

PRESS CONFERENCE: SUNDAY, 16 AUGUST 2020

Hon Chris Hipkins: Good afternoon, everybody. Today, I'll start with an update on testing numbers and the uptake of the COVID Tracer app, and I've got a few messages from the police. Then, I'll hand you over to the director-general to provide today's case details. Then, of course, we'll get into questions. But, before I start, I do want to make a plea to all New Zealanders: please, please be cautious about the information that you are getting on COVID-19 cases.

My plea comes in two parts. First, please treat the information that you are receiving on social media as a rumour—that is, unverified and, therefore, something that cannot be relied upon to be true or accurate. It is entirely normal to be inquisitive, to ask questions, and to want to know what's going on, but what we've seen over the last 24 hours has taken things to a new and concerning level. It's troubling. One piece of information in particular has spread like wildfire, and it's created extreme distress for the family that is at the centre of it. The claim was that a woman in the present COVID cluster contracted the virus by sneaking into a managed isolation facility, and it included a number of vile slurs. Not only was it harmful and dangerous, it was totally and utterly wrong. I want to say this again: it did not happen. It was fully investigated, and that investigation concluded that it was completely false.

There have always been, and always will be, rumours, but this one smacked of orchestration: of being a deliberate act of misinformation-spreading. Countless journalists have told us they were sent the email many times over. At a time when we are fighting a pandemic and we need all hands on deck to beat it down, this sort of behaviour is deliberately designed to create panic, fear, and confusion, and it is completely unacceptable. So please, New Zealanders, think twice before sharing unverified information. I'd like to once again thank the media for the responsible way they've reacted to this latest turn of events. They have tested these claims very hard, as they always do, but they have sought official word on truthfulness before reporting, and I want to again thank them for that.

The second part of my plea is this: please take your information from official sources, such as this 1 p.m. briefing. Behind the scenes, from early on every morning, there are dozens of dedicated people tracking down, cross-referencing, and checking every bit of information in preparation for these media conferences. That means that the information here is verified. The information that we share during these press conferences, on the COVID-19 and Ministry of Health websites and the COVID-19 and Ministry of Health social media pages, is information that you can trust. If a mistake is made, it is quickly corrected. From time to time, that will happen.

So on to the testing numbers: we continue to see both unprecedented testing and unprecedented levels of processing being done by our labs across the country. Yesterday, they processed 23,682 tests. In the past three days, our labs have processed 63,231 tests, bringing our total overall number of tests to 571,942. This is an exceptional effort, and I'm really impressed with the speed and efficiency with which the labs have been able to work. It is a huge effort of the primary-care workers undertaking the swabs, and I want to thank them as well. The system is working at top speed, and that should give us all confidence—so a huge thankyou to all those involved, who are doing a phenomenal job.

A few words of caution, though: the high volumes of testing we are seeing is slowing down the processing, and that means that the usual 24-hour time frame for turn-around in some cases is extended to 48 hours. As noted yesterday, there are other elements of the process, including reporting those results back to primary care and reporting back to the patient. But the important thing to note, though, is that positive results are reported first and

promptly; so patients who get a positive result will hear back quickly. High-risk swabs are also being processed as a matter of priority, to ensure that they are at the front of the queue.

So, again, we are wanting to thank everybody for their patience. If there has been any delay in them getting a test result, please know that there are a lot of people working very, very hard to get the test results out as quickly as possible—also, a reminder that those who are at risk or who have symptoms or who are asked through the contact-tracing process to get a test are the ones who should be getting a test. If you are well, please don't get a test, because you will potentially be slowing things down for everybody else.

We are asking employers and churches to make sure they keep clear information on all of their staffing and those who are attending their congregations, so that they can be contacted quickly if necessary. We are load-balancing the processing of tests across the country—for example, in Christchurch today, about 4,000 tests from Auckland yesterday will be processed to ensure that we can speed that process up.

So, on to the contact tracing, the New Zealand COVID Tracer app has now recorded 1,374,200 registered users, and those numbers continue to climb rapidly. There are now 193,505 QR code posters up and down the country. I do want to thank again businesses for the way that they have taken those up and are now displaying them promptly. A few quick reminders there: please make sure the QR code posters are displayed in a prominent place. If you are having high volumes of people, display a number of posters so that people don't have to queue up in order to scan, and please make sure that the QR code posters on display are the official QR code posters and not one of the QR codes that can be generated through other sources. And a reminder to all New Zealanders: please keep track of your movements, keep track of the people that you're coming into contact with, so that, if you are needed as part of the contact-tracing process, you can participate quickly in that.

