

## PRESS CONFERENCE: TUESDAY, 18 AUGUST 2020

**Hon Chris Hipkins:** All right. Good afternoon everybody. In a moment I'll hand over to the director-general to provide today's update. I imagine that there will be quite a few questions. After the director-general and I have been through our introductory remarks, we will then take questions. We'll then hand over to Dr Woods and Air Commodore Webb, who will be able to answer any questions regarding managed isolation and quarantine facilities. So, director-general, I hand over to you.

**Dr Ashley Bloomfield:** Thank you, Minister. Kia ora koutou katoa. So there are 13 new confirmed cases of COVID-19 to report in the community today, and there are no new cases of people returned from overseas in managed isolation facilities. Twelve of the 13 new cases are linked to the previous cases in the community cluster, and one remains under investigation but is believed to be linked to the same cluster. There are 98 people linked to the cluster who have been moved into the Auckland quarantine facility. That includes 44 people who have tested positive, and the balance are household contacts. There are six people receiving hospital-level care for COVID-19. Two are in Auckland City Hospital, while four are in Middlemore. None are requiring intensive care.

The 13 new confirmed cases today to report bring our total number of confirmed cases of COVID-19 to 1,293. One previously reported probable case is now reclassified as under investigation. The total number of active cases in New Zealand is currently 90, of which 69 are from the recent community outbreak. There is one further community case—more on that shortly—and there are 20 imported cases in quarantine facilities.

So, genomic sequencing. Genomic sequencing has provided more information about two cases of COVID-19 that were under investigation. We have been able to genomically link the household of five positive cases—of which that's one of the two—and household contacts. One of those is the person currently in Auckland hospital, and they have all now been linked to the existing cluster. That is through the genomic sequencing. It still remains for us to identify exactly how the household is epidemiologically linked, but we now know that the virus found in the cluster is essentially the same one that is found in the members of this household who have tested positive. This gives us a high level of reassurance that these people are part of the same community cluster rather than it being a separate cluster.

Now, the second case is a man who is a maintenance worker at the Rydges hotel, which is one of our managed isolation facilities in Auckland. The man carries out maintenance tasks on the rooms there between bookings—that is, following the full infection prevention and control and disinfection of the rooms, and while wearing appropriate PPE. His positive test returned on 16 August, and the genome sequencing indicates his case is not linked to the current outbreak in the community but is most closely linked to a positive case that was in the Rydges and was identified on 31 July—this is a returnee from the USA. Now, there is some further genome sequencing and matching being completed on this case today, and you will have seen there is further information in a media release that went out recently.

On contact tracing, since 11 August, 1,880 close contacts have been identified, and 1,691 of those have been contacted and are self-isolating and have either been tested or are waiting for testing as appropriate, and other contacts are in the process of being contacted. As I outlined yesterday, a number of locations can become of interest as we go through our investigations, and, in most cases, people who were at those locations are considered casual contacts and are at very low risk of any infection. Anyone who is a close contact will go into our national contact tracing service and be contacted. Casual contacts only need to call their GP or Healthline if they become unwell or to get advice about getting a test if they are concerned. All these places have just had a visit by someone who, it transpires, is a case. It doesn't mean that there is a need to avoid those places. These places are all notified and undertake appropriate cleaning, with guidance from our public health teams.

We've also been using the NZ COVID Tracer app to notify people who may have been in these locations.

There are two more locations of interest that I just want to mention today. One is the Pak 'N Save supermarket in Apirana Avenue in Glen Innes, Auckland. The confirmed case visited the supermarket there a number of times between 31 July, initially at 10.09 a.m., and then between 8 August at 10.10 a.m.—so several times over that period. At times, the case was up there for an hour doing shopping. The other location is the Mount Roskill Primary School on Frost Road in Mount Roskill, and the confirmed case was at that location in the 24-hour period between 1.40 p.m. on 10 August and 1.40 p.m. on the 11<sup>th</sup>. And just a reminder: anyone who has visited those locations at those times does not need to do anything except be aware of symptoms and, of course, seek advice about getting a test if you become symptomatic.

On the Americold environmental testing, a final report is expected to be completed imminently, with input from MPI and our ESR staff looking into that possible route of transmission through chilled services on materials arriving from overseas. The full report will have the detail, but it seems clear now that the possibility is being ruled out from that investigation. We'll have further details later in the week.

An update on the exemptions process for people wanting to travel into Auckland. The Ministry of Health has received over 5,000 applications so far. Seven hundred have been granted, 160 declined, and there is a team from right across Government that is working as quickly as possible through those exemptions. They will be granted where there are circumstances like the need to access medical treatment, provide care for a vulnerable person, or to visit a dying relative, and there are some business exemptions that are also being granted where that relates to critical infrastructure or food supply chains.

Finally, on the NZ COVID Tracer app, we now have just shy of 1.5 million users. That's around 37 percent of the population aged 15 and over. Minister.

**Hon Chris Hipkins:** Thank you, Dr Bloomfield. Record levels of testing continue across the country. Over the last five days, we have processed more than 100,000 tests: 18,421 of those tests were processed yesterday, and labs are working well within the 48-hour turnaround timetable that they have been set. In fact, I'm told that most test results are still being completed within 24 hours. I do want to thank all those involved in the testing process. It is an enormous undertaking. Our lab workers in particular are working incredibly long hours to get these test results processed, and I want to thank them for their commitment.

