don't want to, at this stage, venture a view without having the latest information. We will have a significantly larger range of tests from across the community, as well, when we make that decision. We also need to act on the advice of the director-general, and I don't want him to have to give that advice halfway through, without that full range of tests in place. Tova.

Media: So we're getting a lot of messages from concerned people in the Wellington region saying that they—

PM: Ah.

Media: —understand that there's a case here—

PM: Oh, we can clarify that. I'll ask Dr Bloomfield to speak to that.

Dr Ashley Bloomfield: Yes, I'm happy to clarify that. So, actually, I was notified late yesterday about a positive swab result in someone in Wellington who's part of an ongoing study that's undertaken by ESR. It was further investigated because it seemed unusual, so there was further testing done today, which has returned negative. So it seems that under investigation, this was a false positive result, so we can reassure people.

Media: Just following up on Tova's first question—so, based on the information we get, really, is that a question then of how long you would extend it, rather than whether you would extend it or not?

PM: Again, I don't want to speculate. I do want to use all the information we have. I want the director-general to have the time to give us considered advice and information, and, again, what we see within the cluster will be critical as well as what we might see, if anything, outside of that. So I won't pre-empt that. We will make sure that we are giving a decision and guidance well before the midnight deadline we set for ourselves. We will be doing that tomorrow afternoon, so people won't have to wait too long for us to share some of that decision making. There is a reason why we're having Cabinet meet daily. We want to do it real time.

Media: Are you able to walk us through the rationale behind moving people that have tested positive into a managed quarantine facility rather than having them stay home or in their own managed facility?

PM: It's under the order of the director-general that that's happening so I'll let him speak to that.

Dr Ashley Bloomfield: A few things here. We've given this quite a bit of thought, recalling that last time we started managed isolation and quarantine about halfway through the lockdown period. This time we're heading in the other direction. So there are two reasons. One is, further to the point I made earlier on, we see most transmission occurs in households, and in fact one of the features of the quarantine facilities is that arrangements are able to be put in place to keep positive and non-positive members of families apart. So it actually helps the risk to other household members of getting infected, because it can be very hard in a household situation. The second thing is, sometimes inadvertently there can be spread, even with the people who are best at self-isolating at home and have got all the facilities and so

on. There can be people who might come and visit and these facilities are expressly set up to help minimise any risk of further infection in the community. Since we have them there and they are available, we felt it was best for not just those who test positive and their families but for the community to actually really strengthen our response and potentially, you know, it will inform a decision around whether and/or how long to continue alert levels.

Media: Given the fact that the Prime Minister said that this cluster is going to get worse before it gets better, do we have the facilities that will be able to cope with this, with the new people coming in?

Dr Ashley Bloomfield: At the moment we're confident they are, and we've been working with the MBIE team on ensuring that there is enough capacity, particularly in the Auckland facility, where, of course, this outbreak is currently centred.

Media: And there'll be hotels again?

Dr Ashley Bloomfield: Sorry?

Media: There'll be hotels or will there be other forms of accommodation?

Dr Ashley Bloomfield: At the moment it's in the dedicated quarantine facility there, and, again, having visited this facility, there's incredibly good protocols in place, and in fact there's a doctor onsite every day as well, who is the one who has managed and looked after every single case that has been in the quarantine facility since the Wuhan flight.

Media: Dr Bloomfield, can I just ask you about the Americold cases. Have you had any more updates about the surface swabs?

Dr Ashley Bloomfield: What I can say is that actually that swabbing occurred this morning. Because this hasn't been done before, yesterday we were getting advice from ESR about how to do that and so the public health team is at the site this morning to do both the surface and environmental swabbing as well as other staff members.

Media: And when do we get that result. Is it like the others?

Dr Ashley Bloomfield: Hopefully, later today, yes; it will be processed like the other swabs.

PM: I think it's important for us to add that still a most likely scenario is human to human, but we're wanting to rule everything out. There's no suggestion as well that this is about New Zealand – based products, but, of course, we're being very, very cautious because of a cool-store being involved, because, of course, that can prolong the existence of COVID on a surface.

Media: As of last week, the ministry says that 2,672 border workers in Auckland, including hotel staff, have been tested. That's a fraction or half of the total Auckland workforce. Why were there not stricter, more intensive, testing regimes in place for such a high-risk group?

