

PRIME MINISTER'S PRESS CONFERENCE: WEDNESDAY, 19 AUGUST 2020

PM: Kia ora koutou katoa, everyone. Forgive us for being slightly late this afternoon. I am aware, of course, the House is in session at the moment; so as to avoid any cross over with the bells and to ensure that the press gallery have the chance to question any other MPs as they enter the House, I will try and look to wrap by at least 20 to, just to forewarn everyone.

We're now a week into our COVID resurgence plan and halfway through our precautionary move of Auckland to alert level 3 and the rest of the country to alert level 2. Today, I am going to set out a number of decisions the Government has taken to strengthen the ongoing delivery of testing at our borders and managed isolation facilities and continue in an ongoing process of improvement, as we have always done through COVID, to continue to reduce the risk of transmission of the virus. First, though, I will hand over to Dr Bloomfield to provide the latest numbers.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So there are six new cases of COVID-19 to report in Aotearoa New Zealand today. One case is an imported case; it's a woman in her fifties, who arrived in New Zealand from Qatar, via Sydney, on 14 August. She has been in managed isolation at the Sudima Hotel in Rotorua and will now be moved to the quarantine facility in Auckland. The other five cases are in the community, and they have all been linked to the current Auckland outbreak. So there are now 125 people in the community who have been moved into the Auckland quarantine facility, and that includes 61 people who have tested positive and household contacts. There are five people receiving hospital-level care for COVID-19—one in Auckland City and four in Middlemore Hospital. The six new confirmed cases reported today bring our total number of confirmed cases of COVID-19 to 1,299.

Just a note on the people who are being cared for in hospital with COVID-19: they are isolated and are being very carefully managed, separately from other patients. So anyone who needs to visit one of those facilities for medical care, whether it's acute or non-acute, can be very highly assured that there are safe processes in place to keep you safe. And please do seek care if you need it at hospital.

Yesterday, our labs processed 23,038 tests for COVID-19, bringing our total number of tests completed to date to 639,415. And, on testing, just a reminder people should only present for testing if they are symptomatic, are connected to a case—in which case they will have been asked to do so—or are concerned they may have come into contact. The only asymptomatic people being tested are those being tested at managed isolation facilities or at our border at the moment.

Since 11 August, we have identified 1,983 close contacts of our existing cases, and we have traced 1,861 of those people, who are self-isolating, will have been tested, or are awaiting testing. We will include in our update some information around the latest on our genomic testing and the use of serology testing, which we have been using as part of our ongoing work on this outbreak.

Just on the PAK'nSAVE Glen Innes, which I mentioned yesterday is a site that had been visited by a shopper who was a confirmed case of COVID-19, the investigation continued further yesterday and the scoping suggests that person, in fact, only visited the supermarket once while infectious, and that was on 12 August. Apologies to PAK'nSAVE Glen Innes and Foodstuffs if that longer period that was indicated yesterday has caused any issues. The person is considered to be low risk, and employees and other shoppers also, therefore, at low risk.

The total number of NZ COVID Tracer app registered users is now 1,556,138. It's great to see people using the app and, of course, businesses displaying the QR code. And just a plea to businesses: remember the QR code needs to be accessible to people who may be

in wheelchairs. So please make sure that there is a code that is no higher than 130 centimetres above the ground.

Finally, a word on the exemptions process: so there is advice on travel into and out of Auckland on the all-of-Government COVID-19 website. Travel, of course, is restricted under the current alert levels. There are a limited number of personal exemptions being granted, as well as exemptions for work purposes. There is an application process that needs to be followed that is on the Ministry of Health's website. And there are a number of people who have been granted exemptions, as I outlined yesterday.