Testing has ramped up at the border, both at the airports and at the ports. Testing of all Government agency front-line staff at the Auckland border—that's Customs, Biosecurity, Immigration New Zealand, Aviation Security, and so on—will be completed very soon. To date, more than 3,485 workers at ports around New Zealand have been tested for COVID-19. At the Port of Auckland, more than 5,000 staff, working from around 800 different organisations, have accessed the port since 21 July. As at 6 p.m. last night, 2,194 of those people had been tested.

A dedicated testing team is operating extended hours to ensure that workers all have access to COVID-19 testing, including those who are working the night shift and the twilight shift. At the Port of Tauranga, a dedicated swabbing site was established by midday yesterday to begin testing around 6,000 potential workers at that site. I've been advised that by 9.30 this morning, 95 workers that were considered to be high priority had already been tested, alongside others. Testing is also under way at the eight other ports around New Zealand.

As of 6 p.m. last night, Auckland Airport—the testing station there had swabbed 2,407 of the 4,474 potential workers, with a testing team working through the night last night to capture night-shift workers. With regard to testing in MIQ facilities—and, again, I note that Dr Woods and Air Commodore Webb are here to answer further questions on this later

on—we have had 2,806 tests completed. That's 97 percent of the workforce in Auckland—so that's of Auckland—and across the rest of the country, 1,599 staff working in MIQ have been swabbed. Happy to take your questions. We'll be here for up until about half past, and then we will hand over. Tova, you can go first.

**Media:** How likely is it that there's another cluster linked to this US strain?

**Hon Chris Hipkins:** Well, look, I'll get the director-general to comment on that, but at this point all of the information we have suggests that this is contained, that this is just one person. Obviously, that investigation work is now under way. The immediate close contacts—so the household and work contacts—that have been tested have all come back negative, so that is a very encouraging sign at this early stage, and, obviously, you know, this is how we want the system to operate, which is that where there is an incursion, you identify it quickly and you stamp it out. If that is what happens with every case, then further alert level restrictions aren't necessary, because that's the way the system's designed to operate.

**Media:** Doesn't it also, though, speak to a lack of testing given this person presumably wasn't tested three or four days after the onset of symptoms and weren't quarantined for six days after the onset?

**Hon Chris Hipkins:** No, and I'll ask the director-general to comment, again, but this person was tested fairly early on after displaying symptoms and there was testing at the Rydges hotel only a couple of weeks before this, so the testing system has been—as we've already said—ramping up. This person was identified right at the appropriate time, but again I'll ask the director-general to comment.

**Dr Ashley Bloomfield:** Thanks, Minister. So a couple of comments. First, just to reiterate, to your original question, that none of the household or work close contacts, and indeed none of the staff at Rydges, who were all tested toward the end of last week as part of testing all our MIQ workers—they've all been tested; none have returned positive tests other than this person. His test results suggest recent onset of the infection and he was tested on the 13<sup>th</sup>. As soon as the test result came back positive he was in self-isolation, close contacts identified, and so on. There is a number of casual contacts, from a church service, which is in the media release—56 people all have had contact made except for two, who are just waiting for a call-back and are in self-isolation and are being tested as well. So this seems very well contained and we'll keep you updated on it.

**Hon Chris Hipkins:** We'll just let Tova finish and then we'll come to Jess.

**Media:** Are you sure that all of the staff at those managed self-isolation facilities have adequate protection, that their safety is kind of paramount if you haven't been able to establish the person-to-person links yet? Was this person given appropriate PPE? How could this happen?

**Dr Ashley Bloomfield:** Look, Minister Woods, I think, is going to talk a bit more about what happens at the facility. What I would say is that this is someone who's a maintenance worker who works for the hotel staff, so doesn't have interaction directly with any of the guests, so once again, a little bit of a mystery here, one that we will be investigating fully to find out, but I can say that when the maintenance workers enter any room that someone positive might have been in, they do have appropriate PPE.

**Media:** Is saying that it's a mystery, though, good enough? I mean, shouldn't we know where this comes from? Does it talk to a system failure that things weren't cleaned properly, that processes weren't in place?

**Dr Ashley Bloomfield:** No, I think it's—we don't know yet.

**Hon Chris Hipkins:** Look, can I just make a comment on that? Ultimately we're dealing with a virus here. I think what you'll hear very shortly, in about 15 minutes, is that there are very extensive protective measures in place at MIQ facilities. Now, the investigation so far—you know, we go through everything. CCTV footage of all of the people concerned to

identify where contact may have happened, it does show that this is a highly contagious virus that is easy to get and we're doing everything we can to put protective measures in place.

**Media:** This shouldn't be happening, should it?

**Hon Chris Hipkins:** Well, what I can say is, you know, you can put very, very stringent protective measures in place, there is no such thing as a 100 percent guarantee, even if you have the very best protective measures in place.

**Media:** With all the focus on testing border workers, why are there still exemptions for airline crew coming into the country?

**Hon Chris Hipkins:** Look, there are different arrangements for airline crew coming into the country. There are very strict arrangements around what they do when they're on the plane, what they do when they're off the plane, if they're stopping in another country, to ensure that they're not coming into contact with COVID-19. If they're having a layover in another country, they then have a 48-hour stand-down when they return to New Zealand, they are tested at the end of the 48-hour period. So there are different arrangements in place for air crew. There, of course, are a lot of protective measures taken for air crew.