Finally, a word on travel: police are reminding the public that travel into and out of Auckland remains very restricted and that, generally, people cannot travel across the boundary for work unless they have an exemption. They've seen an increase in stops and people being turned back, and, of course, they're seeing an increase in the number of people who are unhappy that they cannot cross. So travel into and out of Auckland remains heavily restricted to stop the possible spread of COVID-19. Please check the [covid19.govt.nz](https://www.covid19.govt.nz) website before travelling to check if you are able to cross that boundary and whether or not you need to apply for an exemption. You cannot travel across the boundary to go to work unless your workplace has an exemption. So, again, please check the COVID-19 website. And, if you are not eligible to cross the boundary, you will be turned around by the police.

So, now, for today's case update—Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Minister. Kia ora koutou katoa. So, today, there are 13 new confirmed cases of COVID-19 to report; 12 of these are in the community and one is in managed isolation. I'll start with the latter. This case is a child who arrived in New Zealand on 3 August from Afghanistan via Dubai. The person has been in managed isolation at the Pullman Hotel in Auckland and tested negative around day 3 of the isolation period and, subsequently, positive at around day 12. They've been transferred to the Auckland quarantine facility now.

Turning to the 12 cases in the community, all are Auckland based and, based on our current information, none has travelled outside the Auckland region recently. From early investigations, all have a connection to the existing outbreak as close contacts of cases already reported. So saying, two of the new cases are household contacts of the case we've previously reported that is still under investigation—this is the GP from Mount Wellington—and all others are epidemiologically linked to the cluster.

There are currently three people receiving hospital-level care. Two are in Auckland City Hospital on a ward and one is in Middlemore Hospital on a ward as well. One is the person we've previously reported as being in hospital. One has been admitted overnight from the

Auckland quarantine facility. And one person connected to the community outbreak who was in the community has also been admitted to hospital.

To date, 66 people linked to the cluster have been moved into the Auckland quarantine facility, including 29 people who have tested positive.

So the 13 new confirmed cases to report today bring our total number of confirmed cases to 1,271. The total number of active cases is 69, of which 49 are from the community outbreak and a further 20 are imported cases that are in the quarantine facility. As I've said, of the 49 cases in the community outbreak, all but three have been already linked to the cluster. The other three are a household, and they relate to that one case previously reported, which is still under investigation. However, all the evidence suggests that this case will be able to be linked to the same cluster.

Our national contact tracing service has 1,536 close contacts identified, and as of 10 a.m. this morning, 1,322 of those people had been spoken with and are all self-isolating. I want to thank all those people for their tremendous response and also for remaining in self-isolation in the meantime and being tested if instructed. If you are called by our contact tracers, please take or return the call. And, as I say, if you look at those numbers, that's well in excess of 80 percent already who have been successfully contacted. So thank you to everybody who is doing so, that is answering the call or calling back.

In addition to the Americold and Finance Now workplaces and a number of educational organisations we've also had contact with, we're also working closely with two additional religious organisations in relation to contact tracing and testing. And, once we have confirmed with them that they are comfortable with us releasing the information and ready, then we will do that, and that will likely be later today.

I do want to thank also many people who are going and getting tested. I know there are still some waits at CBACs. There is a long list of testing places available on the Auckland Regional Public Health Service website. For those who are waiting patiently, thank you very much. And Auckland Transport is going to help with the traffic flows at some of those CBACs where they have queues.

Moving to Tokoroa, it has been confirmed that one of the positive cases from Tokoroa visited Toi Ohomai Institute of Technology's Tokoroa campus while they were feeling well and before they were aware of any potential exposure to COVID-19. There have not been any further positive cases confirmed in Tokoroa, and public health staff are directly contacting anyone who may have been in contact with the person who visited the polytech campus during the period that we're interested in. If you are not contacted by public health, at this point no further action is needed. However, of course, if you develop any COVID-like symptoms and have attended Toi Ohomai Institute of Technology in Tokoroa on 10 or 11 August, please seek testing and self-isolate until you receive your result. The DHB—that's Waikato DHB—has provided a mobile community-based testing centre in Tokoroa for anyone seeking a COVID-19 test, and this will remain there for the time being.