And travel in and out of alert level 3 to alert level 2, or in either direction, is not permitted. Some people may leave alert level 3 after consideration for specific exemptions. I recognise this can be particularly challenging for families who are in mourning or who are wanting to visit dying loved ones, and we will consider any applications on a case-by-case basis. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. As you've heard, today's results are encouraging. At this stage, we are not seeing a surge in community cases, we have not seen any new cases outside of that identified Auckland cluster, and there are no additional cases relating to the Rydges maintenance worker that we talked about yesterday. The perimeter of the virus is not expanding exponentially, and risks like daily doubling of cases, as we saw during the first outbreak, has not occurred over the past week. So far, the rollout of our resurgence plan is working as we intended. However, as has been discussed in recent days, there are constantly things that we can and should be improving with our COVID response, as we have done all the way through. Cabinet signed off a good, solid testing plan for border and managed isolation workers, drafted by the Ministry of Health in late June, but, as has been discussed, it has not been executed at the scale and speed necessary. As I've said, as with our response in all things with COVID, when we've identified gaps or issues, we have moved at speed to fill them, and we do so now again.

The three key measures that I wish to talk you through today to assist with that: first, I can announce that we are appointing a small team to support Health to stand up the comprehensive testing strategy that we set out in June and that was approved by Cabinet in June. Heather Simpson, who undertook the recent review into the New Zealand health system, will co-chair that small team, alongside Sir Brian Roche, who led the review of PPE use and who has been leading the Government's work to strengthen our contact tracing system, the improvements of which we have seen have paid dividends in this outbreak. The rest of the team will be announced on Friday by the Minister of Health. The wider team will bring together a range of public sector management and health expertise, as well as knowledge of the operation of our health and border systems and the management of infectious diseases. Key here, I think, to recall is that we are implementing here a strategy that cuts across multiple Government agencies. Health is deeply embedded with our resurgence plan rollout, and we do need to support them as we implement a system that does need to cut across multiple Government agencies.

Secondly, today Sir Brian Roche is currently in Auckland working alongside the public health unit to ensure that they have all of the support they need as they do that key work to manage the cluster we currently have. His recent work on improving the contact tracing system has proven its worth in the past week, and his presence on the ground will add to the expertise and assurance that we're providing that public health unit with all the support they need. So Brian will be reporting back to Dr Bloomfield on how the public health unit is faring currently.

Finally, the Government will be deploying around 500 extra Defence Force personnel into the managed isolation and quarantine system and maritime border to further bolster protections against COVID-19 spreading into the community. That will bring the total Defence Force personnel supporting the COVID-19 response to around 1,200. This is work that the Minister in charge of these facilities, Minister Megan Woods, has been working on for some time. This boost in staff will be progressively rolled out over the next six weeks

and will see the number in each managed isolation facility of Defence Force personnel increase to 19 per facility and also see around 80 extra personnel stationed at the maritime border to assist Customs. By scaling up our Defence Force staff, we'll be able to reduce our reliance on private security guards, especially in the highest-risk facilities. Our intention is to stop using private security contractors, particularly in the riskiest places such as entry and exit points in public areas, and replace them with Defence Force staff.

Where we are using security guards, we're looking to directly employ them by MBIE, who will train and pay a living wage. This will raise accountability and give more central control over procedures. While the current community cluster has not been sourced to a managed isolation and quarantine facility, strengthening security is always an important step, and, as I say, this is something that Minister Woods has been working on for some time that we are announcing today.

The Auckland cluster demonstrates how tricky COVID-19 is as a virus, and, while events of the last week represent a setback to some, with further modifications and strengthening of our border arrangements, we can limit the risk of future spread. We must always be looking to improve as we go.

On that point, I do wish to emphasise the word "limit". No system is fool-proof and in a global pandemic there are no absolutes. Any notion that a border system that has so far involved 40,000 returning New Zealanders, thousands of border, hotel, air crew, truck drivers, and port staff, to name just some of those who have interactions with returnees and goods entering our country—that a border system will be absolutely perfect is unrealistic. That is why we have additional controls in place: PPE, infection prevention, health checks, and testing. That is why we are also prepared for reappearance and had a plan to stamp it out. Going hard and early was central to that plan, a plan that had level 3 restrictions in place in Auckland in under 24 hours, with a handful of cases—compared to Victoria's level 3 lockdown, with more than 3,000 cases—a plan that has so far delivered 136,000 tests in a week; a plan that has now seen the vast majority of Auckland MIQ staff tested; a plan that has seen contact tracing consistently at the standard we intended this past week, to quickly show there are no more cases in Tokoroa, Taupō, or Rotorua—an important point is these were the key areas outside of Auckland to check due to people's movements—a plan that has seen New Zealanders lift their actions to donning masks and face coverings, businesses putting up their QR code posters, and people keeping a record of where they have been, as well as maintaining physical distance and good hygiene like washing hands and staying home when sick. The extraordinary agility that is the core of our response has kept us at the leading edge of global responses to this global pandemic, and I credit our agencies, community, our health workforce, and others with that agility.