**Media:** But the testing that you mentioned, that's just in place for people coming from high-risk countries, right, so can you give us some examples of what's high risk, medium risk, and low risk?

**Hon Chris Hipkins:** No, all air crew who are coming from overseas should be tested at the end of their 48-hour stand-down period. Now, one of the things that I'm going to be doing in the next few days to eliminate doubt—because we continue to get questions about this—by the end of the week I will issue another order that specifies all of this so that there is absolute clarity around it. But the rules are very clear to those who are following them at the moment, but, to avoid any public confusion about that, I will issue another order that makes that very clear. I'll let you finish that—

**Media:** Why are crew working on transfer flights taking people between managed isolation facilities, or from Auckland to managed isolation facilities—why are they still not required to be tested or isolated?

**Hon Chris Hipkins:** Look, I'll have to come back to you on that one. I'll come back to you on that.

**Media:** Can you clarify, Dr Bloomfield, was the man tested on 13 August? Is that what you said?

**Dr Ashley Bloomfield:** Yes, he was tested on 13 August.

**Media:** So was he tested because he was symptomatic or because there was an outbreak and there was mandatory testing in the border facilities?

**Hon Chris Hipkins:** Everybody at that facility was tested on the 13<sup>th</sup>. That's part of the routine testing regime that we have been putting in place, which is he was picked up as part of the routine surveillance testing.

**Media:** Does that mean his symptoms onset two days before?

**Dr Ashley Bloomfield:** Yes. Perhaps I could just talk to that, knowing the clinical picture. So he had some mild symptoms two days before that he attributed to a pre-existing condition. They then went away, and so that's why he was back at work. He didn't actually have any symptoms when he was back at work.

**Media:** A senior quarantine officer has told us that staff at the border had asked for a regular testing programme weeks ago. This was declined. Unions also say their members didn't have an issue with the tests. So why are you trying to shift blame and say that the border workers didn't want tests?

**Hon Chris Hipkins:** Look, I think we've been through this over the last few days. What you'll see from the numbers is that the rate of testing has been steadily increasing over the last three weeks or so. I've been very clear: we would have liked to have seen those numbers increasing faster. What we also know, though, is that not everyone was being tested at work. So those who got tested through a community-based assessment centre, a CBAC, or who got tested at their GPs, we up until now have not necessarily been recording them in the right column to be able to say that they were—you know, to categorise the nature of their work.

**Media:** But you also said there'd been a reluctance among staff to be tested. So why did you say that when the border officials are saying that's absolutely not the case?

**Hon Chris Hipkins:** Look, there has been some reluctance amongst staff. That's certainly the advice that we have had. There certainly isn't now, which I think I said three or four days ago as well, which is a good sign.

**Media:** But is that fair, though? Because it paints a picture that the workforce weren't keen when the reality is that it wasn't being offered to them?

**Hon Chris Hipkins:** Look, it was a variety of factors. I've never said that that's the only factor. There are a variety of factors. Hesitancy to be tested has been something that we've been grappling with a lot across the country up until now, including for staff who are in that category. It's not been the only one. As I've said, the line-of-sight issue around people who were being tested and making sure that that was recorded in the right way has been a challenge as well. That has now been addressed. So there has been more testing taking place than people might necessarily think, but it hasn't necessarily been recorded and reported in the way that we are now doing to give that greater degree of transparency.

**Media:** Are you also aware that another one of the factors is that people have been volunteering themselves for tests and they've been declined those tests?

**Hon Chris Hipkins:** They should not have been declined tests.

**Media:** Are you aware that that was happening? Because that's what we're hearing anecdotally.

**Hon Chris Hipkins:** Yeah, look, beyond anecdotes—so I get anecdotal reports all the time, And I can tell you every one of those anecdotal reports—and I'm sure Dr Bloomfield can tell you every one of those anecdotal reports—I've been following up with the ministry. And obviously we've been working very hard to get testing happening in higher volumes and more frequently.

**Media:** Dr Bloomfield, just on the maintenance worker, you say it's a mystery how they contracted the virus. What are the different theories you're investigating? And, just to be clear, this worker never entered the room of the returnee?

**Dr Ashley Bloomfield:** So I think it's best, in that regard, Minister Woods will talk to that shortly. I think there are a couple of possibilities. Human-to-human transmission directly, and it may well be—and that's part of the reason why all the guests and the staff are being retested; is whether there was someone who was an intermediary between the guest who tested positive on 31<sup>st</sup> and then this man who has tested positive. So that's one possibility. And the other is through environmental contamination, because we know this virus can survive on surfaces—not for that long, but it can survive and infect people.

**Media:** Can I just get some clarification, Minister, on the exemptions for air crew. On the Ministry of Health website, it says: on return, for air crew coming back from low and medium risk countries, they just complete a health assessment and then can return home and operate as usual.

**Hon Chris Hipkins:** I'll just get the director-general to answer that.

**Dr Ashley Bloomfield:** I don't have the technical detail on that, but we can come back to you on that.

**Media:** Minister, could you give us further detail to the Health Act order that you're going to bring in around testing later in the week?