We ask all workplaces, churches, and other institutions, as the Minister said, to please keep up-to-date records. Now is the time to update your records of your staff and of any workforce members or volunteers or congregational members so we can quickly contact people from any particular site that may be of interest.

And, finally, just the reporting of this latest outbreak—I had asked my team, and I've talked with Dr Collin Tukuitonga this morning about us reporting this outbreak separately from our earlier cases. So, from today, we will be describing the ethnic and age breakdown and the characteristics of this outbreak as a distinct community outbreak, and we will update that information once a day as well, based on the new cases that are reported at the 1 o'clock stand up. Thanks, Minister.

Hon Chris Hipkins: Thank you. Happy to open up for questions.

Media: Minister, you said that the social media rumours smacked of orchestration; do you have any insight or theories into who might have orchestrated it?

Hon Chris Hipkins: No, I don't. But it's clear that, you know, there are people out there pushing this hard, and my message to them is "Stop doing that."

Media: Are you looking at taking any action against Facebook or any individuals in particular in relation to it?

Hon Chris Hipkins: No. My plea to New Zealanders is: please be responsible and sensible about what you choose to share on Facebook. If it's not verified, please don't share it. Ultimately, we want everybody to accept some personal responsibility for the information that they're out there sharing.

Media: Are you exploring any avenues, though, for, sort of, any action against any of the social media companies?

Hon Chris Hipkins: Not at this point.

Media: Have you asked your Cabinet colleagues to adhere to that advice as well—one in particular who did share unverified information last week?

Hon Chris Hipkins: Of course. I think all Ministers, all MPs, all leaders in the community should, again, lead by example and be careful about the information that they choose to share.

Media: There seems to have been upset in communities about racist comments that have been sparked by ethnicity. What is your message to New Zealanders—and especially if ethnic data and that sort of thing is going to be released—about tying anything like that to COVID cases?

Hon Chris Hipkins: Look, I think we've said this time and time again here: people are not the problem here; the virus is the problem. People are the solution. There should be no shame and no blame in contracting COVID-19. It is a virus, and it is a particularly easy one to catch if you have been exposed to it.

Media: But, for comments like that online, do they discourage, potentially, communities from coming forward if that's going to be the reaction from some sections?

Hon Chris Hipkins: My plea to all New Zealanders is: be supportive of the people who are coming forward to be tested; be supportive of the people who have been tested and received a positive outcome from that. There's no shame in it, but by seeing the type of behaviour towards victims of COVID-19, if you like, then, actually, we're sending the very wrong signal, and, actually, we should be sending a signal of saying: do the right thing, come forward, be tested, isolate, and make sure that you're helping to fight the virus.

Media: Dr Bloomfield, yesterday you mentioned that we were getting results back from the Americold testing, of the surfaces there. Have you got any update to make about that?

Dr Ashley Bloomfield: That swabbing is being processed right at the moment, and we're hoping to have those results later today. I just want to follow on from the comments the Minister just made: our outbreak earlier in the year was a very different type of outbreak, where the cause of that was from people returning from overseas, and so the ethnicity and age characteristics of that outbreak were quite different from this one. It was largely people of New Zealand European ethnicity and generally a younger group, between sort of 30 and 50, being mostly the people coming back from overseas. We had much lower rates of infection amongst Pacific and Māori in that outbreak but the highest rates of testing in those groups. So those were the groups who were actually coming forward, as they are this time, to be tested. And, again, there should be nothing in the description of this outbreak that suggests that there's anything about this community that is a problem, and, in fact, they've been incredibly cooperative and incredibly supportive, and we should all be thanking and supporting them.

Media: Are we still investigating Americold as—like, just give us the update on working theories. Is that the best lead at the moment for where it's come from?

Dr Ashley Bloomfield: Well, it seems to be as a workplace, because the case that has the earliest onset date of symptoms is an Americold worker. So we're doing that environmental testing. We're also—it may be a long shot, but we're working with our Victorian counterparts to look at the genome sequencing of the cases that they have had that worked in an Americold facility there. There may well be no link, but it's one to exclude. But it may well be we still don't find the exact route of transmission for that first case, but we're not leaving anything to chance.

Media: Minister, there's no testing station at the Port of Tauranga. How are you expecting those 6,000 workers to be tested without extra resources there?

Hon Chris Hipkins: My understanding is that there is testing available. There is a mobile testing site there.

Dr Ashley Bloomfield: That's going in tomorrow.