PM: Keep in mind, of course, the numbers that we have yesterday included MIQ staff as well who are on a regular rotation for testing. If you work in our primary quarantine, you are tested weekly. If you work outside of that, it's a slightly longer rotation but still frequent. But I'll hand over to Dr Bloomfield.

Dr Ashley Bloomfield: Yeah, two comments there. One is we are scaling up the testing, as you can imagine, with 32 MIQ facilities. The priority there, of course, is to do the day three and day 12 testing of all the residents. We focused first on those working in the quarantine facilities, who are at arguably higher risk because we know there are confirmed cases there. So we're moving into weekly testing, and then we were testing other staff. So it was in the process of being scaled up, including at the airports, and, of course, we have also been adding in our maritime ports as well.

Media: And is it possible that this community outbreak occurred because the testing of border and hotel staff was only happening every two to three weeks, and on a voluntary basis?

Dr Ashley Bloomfield: Well, I'll just reiterate the point I made yesterday that the testing of staff is an adjunct to the most important thing, which is very strict infection and control procedures, and very strict protocols around this. And, again, having visited three of these facilities, you can see the extent to which those are taken seriously by not just the staff who are seconded there but also the hotel staff themselves. And that's the mainstay of avoiding any infection of staff members. The testing was another layer, just as we added in the testing of all the residents in those facilities over the last six weeks.

Media: Is it now compulsory for border and hotel workers to have—

PM: We are requiring staff at our borders to be tested in this round of testing. Also important to remember that alongside those protocols that are spoken about in our managed isolation facilities, we also had health orders that apply to our maritime borders that oblige those who have been at sea for particular periods of time—because they are often, and their expertise are required for the loading and unloading of freight—there are requirements around them for social distancing and whether or not they can even disembark into some parts of the port. So, regardless, alongside testing regimes, protocols existed to try and manage those risks as well. We do have a testing station set up at the port in Auckland, and we are testing port workers as well at present.

I'll just come to you, actually. You had your hand up before Derek.

Media: I was just going to ask has there been any reluctance or pushback from those who have tested positive about being moved into quarantine and family members who haven't tested positive for—

Dr Ashley Bloomfield: Actually, I think there was some reservation initially, but having spoken with the public health unit again today, everyone's quite comfortable about this, and I think that's proceeding, and it's being facilitated. Again, there are benefits for the cases and their families, quite clearly, and they see the benefits for the wider community. So at the moment there hasn't been particular pushback.

Media: And how is that actually run? Is it similar to the sort of pick-ups done at airports and taken? How do you actually—

Dr Ashley Bloomfield: Yeah, there'll be a proper process—the same process we use when we move people between a managed isolation facility who might test positive and they're taken to the quarantine facilities. So there's a very well established process. Or if they're symptomatic at the airport on arrival, and they're transferred to the quarantine facility—so we'll use the same infection prevention control processes.

Media: Prime Minister, while the source of the infection remains unclear, is there any prospect whatsoever of regions other than Auckland having restrictions eased from Friday night from level 2 to level 1?

PM: Well, look, and those are things that we'll need to consider, but while we're in a heightened state of alert, I'm sure the public will understand and New Zealanders will understand why that vigilance continues to be important. We can see that as we undergo interviews, sometimes we do have people travelling into other areas, and whilst we're able to, at the moment, really quickly contact trace that and isolate that and therefore keep the restrictions imposed to a limited reach, that extra layer of vigilance is very helpful for us at this stage.

Media: Sounds like you're really wanting to prepare people for an extension of level 2 measures.

PM: Oh, look, I think people understand why we, nationally, are at level 2, because they can see that that vigilance right now while we're in this heightened state and are continuing to do this work—I think they'll see and understand why that's necessary. Yeah, in the front.

Media: Dr Bloomfield, with no direct connection with the quarantine cases, can you tell me what your sort of working theories as to how these cases arose are the moment?

Dr Ashley Bloomfield: At the moment we haven't established a direct connection, but as we find each case, and, of course, do that thorough interview and investigation back, that will help. The other point I would make is that we don't have genome sequencing on every positive sample from people who were recently in managed isolation or quarantine, because some of the samples simply didn't have DNA material and couldn't be sequenced. So—

Media: So you think you'll find a connection to the border there sooner or later?