**Hon Chris Hipkins:** Yes, there'll be two orders that I will be issuing—that I'm endeavouring to issue by the end of the week. One is an order that clarifies exactly—well, they may be one and the same order, but they're two distinct issues. One will be around formalising the regime for air crew, because while there is a regime in place, there's still a lot of questions about it. So formalising that in an order will make it much more transparent to people. The second will be the routine—formalising the routine testing that will go forward from here. The order that I have put in place this week—or the two orders that I have put in place this week are around this surge of testing, and then, of course, the next order will make sure that we are maintaining our surveillance testing and it will specify exactly what's expected there.

**Media:** What will you specify—weekly testing?

**Hon Chris Hipkins:** That is exactly what we're working through at the moment. So it'll be based on a risk-based framework, so those at the higher risk will be the most frequently tested.

**Media:** The order that was forthcoming on the contact tracing requirements for businesses at level 2—apparently there's some redundancy in the existing order that office was seeking to handle. When can we expect to see that?

**Hon Chris Hipkins:** Yeah, that will be updated this week as well. So, as you'll be aware, the latest order puts in place a mandatory requirement for QR codes to be displayed. There is still a bit of an ambiguity about whether or not people need to be making people sign a manual register and scan in using a QR code. So we'll make it absolutely clear that it's an either/or—that you need to make sure that there's a system for recording everybody that's entering, but it does not have to be both. So we'll clarify that in the next order that we're putting out.

**Media:** Dr Bloomfield, how many of the now 70 cases in the community have had their genome sequence or will have it? Is the plan to sequence all of them?

**Dr Ashley Bloomfield:** Yes. So all new cases we are getting the genome sequenced, and any case in managed isolation now will be sequenced. A number of earlier cases have been sequenced, but by doing them at the time, we know there's more likely to be successful genome sequencing done because there'll be RNA material in the sample. So, yes, all the new cases are being sequenced and, furthermore, that will help us outline—ESR will outline the relationship between the cases, so it gives us a clue about who was infected first and who they then infected, because each time the virus is passed on, most times there's a—should I say—very small change in the genetic makeup of the virus. So they can map through what the chain of infection is. At this point, I can say that it seems so far that the case that was the first is the person from the Americold facility whose symptom onset was 31 July. So the genomic testing to date suggests that that person, he was the first to be infected in this cluster.

**Media:** Can I just check in on the numbers of the Auckland cluster. Another 13 today; it doesn't appear to be dissipating. It is on track to becoming the biggest cluster through the pandemic, and should Aucklanders start that mental preparedness that they might be spending more time in lockdown?

**Hon Chris Hipkins:** Look, I think, in the last part of your question, that's all very premature at this point—you know, in terms of speculating about what may happen. We've always been very clear that we keep a constant watch on these things. We're constantly reviewing the alert levels and I'm not going to pre-empt any decisions about that. I think that's still far too early. In terms of the number, as to whether it ends up being the biggest, I'll hand over to the director-general.

**Dr Ashley Bloomfield:** Look, I think you're right; it is on track to being the biggest. One of the things that is different now compared with the clusters when we had the outbreak earlier and in alert levels 4 and 3 is we are increasingly confident we are tracing and identifying all of the cases, and because we've got all those close contacts in isolation and are testing them, we will have a better idea—and this is what we want to have—of all the cases associated with the cluster, whereas it would have been, in our earlier clusters earlier in the year, there would have been other cases that were not identified. But because of the lockdown arrangements, there was no further community-onward transmission.

**Hon Chris Hipkins:** But can I make one further comment on that, though. Because of the lockdown that we have—the level 3 lockdown we have at the moment—as we identify new contacts, they are effectively already in isolation because of the level 3 requirements. So that has helped to contain the virus while we've been going through the contact tracing process.

**Media:** Minister, the person who started the conspiracy theory that you referred to over the weekend appears to have been found. What is the appropriate action to take against them?

**Hon Chris Hipkins:** Look, that's a matter for the appropriate authorities. I don't have all of those details. I've seen that there's a transcript of a conversation with that person been released. I haven't had a chance to have a look at that or to read that. Obviously, there's some remorse on their part, so that's an encouraging sign.

**Media:** And also research out today shows a lot of New Zealanders drink heavily at home. How worried are you about that worsening during lockdown, and will the Government look at policy to tackle the issue of takeaway alcohol?

**Hon Chris Hipkins:** Look, I encourage all New Zealanders to drink responsibly when they're at home.

**Media:** Minister, can we ask for an update on the exemptions. When you leave or go into Auckland, some people are given those exemptions. Why are they taking so long to come through, and why can't people who had exemptions in the previous lockdown just have those carried over and use those?

**Hon Chris Hipkins:** Obviously, it's a different situation in this lockdown in the sense that different geographical areas of the country are being treated differently. And so movement from a level 3 to a level 2 area, if you had free movement during the previous lockdown, it doesn't necessarily mean you should have free movement during this one, because that previous exemption you had assumed that the place you were going was under the same protective measures as the place that you had been. And that is certainly not the case at the moment. So it is a different process, and I acknowledge that that will add a little bit of time.

**Media:** And we're getting reports of it's sort of up to seven days. Is that appropriate given the circumstances we're operating in at the moment? Have you had reports that it's been too slow?

**Hon Chris Hipkins:** Look, everyone's working as quickly as they can to make sure that this is dealt with in as timely a manner as possible.

**Media:** Minister, you were talking about that 48-hour turn-around time for testing, but we've talked to someone in managed isolation who has been waiting four days for their final test. What's the reasoning behind that, and is there anything that's being done to accelerate it?