However, we need to do all we can to limit the risk, and the actions I've announced today are just the latest iterations in our overall plan and response that has delivered the longest sustained period without community transmission of any country in the world, at 102 days; one of the most open economies in the world; and low infection and death rates. I once again thank the police, our testers, our lab workers, our border staff, and all New Zealanders for their extraordinary efforts. While there is no playbook, that constant ongoing improvement by everyone is the key to our success and will continue to be. Happy to take questions.

Media: Why did you decide to bring in Heather Simpson and Brian Roche now? Was it the testing botch-up that prompted you to bring in these people?

PM: We have a testing strategy and plan drafted by the Ministry of Health, which is very robust. What we need to do is assure ourselves that it's being implemented across a range of sites in a really comprehensive way. Health, of course, are at the front end and leading our resurgence response. We want to make sure they've got extra support for a job that cuts across port authorities, borders, and, of course, a range of facilities where we need to make sure we're doing everything we can to get that comprehensive system in place.

Media: What prompted you to bring in this extra support now? Why not earlier on in the piece? Was it because of this lockdown or because of—

PM: Yeah—and, look, of course, as I've already talked about, you can see that as the plan was implemented, we then starting getting in data that demonstrated we needed ongoing improvement. While we were working to that, of course, we need to escalate that and make sure it's much, much faster and much more comprehensive. Health, as I've said, are leading the charge on our resurgence plan. I don't think we should leave it to them alone to implement testing and surveillance testing that is across such a range of agencies without having that extra support to do it.

Media: That's confirmation, though, isn't it, that Health was properly resourced or delivering to an adequate standard?

PM: No, it's a confirmation that this is a very logistically complex operation. At the time that we announced that testing strategy, which was drafted by the Ministry of Health, we did put in extra funding to deploy it, but we do have to acknowledge this is a significant logistical exercise. It's multiple agencies, multiple sites. This extra support should give that added confidence that we're supporting the Ministry of Health to undertake what is a significant job.

Media: Can you rule out a move to level 4, and could one or t'other of you please elaborate on what that level 1.5 could look like. Could it be level 1 with masks and perhaps a ban on mass gatherings; but, first, whether you'll rule out a move to level 4.

PM: No intention, as we've always said—no intention to move to level 4, and no need to. You can see from the cases reported today, where we're seeing the perimeter of the cluster—obviously a way to go yet. But they are early signs of the management of this cluster. Of course, we will continue to see cases, but, no—absolutely no intention to escalate nor any need to.

When it comes to wider issues with changing settings, we have the framework to be able to support a clear understanding of what different levels we're at and what's required. We have added masks to that plan, so I think that's something people accept why we needed to do that. But when it comes to any downgrade of our restrictions, we'll be doing a check-in shortly and communicating what we see as necessary in the future.

Dr Ashley Bloomfield: I'd just perhaps pick up, Prime Minister, the comments I made the other day around the 1.5. I mean, that's basically that we did well in being able to get back to level 1 and we spent quite a lot of time in level 1, and what we want to do is to maintain the sorts of the wide range of activities we were able to do in alert level 1, when we go back down. And that may include us accepting that there will be some things we have to routinely do, even at alert level 1, that we weren't doing before—one, of course, which is using the app regularly, but also it may mean use of masks in some settings and it may be maintaining some physical distancing measures when we're in situations where we're with people we don't know.

Media: The standing up of the support team, though, do you see that as a vote of no confidence in you—

PM: Sorry, can you start that question again?

Media: The standing up of the support team, do you see that as a vote of no confidence in you? Did you drop the ball on testing?