Hon Chris Hipkins: It's going on tomorrow. So there'll be a mobile testing site going in there tomorrow. We do acknowledge that that will take a little bit longer to get through than the testing at the other ports and border entry points, and so we will certainly exercise, you know, a good degree of flexibility there to recognise that that's going to take a bit longer.

Media: Can I just get Dr Bloomfield to talk a little bit more about that testing mobile station going in tomorrow?

Dr Ashley Bloomfield: Yes, actually, I've just had a text from the chief executive of the DHB there. So they've been working very closely with the port. It's made a building available, there are eight nurses going in tomorrow, and admin and IT support; so they will be testing now through the week, for as long as they need to, and likewise putting a priority in terms of our testing at both Ports of Auckland and the Tauranga port—a priority on port workers who may have had, or been more likely to have, contact with crew from ships in particular; so that would be the pilots, stevedores, and others.

Media: Do you have an update on the legality of masks and the ability to enforce it under level 3?

Hon Chris Hipkins: Yeah, I've answered questions on this this morning as well. The issue that we've got here is a supply challenge; so we want to make sure that people can access a mask. As we've already said, we've already released 5 million masks from our national stock, and 3 million of those are being distributed through community organisations for those who can't afford to pay for them. The supermarkets are working to ensure that they've got good stocks and that they're available, and, of course, people can make their own masks. But, look, here's the reality: people can—we could make it compulsory and spend a lot of time on enforcement; what we need here is a cultural acceptance amongst all New Zealanders that, if we're encouraging you to wear a mask, we're doing that for a reason. And New Zealanders have shown through our level 4 lockdown, our level 3 lockdown, and now, that they accept that there is a need for restrictions—

Media: But is it legality or is it—is it supply or legality, and does the Public Health Response Act cover the enforcement of masks, for example, if you decided that it should be mandatory?

Hon Chris Hipkins: Look, we could make it mandatory. But the issue here is one of supply, and also one of acceptance. Ultimately, if you make something mandatory—

Media: So you could legally enforce it—

Hon Chris Hipkins: If you make something mandatory, you're talking about a lot of people, and, you know, are we going to put a lot of resource into enforcing that? Actually, my message to New Zealanders is: if we're asking you to do it, we're asking you to do it for a reason.

Media: But you have the legal authority to do it, just to be clear?

Hon Chris Hipkins: We can do if we need to.

Media: You mentioned the restrictions on movement in and out of Auckland. Are you confident there's due diligence taking place at the airports—the roadblocks are, obviously, there and you've got the military manning those, but there've been some sort of anecdotal concerns expressed about flights going out of Auckland.

Hon Chris Hipkins: Air New Zealand have been incredibly cooperative in making sure that people aren't getting tickets if they don't meet the criteria.

Media: Some people in managed isolation facilities in Auckland are struggling, once they get out of managed isolation, to get out of the city, because of restrictions and flights being cancelled. What plans are in place for those people? Do they get to stay at the facility for a couple of nights, or—

Hon Chris Hipkins: Look, that is one to direct to Dr Woods. I know that they've been working very carefully around the logistics of people being released from managed isolation who may then need to transfer to other parts of the country. So I'm sure that either her or Air Commodore Webb would be able to give you the detail about how they're doing that and how they're doing that safely. I know that there's been quite a bit of focus on that, though.

Media: Do you know what the process is when someone does leave—is getting ready to go out into Auckland in level 3 after they've been in managed isolation? Do you know what—

Hon Chris Hipkins: Yes, like I said, that is something that I know that they've focused quite a lot of attention on over the last three days; so I'd encourage you to address that question to them.

Media: Minister, there are reports of some people leaving Auckland to go to Waiheke, and, understandably, the locals there, where there is not a case, are pretty upset. What are your thoughts on people doing that?

Hon Chris Hipkins: Look, at level 3, people should be minimising their movement. That's clear; I think everybody understands that. You stay home unless you've got a very good reason to leave. So, if you're going to work and you're allowed to go to work under level 3, then, you know, by all means you should do that, but go to work and then go home. If you're going to the supermarket or you're going to seek medical attention—but people shouldn't just be out and about, taking a day trip to Waiheke.

Media: Minister, recently a couple of people have come to us to say that urgent clinics have charged them, in some cases hundreds of dollars, for a visit to have a COVID test, even when they were symptomatic. Do you know: should this be happening, how is it happening, and what's your message to clinics that are charging people?