**Hon Chris Hipkins:** That's news to me. We'll have a look at that.

**Dr Ashley Bloomfield:** We'll have a look. The managed isolation tests, particularly those ones where people have to return a negative test before they go, we try to prioritise

those. Of course, the Auckland labs have been processing high volumes, but we'll work with the managed isolation facilities to make sure those tests do get prioritised.

**Media:** And also on close contacts, has anything been done for second tests? Are they necessary, and are they being encouraged to go for those?

**Dr Ashley Bloomfield:** Can I just comment on that. So people are tested, but close contacts also remain in self-isolation for the full 14 days as well.

**Media:** So no second test for those ones.

**Dr Ashley Bloomfield:** No, not routinely, unless, of course—because they're on symptom watch also for that period. If they develop symptoms, then they are tested again.

**Hon Chris Hipkins:** All right. I'm just aware that we've only got a little bit of time before question time, and I do want to allow Dr Woods and Air Commodore Webb the opportunity to take the podium. So we'll take a couple more questions, and we will be back tomorrow, so there'll be plenty more time to ask questions tomorrow.

**Media:** Minister, has any further thought been given to setting up an inquiry or review into New Zealand's response to the pandemic?

**Hon Chris Hipkins:** Look, I think it's inevitable that we will get to the point where that is sensible, but at the moment, all of our focus is on the response, and I don't want to take people off the response to do too much reflective thinking when, actually, we need all eyes focused forward on making sure that we're dealing with what's in front of us right now.

**Media:** Minister, were you concerned that border workers have been leaving the international airport without tests to work in other areas of the country? Is that a problem?

**Hon Chris Hipkins:** Sorry, can you run that by me—I didn't quite hear that.

**Media:** We understand border workers have been leaving the international airport in Auckland without tests, to work in other parts of the country. Is that a problem?

**Hon Chris Hipkins:** Look, again, I can look into that, but I can tell you that everybody in the borders is currently going through a testing cycle, and that will be routine.

**Media:** And just to follow on that, do you think it's smart or safe to have international air crews to have layovers at hotels in Auckland used by the general public?

**Hon Chris Hipkins:** The protocols that have been put in place with those hotels keep those air crew well separate from any members of the public. Very last question here.

**Media:** Dr Bloomfield, kind of following up on Ben's question, over the last couple of days there's been these dozens of new cases in. Has there been any clarity from speaking to these people when they were infected? And I guess what I'm asking is: has anyone been infected since Auckland went into level 3?

**Dr Ashley Bloomfield:** Yes, within households. And the diagram we are updating daily on our website includes for each case the date of their positive test, and also, where pertinent, if they are symptomatic, the date of their symptom onset. So that creates a picture of how all these things fit together. And, secondly, of course, as I talked about, the genomic sequencing helps us develop a picture of how the infection progressed through the community. But, as I've said, and we found earlier in the year, most of those infections will occur within households, even when they go into quarantine, because they may well have been infected before that happened.

**Media:** Minister, a quick education question if I can.

**Hon Chris Hipkins:** Very last question to Tova. That's a bit cheeky, but go on then.

**Media:** Thank you—for a colleague. How soon this week could we see year 12 and 13s return to school, and are you confident schools can manage this safely?

**Hon Chris Hipkins:** So it's not automatic that year 12 to 13 students can go back to school. This is a process that they will have to apply for. They will have to demonstrate that they can meet all of the restrictions that are in place for people who are at work under alert level 3, so they'll be treated the same as every other workplace. Providing they can demonstrate that, and they have to demonstrate that before their students would be allowed to return, and they can demonstrate that to the Secretary for Education, then they would be allowed to do that.

I would envisage that the schools that will be using that—they'll be using that sparingly, for those students who need to be on site. So there are some applied subjects which you can't easily do from home, and so that's the group of students that we're wanting to make provision for, bearing in mind that for those who are in potentially their last year of schooling, they've, effectively, lost a term out of a four-term year, so we're trying to be as accommodating as we can, whilst not doing anything that treats young students and schools differently to any other workplace. And so that's the key criteria there.

Now, Dr Bloomfield and I will be back tomorrow, so we'll now hand over to Dr Woods and Air Commodore Webb.

**Hon Dr Megan Woods:** Thank you. Well, as you've just heard from the health Minister and the Director-General of Health, there is a case of a worker at a managed isolation facility contracting COVID-19. I just want to give you a quick rundown and update and, obviously, take any questions around that.

As soon as we had notice of the positive result, a number of planned procedures were activated. The case of the maintenance worker is not linked to any incident, system breakdown, or, indeed, any wider outbreak at the facility. In fact, the facility is one which has had no serious incidents reported, or, indeed, happen at them.

As described by the director-general, there is a genomic link between the maintenance worker's case and a positive case of a US returnee who was in the hotel between 28 July and 31 July. The room the US returnee was in has not been occupied since her transfer to the Jet Park quarantine facility on 31 July, and it is still empty. The room underwent hospital-grade cleaning with hydrogen peroxide vapour sanitiser using a bioquell machine on 14 August.

To date, there is no obvious evidence of person-to-person contact between the worker and the returnee. In fact, this case highlights how tricky and insidious this virus can be. I'll just now hand over to Air Commodore Webb to outline some more details, and then we'll take your questions.