Dr Ashley Bloomfield: I don't see it as a vote of no confidence. In fact, I welcome it, because, as the Prime Minister has outlined, in addition to our community testing—which the health system is responsible for—the addition of testing at a range of settings including airports, maritime ports, and across MIF settings right across the country is actually logistically complex. I've said that a number of times. And it involves not just Health but a range of private and public sector workforces. So I actually welcome the help with helping us make sure we have a plan that is both aligning the health part of that—which is ensuring

the testing capacity is there—but also ensuring that the workforces are regularly brought through for that testing. So I welcome the support.

Media: But in terms of the testing at those isolation facilities, we heard from the Prime Minister the plan was signed off by Cabinet and your team failed to execute that plan.

Dr Ashley Bloomfield: We were in the process of executing. As I have said, we were rolling it out, and, even if we think, say, about the Rydges hotel, there was testing in there on 23 and 25 July. It then went in again on 13 August, as part of our broader testing of every part of the workforce in MIF. So that plan had then been rolled out.

PM: And, again, as we've always said—yeah, as Dr Bloomfield has rightly pointed out, actually, there were testing in those facilities, and what we also need to remember is testing alone will never be sufficient. If you test even once weekly, you have the chance that someone could become infected in between times. You have to have infection controls. You have to have PPE use. And, even then, you have to be prepared to have a rigorous contact tracing system, because the idea that you will never ever have a virus slip through all of those nets is simply unrealistic, which is why we have that resurgence plan in the first place.

Media: Dr Bloomfield, did you or your team ever raise with Cabinet that you were struggling to implement this strategy as quickly or as comprehensively as they would have liked?

Dr Ashley Bloomfield: Well, I don't get to raise with Cabinet directly, but we were providing reporting through. I think that reporting showed progress, and, as I've said here before, it wasn't necessarily the pace and extent of progress that I would have liked, nor that the PM and the Minister would have liked, but it was rolling out as quickly as we could do it.

Media: But were the concerns raised? So did it take a, sort of, publicised failure of testing for this extra support to come in, or had it been raised earlier that there were struggles implementing the testing strategy?

PM: As I recall, we did have iterative conversations, because, of course, you'll remember me saying that early on, at our borders we were using voucher systems. That didn't allow us or Health to appropriately track the testing. That's when Health moved to onsite testing. We then could see from those numbers that they weren't high enough, but they did track quickly. Out from 31 July, we had 211 border staff tested, for instance. So all the way through, we were talking about: what is it that means our numbers are low; can we ease that logistically for staff on site; are we covering all our shifts? So we did have those conversations. But, of course, that's all part of our constant improvement to try and make sure we have the kind of rigor in our system we need. Keep in mind, nothing to date has tracked the particular cluster we're dealing with back to our border, but, none the less, we want that to be as tight as possible.

Media: Can I just ask as a follow up to that: Dr Bloomfield, have you gotten to the bottom of why your ministry told the health Minister several weeks ago that there was weekly testing at the Jet Park Hotel?

Dr Ashley Bloomfield: I haven't looked back further at it. To be honest, I've been pretty busy with the current response and making sure we are getting the testing done that we need to actually contain this outbreak. That is something we will look at, but, at the moment, we're focused on this outbreak, as you would expect us to.

Media: Sure. That is a red flag, though, isn't it? Because obviously that wasn't happening.

PM: Look, as we've already said, we are, here and now, making sure that those constant improvements and assurances for everyone, the director-general included, around those decisions that are being made, strategies made by the Ministry of Health, are then being deployed within the complexity of a system that cuts agencies, DHBs, and so on.

None of that can be a distraction for getting this right on the ground, so we're making sure that we're putting in the systems that can assure both of us that that is occurring. You will also see in the Cabinet decisions that is why we looked at mandating that, so we had that extra assurance, but making sure then that that was being deployed on the ground is something that you've rightly raised, that we will continue to look into.

Media: Can you just provide for me, Dr Bloomfield, a little bit more information about this maintenance man and the US traveller? There was obviously no physical contact there, so have you got any more update on how they might have had that same strain, and do you know yet, or is it possible to know, who had it first?