Dr Ashley Bloomfield: Look, it's most likely, and it could be at a managed isolation and quarantine facility, it could be at the airport, or it could be at a maritime port. So for example, we have testing at Ports of Auckland today to test all the port workers and other staff like Customs and MPI staff there as well. We're putting the pieces of the puzzle together.

PM: I think at this point it's very difficult to rule in or out. Genome sequencing really helps us, and, of course, at the moment you'll see that we've got a connection to particular international sources, potentially. But at the moment there's still some unanswered questions which we are chasing all those leads.

Media: I guess in this vacuum, this sort of theory about cold storage has come to the surface more. I mean, can you talk about the likelihood of that a little bit more?

Dr Ashley Bloomfield: I still think, and I think the Prime Minister said this early on, it's unlikely. Almost certainly—you know, the most likely explanation is person to person transmission or, more fleeting, fomite transmission—an infected surface somewhere and the person, the index case, has picked up the virus from there. But we're wanting to rule out the cool-store link.

PM: Keep in mind, cool-stores have proven around the world—anywhere you're in a cold environment, people have noticed that meatworks often have been listed as the environment that really does make that transmission very effective and very problematic.

Media: We're hearing a lot of confusion from businesses in Auckland as to who can and can't open and that they're losing revenue because of this. Do you have a response to that, and are you able to clarify which ones can?

PM: Well, it's exactly, exactly, the same as it was the last time we were in level 3. If anyone has particular questions, there are dedicated staff at MBIE who are able to work through any issues that might have arisen. There may be cases where people see, you know, their competitors open and they're not. That may well be that someone's not quite following the rules appropriately. So I do encourage them to contact MBIE, who can resolve that straight away. I'll just let you finish that question.

Media: We've also seen an anti-lockdown protest in Whangārei this morning. Are you concerned about the amount of misinformation that's been hurled around the whole of New Zealand at the moment?

PM: Well, you know, I think probably in any circumstances, misinformation is concerning. I do think, though, the vast majority of New Zealanders absolutely understand why we're taking the measures that we are. The whole intent is for us to limit the amount of time that anyone has restrictions on them and limit the amount of time that anyone has their freedoms limited. The whole goal is to get us back to normal as quickly as we can. I do still ask people: use the COVID-19 website. Listen to our experts like Dr Bloomfield. They're the ones who really know and understand this virus, and they're trusted sources of information.

Media: Can you get a breakdown of how many people have been tested in Rotorua and whether staff members at those particular sites have been tested yet?

Dr Ashley Bloomfield: Look, I don't have that information with me, but someone here will take that note and we'll include that information in our update or as soon as we can.

Media: On that question of misinformation, I mean, what is the Government doing? What can it do to tackle that, and how might that effect the health response if there is these sort of conspiracy theories proliferating on social media and other platforms?

PM: It's not new. Some of those conspiracy theories around COVID-19 not being real have existed from the very beginning of COVID-19's emergence globally. Some of them are perpetuated by offshore sources. You see some of the people spreading that misinformation are from outside of New Zealand. What I would say is that, you know, I've seen reports of people overseas who have viewed COVID-19 as being fake who have lost their lives to it, and so that's the evidence—the global situation is the evidence—that this is very, very real and we need to take it seriously. And, if you're someone that views politicians suspiciously, then, please, by all means, listen to the independent doctors, scientists—those who are our source of advice that we lean on.

Media: Dr Bloomfield, there has been—with all the reports of hours' long waits, kilometres of waiting to get the tests—any thought given to take-home tests?

Dr Ashley Bloomfield: No—not to take-home tests, no. We still know that the best test—and, in fact, the only one, really, available here that is accurate enough—is the PCR test, and that requires the throat and a nasopharyngeal swab. Yes, so I guess there was a lot of demand for tests yesterday, and not just in Auckland, and hence the queue. I know that they're trying to process people through as quickly as possible. It does take some time to have that done. But, again, just pointing people to—you can go to your GP. Ring ahead if you've got symptoms—which you should have if you're going for a test, unless you've been instructed otherwise. And so there are a lot of places people can get tested, and, again, thanks for the patience so far.

Media: And has there been any thought given to pool testing outside of Auckland in particular, just to—

PM: Speed it up?

Media: —kind of give a check-up on the country.

PM: Yes is the answer.