**Air Commodore Webb:** As the Minister has outlined, we took immediate action to limit the risk presented by this situation. A person testing positive for COVID in a managed isolation facility is something we're prepared for and practiced at responding to. We have strong protocols in place. Obviously this is slightly different in that it was the first time that a staff member connected to a facility has tested positive. As Dr Bloomfield mentioned, it is worth emphasising at this point that this particular case involves a Rydges hotel maintenance worker who does not routinely interact with any of those returnees.

As soon as the positive test was established, a series of actions were undertaken immediately at Rydges. The hotel was put into immediate lockdown on Sunday morning, as soon as the positive test was returned. Thorough cleaning of shared areas of the hotel were carried out, as the Minister has outlined; close contacts of the staff member identified, and they were put into self-isolation until tested. Close analysis of movements were undertaken, and this includes a review of CCTV. We've also reviewed room entry data to look for connection to cases with other guests; genomic sequencing has been sought through ESR; health advice is sought on subsequent actions; and further testing of all returnees and other cases and staff were undertaken.

Confirmation that infection prevention control measures were correct has also been followed. Once we had confidence in Health advice that it was appropriate to do so, normal procedures within that facility were then resumed. Minister.

**Hon Dr Megan Woods:** Thank you. We'll take some questions. Jess?

**Media:** You talk about strong protocols, but how can you say that when, obviously, there was an error if they were able to have that person-to-person contact and infect each other?

**Hon Dr Megan Woods:** Look, I'll just start off, and then I'll ask Air Commodore Webb to comment more broadly on that. There is, at this date, no evidence that it is person-to-person contact. We are obviously still investigating how that may have occurred, and that will also include looking whether there's a possibility of surface contamination. It's something that we can't rule out and something we will investigate. In terms of our confidence level in terms of the procedures that were required by the staff at this facility, it was an incredibly well-run facility. There have been no incidents at this facility, and in terms of the reports that we've been receiving back on a daily basis from the NZDF team that have been the operational leads there, all the reports have that we have been receiving is that this is a very well-run facility. But I'll ask Air Commodore Webb just to give a bit more—

**Media:** Could I just follow up on one of the points? So the fact that it could be surface-to-surface contact, doesn't that point to it being a system failure even more, that it obviously wasn't cleaned, it wasn't protected, so that people were able to contaminate each other?

**Hon Dr Megan Woods:** What we do know is that the maintenance worker was not in the room of the US returnee after it was vacated on 31 July. In fact, no one in the hotel entered the room until 14 July when it was entered to be cleaned. We have verified that by using the room entry data, the card swipe access to the room in question. It's something that we've interrogated quite closely. So in terms of that being a problem, we have ruled that out through those processes. We have also—obviously, there's been interviews, as Air Commodore Webb said, with the maintenance worker and interviews with the returnee, trying to establish if there is any link, if they were in any common area. We are not seeing any glaringly obvious points of connection.

This does not mean that we don't continue to keep investigating, but in terms of procedures around use of PPE by the maintenance worker, coupled with the knowledge of when he was in that particular room, is something that we're satisfied with. What we have also done through looking through swipe card access is seen the times in which the US returnee was out of the room. She was a returnee who stayed in her room a lot for the three days that she was in the facility—I think two or three occasions when she left. So we are looking at CCTV footage at the periods of time when we know that she was out of her room to establish whether or not there was any contact. But really want to emphasise that a maintenance worker is not someone who has routine contact with returnees. They enter unoccupied rooms.

**Media:** Do you accept that you have failed in your duty to actually test the MIQ facilities? It was supposed to be happening from 23 June.

**Hon Dr Megan Woods:** Look, I think you heard quite a deal of discussion about testing, obviously, with the Minister of Health and with the director-general, and it's something that we've been working with Health over a period of time, particularly around surveillance testing and testing of non-symptomatic staff. That asymptomatic testing is something that we've been feeding through and something that is being rolled out. We're seeing now that we do have that mandatory regime in place, and—

**Media:** But you would've been getting daily numbers of the tests coming out of those facilities, wouldn't you?

**Hon Dr Megan Woods:** Returnees—the daily reporting.

**Media:** You didn't get any—

**Hon Dr Megan Woods:** No, the daily reporting we were getting were around returnees. I want you to bear in mind: until Friday, there was not a mandatory testing regime for staff, which meant it was incredibly difficult to monitor and collect that data, is the advice we were getting from Health, because they weren't all happening onsite. Some people were electing to go to a community testing station or to go to a CBAC.

**Media:** But the public was being reassured that those workers were being tested, and then you didn't follow up and ask questions as to whether that was happening.

**Hon Dr Megan Woods:** Surveillance testing had started in terms of the asymptomatic staff—that had started. It was under the voluntary regime towards the end of July, and, actually, they were onsite at this particular facility where this case has been. Earlier in July, I think around 30 percent of staff, 30 or 40 percent—

**Air Commodore Webb:** Forty percent.

**Hon Dr Megan Woods:** Forty percent of staff that this hotel did have surveillance testing carried out prior to this outbreak. But I would like to point out that that surveillance testing was not onsite when this individual has returned the symptomatic test. He was picked up under the new mandatory system where all staff are and where that was onsite.

**Media:** We were told that mandatory testing wasn't necessary because the voluntary testing was being done. So why was that not happening? Where has the miscommunication occurred? Why did you not know that they weren't being tested?