Hon Chris Hipkins: It should not be happening. COVID-19 tests are free. The Government is subsidising those, paying for those, to make sure that they are free. I'll invite the director-general to comment on that if he wishes, but we have been very, very clear—in fact, we've gone so far as to get posters printed out that would be put in all GP practices up and down the country to make it clear that you should not be charged for a COVID-19 test.

Dr Ashley Bloomfield: Nothing to add, but if there are specific examples and they're brought to our attention, we will always follow them up.

Media: Is it realistic to be looking to go ahead with an election given that, basically, if Parliament doesn't dissolve on Monday, September 19th becomes difficult? And, Dr Bloomfield, will you be contributing in terms of the safety elements or the expectations that you would have before an election could go ahead?

Hon Chris Hipkins: Look, that's ultimately a matter that the Prime Minister will make comments on tomorrow morning, and I don't think you'll get either of us making any other comments on that in advance of that.

Media: A question from Australia on the vaccine: the health Minister there has announced they're close to signing off permits to produce a vaccine in Australia. Will New Zealand piggyback off that, will you go it alone, what are your thoughts on adopting the vaccine?

Hon Chris Hipkins: Look, New Zealand is actively exploring all of the options around vaccine. We are buying into the different vaccine development—what's the word?—consortia, if you like, to make sure that we are in there and that we're actively engaged in that. We're also working on making sure that we're ready to go when a vaccine is available—you know, in terms of being able to distribute it and in terms of being able to administer it. So there's a whole lot of work happening in that regard. So, at the health end, we're focused on being ready for a vaccine when it's available. Dr Woods, in her capacity as Minister for Research, Science and Innovation, is leading the work in terms of making sure that New Zealand is right up front in terms of the development of a vaccine and being involved in that part of process.

Media: What's your latest update in terms of time line—when that might be available? Minister Hunt, your counterpart in Australia, says most likely next year. Is that your advice?

Hon Chris Hipkins: Look, how long is a piece of string? At this point, it's too soon to put a particular timetable on it.

Media: Dr Bloomfield, just circling back, from a health perspective how comfortable are you with an election going ahead if it means going ahead in a level above level 2?

Dr Ashley Bloomfield: We've already given our advice, and our advice was to the Electoral Commission about the public health aspects of conducting an election under alert level 2, and the Prime Minister's already talked about the planning the Electoral Commission has done to do that, but we don't play any other role in advising the Government on the dates of an election.

Media: So it's your view that an election shouldn't go ahead—which would be consistent with the Electoral Commission level 3 or above—it would have to be at level 2 or below?

Dr Ashley Bloomfield: I don't have anything to add to the comment I've already made.

Media: [*Inaudible*] advice to the Electoral Commission, then, because that's the position they've taken in terms of the ability to safely hold one at level 2?

Dr Ashley Bloomfield: We haven't provided any further advice. That advice was provided a long way back—in fact, when we were in the earlier stage of the pandemic—about the physical distancing and other arrangements that would need to be in place, and that's the planning the Electoral Commission has been doing based on, in part, our advice from earlier in the year.

Hon Chris Hipkins: I'm just going to share things around a little bit. We've got a question over here.

Media: A high number of Māori and Pasifika—are you working with Māori health providers to reach into those communities; and if so, how?

Hon Chris Hipkins: Yes, and I'll get Dr Bloomfield to comment on that as well.

Dr Ashley Bloomfield: Yes, very much so, and right from the start here in a range of ways. In fact, this morning, I joined a Zoom meeting of the Pacific team that's both Wellington and Auckland based. Our Māori health team have been in every day and they're working very closely with Māori organisations across the Tāmaki-makau-rau, as well as in the Waikato, for the family in Tokoroa. So, as we found in the earlier outbreak, iwi organisations have leaned in incredibly quickly to support us, and the Māori health organisations and Pacific health organisations have got excellent channels into those communities; so they're an invaluable part of the response.

Media: Just a follow-up to that, are you more concerned about this outbreak because it is affecting the Māori and Pasifika communities as opposed to the younger Europeans from last time?

Dr Ashley Bloomfield: Well, what I can say is that one of the big drivers of our rapid response last time is we were worried about more vulnerable communities, including Māori and Pacific, as well as disabled people and older people, and so yes, it is a concern here that this outbreak is in our Māori and Pasifika communities—hence why we are working with every organisation to really get into that community. And, just to reiterate the point I made earlier on: these communities have been fantastic in their response, and I do want to thank them for that.