Dr Ashley Bloomfield: Yes.

PM: Of course, just to explain that process of pool testing, that's when you bulk test a batch. It works well when you've got a really low percentage of positives, because, if you do get a positive in that batch, you then have to go back and do them individually. But, yes: we have the capacity to do pool testing. One of the issues is making sure that you've got those low rates in those areas where you're using it.

On the take-home tests, I know some countries have used them. But, of course, anyone who's had a test—you, of course, have to put it quite far back into your nose, and so the idea that someone would do that accurately—obviously that's one of the things that's borne into question.

Media: So is the plan to [inaudible] though?

PM: We've already got that capacity. I haven't asked the question of whether or not our testing at the moment, Dr Bloomfield, are already using pooling, but it is something that we have the ability to do.

Dr Ashley Bloomfield: It's something that we can use as part of our capacity if we need to. My sense is that in the testing done yesterday and being done today, they're not pooling at the moment, but it's something we can do.

PM: One last quick point: for people who are queueing up, it's not the test that's taking time; it's getting your details, so having your NHI number can speed things up considerably. If you don't have it, you might want to consider using your GP as an option instead, because they will have it on hand. So that's causing some of the slowness.

Media: Prime Minister, have you seen any fresh modelling around this cluster, and what are you expecting it to do?

PM: So I've had readouts, potentially, and so it's very, very difficult at this stage to assess its growth, but, of course, as you can expect, the modelling suggests that a cluster like this will grow. You'll remember that last time some of our clusters—you know, they got up into the 80s and 90s, with some of them. The advantage we have here is the fact that we already have level 3 restrictions; we are moving very, very quickly; we're dealing with one rather than multiples; but we are expecting growth. So I do think it's important we prepare people for that, because it's not a sign that it's escalating beyond our capacity; it's just the behaviour of clusters.

Media: Prime Minister, several manufacturing groups are concerned that officials appear to be ready to apply the same essential industries categorisation that was used in the last lockdown. Is that correct, because I understand it was going to be raised at Cabinet today, and in June that work was under review. So what is the Government's thinking on that?

PM: So two different issues there. So the question you've asked is about whether or not we're changing the essential service listing—that's for level 4, and we're not in level 4. So, obviously, at level 3 there's a much wider range of individuals who can operate, but albeit making sure that they're not customer facing and applying safety protocols for their operations. So, obviously, at level 3 some of those questions aren't an issue. MBIE are, however, continuing to—we have asked them to do that work, to go out and reach out to particular sectors about the way we've applied those alert level standards.

Media: Prime Minister, is there any indication that there may have been some kind of super-spreader event like a wedding or a church service, and, Dr Bloomfield, could you also talk a bit about how long this may have been in the community before we caught it?

PM: So nothing at this stage. I think we may have spoken yesterday about the first case that, really, we've identified, which actually spent the vast bulk of that time in self-isolation.

Dr Ashley Bloomfield: That's correct, Prime Minister. And, yes, I think both Michael Baker and Shaun Hendy have talked about the possibility—and this goes to what's the total number of cases that could be out there already; somewhere between 25 and 100, I think, by Shaun Hendy's modelling. I don't disagree with him. You know, we've found a case and we're working backwards and outwards, and the key thing here is to find the extent of this outbreak and ring-fence it, and having alert level 3 in place at the moment is incredibly helpful for us being able to ring-fence it.

Media: So it is possible that there may have been a super-spreader event? And then also, sorry, just the follow-up: how many weeks may COVID have been in the community?

Dr Ashley Bloomfield: Well, if you think about the infectious period, and if we look at our cases, at the moment the earliest time that one of them displayed symptoms was on 31 July. It does imply it could have been several weeks ago that the very first case was in the community. No evidence yet of any super-spreading event.

PM: Yeah. So 31 July—my recollection from the case notes on that is that they spent the vast bulk of that unwell and at home thereafter.

Media: We've had complaints of companies price gouging masks and hand sanitiser—

PM: Ah, so we have added them to PriceWatch—Minister Faafoi immediately moved on that. So I would be very surprised if that was happening in some of our supermarkets, because some of them are getting their supply from Government. We released 2 million masks into Countdown. I'll make sure that we release information around that PriceWatch details and the email address we're using, which—forgive me—after several months I can't remember off the top of my head, but we are asking people: report in if you're seeing any of that. We are keeping a very close eye on it.