**Hon Dr Megan Woods:** But what we've said consistently—and you would've heard us stand on this platform many times and say that we're continuing to work with Health to ensure that it's not just symptomatic staff that can be tested, to roll out the system that we now have rolled out and has been rolled out that we are having routine testing for all staff, whether or not they are symptomatic or non-symptomatic and is broader than surveillance testing. That is something that we've continued to work with Health on and something we will continue to help work with Health with, because as I have stood on this platform and said, it is something that we have heard from staff when we've visited facilities about access to testing, and it is a reason why it is something that we have been working with Health on.

**Media:** Kiwis seem to be universally outraged by this. I mean what should they make by this total accountability gulf, should we say, between the Ministry of Health, between your ministry, and between the Prime Minister?

**Hon Dr Megan Woods:** Well, first of all I reject the premise of your question. In terms of the accountability, what we had was a voluntary regime. So there was testing for all symptomatic staff. I think that's something that needs to be well understood. The question was around the testing for asymptomatic staff, because the clinical advice from Health was that you did not need to be routinely testing. One of the pieces of information that we've fed through that Health have maintained, and rightly maintained, that the most important, proactive way in which we maintain our facilities to be COVID free is through the use of PPE, through good infection prevention controls that are inside the facilities, and making sure we have those procedures right. The testing is only ever a reactive mechanism. It is one tool in our tool box. But in terms of the fact that we now have that in place as a mandatory system, what we can report to you now is the fact that at the facility where this has taken place, there is 100 percent of all staff have been tested, and across the network in Auckland, I think it's 97 percent of all staff within MIQ have been tested.

**Media:** Minister, sorry, are you saying at fault here is that the Ministry of Health was, essentially, withholding tests—that, you know, staff didn't have access to them, they weren't able to get the tests, and that's what the hold-up was?

**Hon Dr Megan Woods:** No, what I'm saying is we were working with them, and what we saw was the system being rolled out from mid-July—

**Media:** But why the hold-up?

**Hon Dr Megan Woods:** —I think it was—21 July, the first one on site at this particularly facility. We did have the rollout of surveillance testing, which wasn't just for symptomatic staff. Obviously, before that there was the issuing of vouchers for people to be able to go to other facilities to have tests. So this was a system that was being rolled out.

**Media:** But isn't there a difference between surveillance testing and routine testing; and routine testing was said to have begun to occur from 23 June.

**Hon Dr Megan Woods:** So surveillance testing and routine testing—yes, there is a difference, but in order to have routine testing, what we found out is that it needed to be mandatory, and that is the order that was put in place on Friday.

**Media:** In terms of timing, the hotel was locked down on Sunday. Why are the public only finding out about it today?

**Hon Dr Megan Woods:** So, of course, the case was reported at the time that any other case was. Health wanted to do some further investigations in terms of the links of the case. So the case was reported yesterday as it would have been as with any other case. In terms of going into the details of the case, we were waiting on the genomic sequencing to be able to link it to the cluster or not. That only arrived with us this morning, and so that's why we're giving the further detail; but the case was reported in the same way. But from our perspective, from a facilities point of view—and Air Commodore Webb can speak to this—that everything that needed to happen happened from Sunday morning onwards.

**Air Commodore Webb:** Yeah, that's right. So as soon we understood that the positive test had been received, the hotel reacted immediately. All returnees were isolated in their rooms; normal follow up measures were taken, which included making close contacts aware, and also isolating the close contacts; immediately starting the testing, follow-up work; and then contact tracing that follows with that.

**Media:** Why the delay though? Why not let the public know yesterday that this process was happening? Did you want to wait and see so that—you know, why wait?

**Air Commodore Webb:** I think what we've seen is actually getting the detail is quite important in the process of follow-up. So the genomic testing to link whether it's a cluster that we're already aware of is a really key part of the analysis. The normal 1 p.m. reporting yesterday was consistent with the information that we had, and then that follow-up genomic testing has taken through to—as the Minister said—this morning.

**Media:** But isn't it important that the public know, though, with things like the church gatherings and things like that—doesn't that help people come forward and stop the spread? People would have been looking at that yesterday saying, "Oh, no one's reporting it; no one's talking about it."?

**Hon Dr Megan Woods:** So just to be absolutely clear: all the contact tracing has been taking place. Nothing has changed because we haven't given the in-depth details of this case. The contacts from the church group have already been contacted. Testing is under way. So there has been no delay in any of the processes that needed to take place because of that. And, as I said, the Ministry of Health wanted to wait for the details of the genomic testing so we could establish or disestablish the link with the known cluster. That came through this morning, and that's why we're in the position to be able to give you these details today. But, in terms of the processes and procedures that we needed to put in place at the facility, they were activated as soon as the information came through. Jenna.

**Media:** Just back on testing: you said that symptomatic testing was still occurring but there was no real clarity around asymptomatic testing. Is that right? Is that where the miscommunication is?

**Hon Dr Megan Woods:** So in terms of the ability to have 100 percent across everybody, the systems weren't in place for that. One of the things that we know and we've identified to Health—and we've looked at ways to bridge the system to ensure that it can happen—is that, of course, our staff who are at MIQs can't simply leave to go to community

testing stations, because we're asking them to do a job in the facilities—often at the time those stations are open. So we've been working with Health to identify some of the barriers to higher uptake, that being one. Another, actually, is the time of day that you do the testing, because, obviously, we run 24/7 operations at our MIQ facilities. It's not a 9 to 5 operation. So we've been trying to time getting testing teams into the facilities to coincide with shift change so that you can get both sides of a shift.