Media: Two questions on the COVID Tracer app. Firstly, would you prefer that businesses and workplaces take down any other QR code posters from other suppliers? Because, obviously, there's been a proliferation of different solutions, and it might confuse people.

Hon Chris Hipkins: Yes. The answer to that question is yes. The team who have developed the COVID Tracer app have worked with some of those other app developers to ensure that other apps can use the QR codes. Obviously, it's in no one's best interests to have a proliferation of different QR codes for different apps. So we've developed our QR code now so that it can be used as a universal location indicator. So, even if people are using a different app—although I'd encourage them to use the COVID Tracer app, because that is what allows us to push notifications out to them—but if they are using a different app, they should be able to use the standard Government QR code.

Media: And a slightly technical one, sorry. There's an exposure notification API that was developed by Apple and Google to help with notifying people who've been in contact—you know, who have Androids or iPhones. Is that going to be integrated into the COVID Tracer app at any stage?

Hon Chris Hipkins: I'd be happy to come back to you on that one.

Media: Just following up on that, for clarity, do businesses need QR codes and a manual register—for example, for those who don't have phones?

Hon Chris Hipkins: So what we encourage businesses to do—so it's "encourage" at level 2, and it's "require" at level 3—is to ensure that people are either scanning the QR code or keeping a record of the fact that they have been there. So not everybody will carry a phone with them; particularly some of our elderly don't want to use that COVID Tracer app. So, therefore, they should have some other form of recording people who are coming and going. Now, at level 3, obviously, there are many, many fewer places that people could come and go from, but we do require them to do that at level 3. At level 2, it's an "encourage"—so we'd encourage people to make sure that they're using the QR code; that they're supplying a way of people recording the fact that they have been there, if they're not using the Tracer app.

Media: So, if the business has a QR code, they also need a manual register or they don't?

Hon Chris Hipkins: Well, they need something for people who aren't using the QR code to be able to register the fact that they have been there.

Media: And just a quick question as education Minister: can you just provide some detail about learning TV rolling out tomorrow—why is it coming back? What can we expect?

Hon Chris Hipkins: So we will have young people at home in Auckland for the lockdown for the next week and a half at least. So we envisaged that we may need to liven up learning TV and the hard-packs of materials when we entered the last lockdown. So we were in the process of continuing to produce hard-packs of materials when the last lockdown ended. So we've warehoused those, we've got them ready to go, and we're ready to distribute them from Monday onwards. Similarly, with digital devices, we've been working to secure supply of digital devices so that we can continue that, and obviously our focus is going to be on making sure that those in Auckland get them, with a particular focus on

those who are working towards NCEA, because, obviously, they can't really afford to be losing any time at all at the moment; so they're right at the top of the priority list. The learning TV will be a mix of old and new. So we have, obviously, got the content that was produced last time. We've got a whole store of content that we drew on last time, but it will be more focused at that younger age bracket. What we've found with the ratings from last time around was that the uptake amongst older young people was not particularly high, and so therefore—there is a real demand in that early childhood and primary schooling space for this content, and that's where the focus will be. So that's why it's now 9 a.m. till 1 p.m., and it will replace TVNZ DUKE during that time.

Media: Minister, I just have a couple of questions. We must be around 100,000 tests now provided since 12 August. How are our stocks of the swabs? How many more days will we have them ready for?

Hon Chris Hipkins: So we had—I don't think we're quite at the 100,000 mark, but certainly we're moving up exponentially at that kind of testing rate. When we began this, we had 280,000 test kits on hand ready to go, and, of course, we are moving them around if we need to, to make sure that they're in the right place, and new supplies are added all of the time. So the director-general may have the latest update on supplies coming in, but we certainly don't stop adding to the supply. We've continued to add to the supply as we use it.

Dr Ashley Bloomfield: The only other comment I will make is, as we found earlier in this outbreak, often the supply chains are—because the makers, particularly of the reagent, are balancing it right across the globe; so we're not, sort of, allowed to carry hundreds of thousands of test supplies, but we had a very good stock and very good supply chains for all the different lab platforms and also the swabs.

Media: Just quickly, in terms of police, what action will be taken around rule breakers during level 3? I know you're not the police [*Inaudible*] but what action can we expect to be taken for people that are going out, using their boats, using park equipment? Will the police be monitoring and enforcing that?