Media: Dr Bloomfield, can we get an update on the time frame, please—we've had reports that the index case was put under observation earlier than perhaps has been litigated. So when was the index case put under observation by health officials, and also when was the

Rotorua hotel that the COVID-positive family stayed at—when were they told first that the family had stayed there?

Dr Ashley Bloomfield: So on the first one, the indexed case who we announced on Tuesday had been tested the day before, and like anyone who has got symptoms and/or returns a positive result, we asked them to—where we think there's a high index of suspicion, we ask them to self-isolate. So there was no longer period. They had been tested on the Monday by a GP, and then they got the result, or we got the result, on mid-afternoon Tuesday. In terms of the hotel, I don't know exactly when they were spoken with, but I can find that out.

Media: So there were no symptoms—there was no chance that that person was told by officials to stay home or to be watched earlier than after that test?

Dr Ashley Bloomfield: Not as far as I'm aware. Not officially, and my understanding is the person went and got tested on the Monday. He was rightly swabbed by the GP, and then as soon as that positive result came in on the Tuesday, everything sprang into action.

Media: Can you clarify for us: in this round of testing, how many of those 6,000 or 7,000 MIQ and border workers have been tested, and will you have that information—will those test results be in front of you on Friday when you give your advice about whether to extend lockdown?

Dr Ashley Bloomfield: Yes, so there was a lot of testing done yesterday, but one of the things we have been doing is breaking down the testing from what's in the community, people who are guests in managed isolation or quarantine facilities, workers in managed isolation and quarantine, and also at the border. So we will have a full breakdown of those results. I don't have them with me, but we will want to have tested at least, by this time tomorrow, a very good proportion of the managed isolation and quarantine workforce as well as—

PM: And we need both, and advice from Health is we need both. We need to know what's happening at our border, but we also need to have a good sense of whether or not we have anything further amongst the community outside the cluster. So we do need to get a picture of both.

Media: Just back on the price gouging of masks, we've been sent a receipt that one store has raised the price from \$7.99 for a pack of 10 to \$14.99 for a pack of 10. What is your message to them?

PM: My message is exactly the same as it was the first time New Zealand experienced restrictions on movements and the need for really critical items: fairness. You know, we're asking people not to try and capitalise on the situation New Zealand is in. My message also to consumers is that you don't have to have a surgical face mask. A face covering that you perhaps fashion yourself is adequate. We are actually looking, through the advice of Health, to distribute some information of the kind of face coverings, if you're using your own, that are going to do the job, just so that people don't have to rely on purchasing something that might be financially out of their reach.

Media: Back on the border testing, figures that we have show about 60 percent of the border workforce have not had a test. That's a massive failure, isn't it?

PM: You'd have to tell me where you're getting those numbers from.

Media: I think from the ministry.

PM: Again, as we've said, we are working through testing all our border staff as we speak. We've given ourselves a period of time to make sure we get through that. There are 6,000 to 7,000 individuals that we're needing to test. Of course, we're looking at ports, at the aviation level, at all our MIQ facilities, plus doing a good sample amongst the community. So we need to do that over the next three days.

Media: Shouldn't that be the highest priority, though? Because, I mean, that really—testing of those workers might indicate the source, right? So shouldn't we have them being tested as a priority and have all those results in front of you by tomorrow afternoon?

PM: They are a priority. Testing MIQ staff are a priority too, and testing symptomatic individuals in the community to get a sense of whether or not it has spread further is also a priority. We're working on each, which is why I would say that while we're setting up specific testing stations at our borders to try and pick up our border staff, I would ask people who more broadly in the community are not symptomatic to stay home.

Media: I understand that, but don't you want to have a sense of—or shouldn't you know the proportion of those 6,000 or 7,000 workers that have been tested? If that's such a priority, how come you don't know?

PM: Because you're asking about multiple facilities at our MIQ stations as well, as well as our border staff. We've just said that we're happy to break down those numbers as well.

Media: Do you not think that the testing—

PM: Keeping in mind they're tested, they're then put in—they're processed in different places, so we need to collate that.

Media: Yeah, but I just think—would it be such a priority that you know how many have been tested, how many need to go, and we need to get them all tested—

PM: Yeah, and we absolutely do and we are. We're happy to provide that breakdown.