**Media:** I'm just a little bit confused as to why it's taken two months to do that, when we were told on 23 June that regular health-check and asymptomatic testing of all border-facing workers would be happening as part of the Government's testing strategy.

**Hon Dr Megan Woods:** Yeah, and, look, I think the Minister of Health and the director-general have canvassed the issues around testing.

**Media:** But no one's told us why it hasn't happened.

**Hon Dr Megan Woods:** In terms of the rolling out of the testing regime, that is a matter for Health. And I think that the director-general and the Minister answered a lot of questions on it when they stood here today.

**Media:** Have you raised those concerns with them that your staff have been telling you that they weren't getting tested enough and they didn't respond—who didn't respond?

**Hon Dr Megan Woods:** Oh, look, we have been working with the Ministry of Health. That's the reason why we had rolled out surveillance testing. We had seen a shift—that from July we did see surveillance testing, which was new, coming into our facilities so there could be greater access to testing.

**Media:** Minister, you said that this man had been tested—I'm referring to the maintenance worker—as part of new mandatory testing. Does that mean that he wouldn't have been tested had that cluster not occurred on Tuesday—not have been found on Tuesday?

**Hon Dr Megan Woods:** Look, that's a hypothetical. I don't have the detail around what the existing that got overridden plans for getting more surveillance testing into that facility were.

**Media:** Whenever we talk about testing, though, Dr Bloomfield always says that before someone goes to work in the morning, their temperature is taken, they're asked about symptoms.

**Hon Dr Megan Woods:** Yeah.

**Media:** This man had symptoms two days earlier, which, if I'm doing the math right, would have been the Tuesday when the cluster was found. What happened to him on that Tuesday morning?

**Hon Dr Megan Woods:** So he had his health checks on both days, and he passed those health checks, in terms of the temperature bit, in terms of the—and Dr Bloomfield outlined this: that he did have a cough, but that was put down to a pre-existing medical condition that he has. So he wasn't picked up through that, but what we have checked and can confirm is that the health checks occurred on each day that they should have for this individual.

**Media:** Shouldn't that be more rigorous though? So if it was put to a—we now know that the man had COVID-19 and it wasn't a pre-existing condition. So if someone goes into a health check and has symptoms, should they not go to work in one of the country's few MIQ facilities?

**Hon Dr Megan Woods:** Sorry, did you say we know it wasn't a pre-existing condition?

**Media:** Well, we know now it was COVID-19.

**Hon Dr Megan Woods:** No, but, when he reported his symptoms, he attributed it to a pre-existing condition. I think the important thing is the temperature checks and some of the

others. I mean, what we do know is this is an incredibly tricky virus—that we do have people all around the world who do test positive who display a range of different symptoms. It shows why it is that we have to ensure that we're putting many measures and layered measures of security—and I can hear the bell starting to ring, so we'll take a couple more. Over here.

**Media:** When you're talking about the 30 to 40 percent of people who are covered by this voluntary regime, the CEO of the New Zealand Health Group, which contracts those health check workers, the workers who are conducting these health checks—and they have workers in all 18 managed isolation facilities—she said that zero of her employees have been tested. So would that 30 to 40 percent cover the people who are contracted to the facilities or just the full-time staff?

**Hon Dr Megan Woods:** I am assuming that it covers the contracted workers from the data we've seen, because there's a number of contracted staff across a range of professions. But we're happy to follow up and verify that for you.

**Media:** Just a follow up on Justin's question: if he shows up to work on a Tuesday and he has a cough—it's the day that the community cluster was broken out and has been confirmed. Surely you'd err on the side of caution and send him home?

**Hon Dr Megan Woods:** Look, he passed his health check—is what we can tell you.

**Media:** The man has a cough, we have a new cluster. Surely, common sense here is you should go home and you should be tested straightaway.

**Hon Dr Megan Woods:** Look, as we can say, he passed his health check in terms of the temperature, which is one of the important parts of that. He had his test on Thursday. That's all we can tell you at this point in time.

**Media:** Do the health checks need to be stricter then, if someone can go into a facility with a cough, even if they have a pre-existing condition?

**Hon Dr Megan Woods:** We've always said that managed isolation has to be part of a process of continuous improvement. We do need to look at what further measures need to be put in place to pick up people who are displaying symptoms, even if they may be going through the routine health check and deemed OK. We do need to look at ways in which we can strengthen that, and we certainly will be doing that as a result of this.

**Media:** Minister, was there ever asymptomatic testing at MIQ?

**Hon Dr Megan Woods:** There was surveillance testing of asymptomatic workers, yes, that started occurring in July.

**Media:** Did you have the number on that?

**Hon Dr Megan Woods:** We can get that for you, but my understanding is—that will be by symptomatic and surveillance testing, so we'll need to get that number to you and see if we can break that down a little bit.

**Media:** Just to be clear: we went a month without it after you promised it.

**Hon Dr Megan Woods:** So I can get you the dates around when that surveillance testing started. But they are questions to put to the Ministry of Health. OK, thank you.

**conclusion of press conference**