Hon Chris Hipkins: Look, I think you can expect the same kind of enforcement that we had the last time around, and I'd encourage you to raise that directly with the police. Obviously, they are the enforcement agency. With regard to the travel restrictions, if you do like, I've got some stats for you, though. I'm sure that everyone's interested in statistics! So, as at four o'clock yesterday, the total number of vehicles stopped at the Auckland checkpoints was 50,468; the number of vehicles turned back was 676—so that's actually a relatively low number relative to the number of vehicles stopped, and, of that, 428 of those were seeking to leave Auckland and 248 of them were trying to get into Auckland.

Media: And, just quickly, some people we've spoken to in Auckland today say the rules haven't been communicated clearly enough around what they can and can't do. What is your response to that?

Hon Chris Hipkins: Is that in terms of travel in and out of Auckland?

Media: Just mucking around in Auckland like normal.

Hon Chris Hipkins: Oh, look, I think New Zealanders are now reasonably familiar with the level 3 lockdown rules. We've been through it before, but, of course, everybody needs a reminder from time to time. The COVID-19 app and the COVID-19 website are the places to go. So there is a—not app, the website page, which has got all the stuff, is accessible on your phone. That is the place to go for the most up-to-date information. It tells you what you should and shouldn't be doing with the level 3 restrictions. I'll let you finish that line of questioning, and then—

Media: Yeah, just in layman's terms, I mean, that means don't go and socialise, and adhere to social distancing? In layman's terms, what does that mean? What does that actually look like?

Hon Chris Hipkins: Yeah, so, look, the general picture should be minimise the amount of movement that you have, minimise the number of people that you are coming into contact with, and keep that to essential only. So, if you don't need to come into contact with someone, just stay home. And, if you're going to work, then obviously adhere to all of the rules in your workplace to keep everybody safe. Make sure that you're maintaining social distancing when you're out in public so that you're not increasing the risk of spreading the virus. I don't know whether the director-general wants to add to that, but I think New Zealanders are reasonably familiar now with what the restrictions are at the different levels.

Media: Is the advice, then, to sort of act as if you have COVID, like it was last time?

Hon Chris Hipkins: Absolutely. It should always be. And, again, even at level 2, for the rest of the country, again, just think about minimising risk. Just thinking about everybody, including us, we should all be thinking about "Is this necessary? Could this just wait a couple of weeks?" Let's just all do what we can to stop any risk of spreading of the virus.

Media: The family of former Cook Islands Prime Minister Dr Joe Williams is unhappy about his name and his positive result being publicised, and it had a knock-on effect for the Cooks. Do you have any thoughts about publicising positive cases for people with such a profile when it can actually have implications for borders and communities?

Hon Chris Hipkins: So we're very careful with the information that we release, you know, to try and protect people's identities. In this particular case, obviously, once all of that information is out in the public domain and we get asked specific questions about that, we will endeavour to answer them. But, generally speaking, yes, I think it would be much more preferable if people's identities were not released. Now, in this case, given the profile and so on, it was bound to be that that local community would figure out, sooner rather than later, who the person was. That doesn't mean we need to amplify that, though. Like I said, there's no shame in COVID-19. Our contact tracing system is designed to ensure that those who need to know, do know, and know as quickly as possible.

Media: Dr Bloomfield, in terms of the testing time frames, you mentioned that they're sometimes up to as much as 48 hours currently. We're hearing that some people are actually waiting four days for a COVID test to come back. One, is that acceptable? Two, what's the sort of, I guess, the tail of testing? How long are these tests taking to come back in the worst-case scenario?

Dr Ashley Bloomfield: We'll just emphasise what the Minister said earlier on: sometimes it's taking up to 48 hours to process the volume of tests. There is a backlog, and not surprising, given we have hit 100,000 since 1 August; so that's a large volume of testing. There's then also the checking of the results, the processing, and the reporting back. The key point here is, as happened earlier in the outbreak, any positive test is notified immediately by the lab to the public health unit and then contact made with the person. So I'm not worried about the delay in testing. The really key things we're wanting is for a rapid time from symptom onset to testing of people, and we're seeing that happening, and a rapid time of identifying and contacting people who may need to go into isolation. And anyone who's a close contact in self-isolation has to remain in self-isolation till the test result comes back.