PM: Yes.

Dr Ashley Bloomfield: Yes. So what we do know is that the variation that the maintenance worker has means that he caught it from the person who was the case diagnosed in the managed isolation facility and who had travelled from the USA, and so that match is there. It's possible it could've been a direct infection, or it's possible there could have been an intermediary. That's what we know so far. So we're now testing, using both—

Media: When you say "direct", though, what do you mean? Because there wasn't physical contact, was there?

Dr Ashley Bloomfield: That's right. So there wasn't physical contact, but it could have been a contaminated surface—possible—or there could have been infection of a person who then infected the maintenance worker—clearly, someone else who works in the facility. So, in fact, all of those who work in the facility were tested last Friday. They've all been re-tested, and this is a place where we will use serology as well, just to see if those people who are close contacts, who may have had contact with the person who was the resident in the hotel, who was diagnosed on the 31st, have got evidence. Even if they've got a negative PCR test, if they have evidence of old infection, that may help us make the link as well.

Media: With that surface transmission, how realistic is that? Because WHO talked about 72 hours, and, when you look at the time line, it's a lot longer than that.

PM: But that's the time from which someone became symptomatic, not necessarily from the time in which—we have been told by ESR that it is possible, but we're trying to rule out the alternative: that there might have been an intermediary in between. Everyone's negative so far. We're going back again a second time. We're looking at serology to double check, just to rule that out, because we want to make sure that we've gotten everyone.

Media: Just on the doubling of Defence Force personnel at quarantine and managed isolation facilities, what specifically prompted the decision, the desire, to reduce the number of private security guards, and what's with the timing? Is this a decision that was made some time ago?

PM: Some time ago. So as you can see, imagine—

Media: How long ago?

PM: You will recall that we were having some issues raised around questions of the use of private security contractors, whether or not there were issues with some of their practices on the job. That was sufficient for Minister Woods to begin the work to scale up the use of Government agents within our managed isolation facilities and, where we are needing to bolster with a bit of extra support from security staff, to move to directly employ them through MBIE and make sure they are paid a living wage. Part of that is ensuring we then limit the risk of anyone working in any other role that may mean they have contacts in other workplaces. So she started working on that, as you can imagine, when some of those issues were being raised, some time ago, and we're setting that out here today.

Media: How many security guards will be out of work?

PM: Well, some, of course, won't necessarily be the same people, but we are looking—where we need to bolster the Government agencies' support, we are looking to directly employ, on decent wages, additional personnel, who will be trained and managed directly by Government agencies. And our view is that will improve accountability, improve the support for regular testing, improve the training, and give us assurance they're not working in other sites. I can't tell you specifically though, but, obviously, we are increasing the number of Defence Force personnel on every site as well.

Media: What do you think of the proposal that the Māori and Pacific community is now paying a price for low-level surveillance random testing during July? Between May and July, community testing declined by 100,000, from 165,000 in May to 65,000 in July. On some days, testing was as low as 500 to 600. Do you think that if you had maintained a higher level of surveillance random testing that you would have protected the Auckland cluster a lot sooner?

PM: I don't think there's necessarily any evidence to suggest we necessarily would have. However, it is fair to say there was a constant piece of work to try and lift our community surveillance. You would have heard both Dr Bloomfield and I stand on this podium many, many times and implore people who were symptomatic to get tested. Over time, while we were COVID-free, we saw a decline in people going forward to our community testing stations and our GPs for testing. So that is something we will need to keep maintaining. We want that surveillance so that no one pays the price of resurgence, but we also want to get to the bottom of what has happened here, so we can constantly improve our system.

Media: Prime Minister, on the spreading of rumours and misinformation, people are calling it an "infodemic." Are you concerned that it's eroding the Government's COVID fighting efforts or trust in the resurgence plan? And do you think Google and Facebook are doing enough to stop that spreading of those—

PM: I think everyone has a role to play, and I don't think any particular platform—or publisher, as they actually are—should say that they don't have a role to play. New Zealand's not alone. This is an issue everywhere. I see our job as making sure that we're utterly consistent, that we're providing as much information as possible, we're being as transparent as possible to try and counter what we see happening on some of those platforms. I'd like to see, in the future, as part of the independent work that the WHO is part of, that we do look into what has happened in the periphery of the health response that may have hampered the health response, because it's a digital age, and it seems common sense to me to involve some of that.