Media: Given the importance of this group, the MIQ workers, would it not have been wise or do you wish now that there was more robust testing of them a week or more ago?

PM: There was testing at the border, and there has been testing at the border all the way through, and so, obviously, that has not picked anything up at the border. We're going back in and testing everyone again.

Dr Ashley Bloomfield: I just had one other point to add, Prime Minister. MIQ staff and border staff also have health checks every day they turn up to work, and they have to pass that, and I can tell you going into an MIQ facility you have to declare if you've got any symptoms, you get a temperature check, and so all staff working in those facilities have that. That has been—again, just to reiterate—augmented with the testing that we were rolling out across 32 facilities around the country, plus then also adding in ports. So that was scaling up.

Media: So can I just be clear: you were comfortable where that was at?

Dr Ashley Bloomfield: I was keen to see it, as I know the Prime Minister and others were, rolled out as quickly as it could as yet another layer of our protection at the border, remembering that we have had the arrangements in place since the middle of April at the border around MIQ, and, of course, our border workforce have been working really well understanding what the protocols are, including that protocol of the wellness check when they turn up to work.

PM: Just a warning everyone, we're just going to take the last couple of questions.

Media: Just on behalf of Ben, the sentencing of the Christchurch terrorist is due to take place in just under two weeks. Are you worried about the impact level 2 restrictions, if they're still in place, may have on the ability of survivors as well as family members to attend, given, under level 2, fewer people allowed in court, and more than 50 people have made the journey from overseas just to be here for—

PM: Yes, and of course what we need to ensure is their ability to share victim impact statements. But we, of course, already had some limitations around the numbers who are able to participate and, just as we're already working through ways to accommodate those numbers, as it were, and I expect what they'll continue to do is come up with contingency that allows those making statements to be present and their family members and then others to

be involved, be it through video link in and other forms of technology. So they'll be working through that, but they already had some contingencies, I understand, in place. Jenna.

Media: Just in terms of testing centres in Rotorua, people are waiting hours and hours for a test there. Can you just confirm how many testing stations you've got there and whether there's any plans to bring on more?

PM: Yes, there were. Dr Bloomfield outlined a couple at the beginning, so I'll let him refer back to his notes.

Dr Ashley Bloomfield I think they—my recollection is they were extending hours of the testing centres, and, again, a reminder to people in Rotorua and around the country, including in Auckland, any GP can also test you as well, so it doesn't need to be at a testing centre.

PM: Again, I will just restate: it is free at your GP. I know people are probably worried about the cost. It's free; it also is quite quick because your NHI details will be on hand with your GP as well.

Media: Dr Bloomfield, can you clarify the timeline of when you found about the family going to Taupō and why we only found out today? I mean, are you happy with how long it's taken for these details to come out, given that we know that businesses are on edge?

Dr Ashley Bloomfield: Well, two comments. The first is I found out when I was briefed late morning today with the further detail of where they had been on that trip to Rotorua and the addition of Taupō. And just going back to my very first comments, as soon as something is known about, the public health unit and our national contact tracing centre act immediately to identify who might've been a close or a casual contact and get in touch with those people and get them into isolation. That's the very most important step is the getting people into isolation, then the follow-up interview happens, and then the testing happens if indicated. So this is part of an ongoing process, and, again, I think one of the things that it also emphasises is the value of the app in keeping a record of where one has been in the last 14 days. It's very hard to remember even everywhere you went the day before, so yesterday, let along two weeks back.

Media: And on those Americold employees, do you know any more details about them? Like we've heard that there might be drivers who've visited several locations.

Dr Ashley Bloomfield: What I can say is the information I have is that the ones who are positive from the Mount Wellington site only work there.

PM: OK, last question.

Media: Dr Bloomfield, someone who spoke to Healthline on Friday to talk about possibly getting a COVID test was asked if she'd visited certain suburbs in South Auckland. Have those suburbs always been, sort of, on a watch-list for high risk given their proximity to the airport? Is there any reason behind that screening?

Dr Ashley Bloomfield: No, no, I don't have any explanation for why that would have been asked.

PM: We have always been conscious of having COVID testing stations in the areas where we've got MIQ, but that makes sense because, obviously, that's where staff are in proximity and the like. OK, thank you, everyone.

conclusion of press conference