Hon Chris Hipkins: Right, so, look, we'll do about five more minutes—so last round of questioning—and we'll move from the left to the right. So starting over here.

Media: OK, I'll start with Dr Bloomfield, and come to you, Chris. Of the [*Inaudible*] close contacts, Dr Bloomfield, how many of those close contacts you've contacted have been tested?

Dr Ashley Bloomfield: Well, if they're close contacts, they'll almost all be tested. I can check that, but if they're close contacts, routinely now we are testing.

Media: And can you confirm whether the Prime Minister will have tomorrow's numbers that get announced at 1 p.m. before she makes that decision at 10 p.m. about the election? Will she have all that information?

Dr Ashley Bloomfield: Well, yes. Our cut-off for new cases each day is 9 o'clock, and so we will—the Prime Minister, and the Minister, of course, will have an update on any new cases that have arisen since 9 o'clock this morning.

Media: Thanks. I want—

Hon Chris Hipkins: You can have one more.

Media: For your indulgence, thank you, Minister. I mean, given at your outset, you know, you gave this plea to avoid misinformation on social media, does it give you pause for thought the way the Government uses social media? I mean, you've made announcements yourself, bypassing traditional media, directly on Facebook. Does it give you pause for thought at all how you engage in the social networks?

Hon Chris Hipkins: Look, I think the Government works very hard to ensure that, you know, we are providing trusted information out there, and, like I said, the most authoritative sources are what we say here, what we're putting on the website—the Ministry of Health and the COVID-19 website. Social media is a good way for the Government to get messages out. We're, of course, pushing messages out with paid advertising on social media because it is an effective way of reaching people, but, really, the message to everybody is verify your source.

Media: Two really quick questions—directed to either of you, this first one: an iwi in Ōhākune is calling for an immediate regional lockdown after a positive case visited Mount Ruapehu. What's your response to this?

Hon Chris Hipkins: I'll come back to the director-general.

Dr Ashley Bloomfield: So two comments there. First of all, I've heard from the DHB chief executive at Whanganui, Russell Simpson. He's working with local government and the iwi to, I guess, address the concerns that they have. And that person that visited Tūroa ski field was not symptomatic at the time, and it's only a short period of that time that they were on the ski field that is in that 48-hour pre-symptom onset. So the risk is very low. The right steps have been taken there, and I think a number of the ski field staff have been tested. Of course, we will report the results of that testing as soon as it's available. So the risk is very low.

Media: [*Inaudible*] Minister, really quickly, what is your preference for the election? Should we still go ahead in September?

Hon Chris Hipkins: I'll leave that one to the Prime Minister tomorrow.

Media: Dr Bloomfield, is it at all possible that the virus has been reintroduced here by travelling via frozen food, frozen packaging? Is that theoretically a possibility?

Dr Ashley Bloomfield: Look, it is a possibility, and we've talked about that. I could say it's a low possibility, but it's not impossible, and so we are—especially because we have this sort of centre of the outbreak and the earliest symptom onset of one of the cases is someone who worked in the Americold workplace. So that's one to be ruled out.

Media: And also there was a pretty big Lotto jackpot last night. If you won Lotto, Dr Bloomfield, what would you do?

Dr Ashley Bloomfield: Well, unfortunately, I won't be in that position, because I haven't bought a ticket, but—

Media: If.

Dr Ashley Bloomfield: Well, I think that's a bigger question. Maybe the rest of New Zealand would have exactly the same ideas about what they might do with it.

Hon Chris Hipkins: All right. Any further questions over here? Last one—Sam.

Media: Just one around the—you know, you talk about the supply of swabs, testing agents, coming in. This may be an obvious question, but what are the public health measures, testing measures, of those workers who are handling that coming in? I mean, I imagine the potential for environmental transfer from a person on to that medical equipment will be quite low, but also it would have a high risk of proliferating were that possible. So are they being tested regularly, those workers who are handling that sort of equipment?

Hon Chris Hipkins: I'll let the director-general comment on that. I know that there is incredibly stringent—what's it called?—infection prevention and control measures when it comes to all medical supplies, but I'll let the director-general comment.

Dr Ashley Bloomfield: Yeah, I think there's nothing special that needs to be done. The particular interest in the Americold situation is because of the refrigeration there, and we know that the virus does survive—it can survive—quite a long time in cold temperatures.

Hon Chris Hipkins: All right, thanks very much, everybody. We might call it a day there. Thank you.

conclusion of press conference