Media: Because Twitter, for example, is stopping people from retweeting clearly wrong information. Facebook and YouTube are not going to that extent of removing it or stopping people from sharing it or liking it, and their algorithms are designed to put that extreme misinformation into people's newsfeeds. What do you think those platforms could do to stop the infodemic?

PM: Well, I wouldn't want to speak to technically what they may be able to do, but I've constantly been impressed with their ability to use technological solutions. They do have teams that work very hard, for instance, where they're not able to automate the way this works to deal with more manual systems, when we're dealing with, for instance, violence—extreme violence online. I know they constantly try and walk the line of freedom of speech issues and others, but we do have to worry about whether or not misinformation tips into creating a public health risk for people. And so that's why I'd like to see some of those global institutions like the WHO have a think about the role that's played in threatening people's public health. Jenna and then Ben.

Media: Regarding the Rydges, we've had reports from returnees of maintenance workers entering their rooms while occupied without PPE. Are you aware of that happening? And yesterday you said they only entered empty rooms after they'd been cleaned. Has CCTV revealed anything to the contrary?

PM: Jenna, if I could pick that up, perhaps, because that's something actually probably that, from an operational perspective, is for Minister Woods and Commodore Webb. They are able to track entry and exit from card use. That's what they do when they have COVID-positive cases and they use CCTV footage. So if you wouldn't mind providing a little detail, we can then cross-check whether or not that has happened. Obviously, you'll know from the amount of rigour we put in our systems, we use every effort to keep absolute separation between those in isolation and workforce. So I would like to go and look into those claims.

Media: And is it smart or sensible to have foreign air crew staying at the same hotels as the general public?

PM: They, of course, for air crew, have stand-down periods and testing regimes and quite rigorous employment requirements on them, and that is part of their relationship, obviously, with their employer, and as set out with the Ministry of Health. Again, as part of our constant improvements, we're very open to looking at whether or not more rigour needs to be put around that, but, keep in mind—I had a conversation with the Minister of Health this morning—some people are being tested significant numbers of times in their journeys as part of regimes, not just in New Zealand but in their destinations and return routes as well.

Media: Private security was obviously a major issue in the Victorian outbreak, and we know that you've spoken to Daniel Andrews since that time. Are we likely to detect a link in New Zealand away from private security or is that too much?

PM: No, there's nothing to suggest that there's been any link there with anything we're experiencing currently, but that's another signal to you that we'll constantly look to make improvements all the way through. And you'll remember, these are now Defence Force - led facilities. We've then over time looked to bolster them. We're trying now—as you can see, we're reducing down the use of that private personnel, and that's all been part of our constant systems improvement to protect against some of the issues that we have seen abroad, but it hasn't come as a result of a specific conversation.

Media: And just to clarify on the 1.5 moves or changes to level 1. Would it be right to suggest that mass gatherings, sporting crowds, that sort of stuff, we should play down expectations they'll return—or things like nightclubs, which were the last things to return last time?

PM: Yeah, I don't want anyone—really, any speculation on that. It's very true to say that Dr Bloomfield and I have not had that conversation, because we use the data that we have, and we even use what the cluster is telling us about inter-regional spread—that's important for us in assessing what we do next with our alert levels. So we will be giving an update shortly.

Media: What are the penalties for businesses that don't have QR codes displayed prominently, and what is being done to make sure that they're compliant?

PM: So Cabinet had a discussion about this recently. Our hope is that we can use business advisory services locally, local government, to help support businesses to get those QR codes up. In terms of penalty, my recollection is it's \$300 or \$400 for those who don't display, and I believe that may be an instant fine, but I would want to go and just double-check.

Media: So are any officials going to be going around and making sure that these posters are up?

PM: Obviously we generally do have—even if it's a lower-level enforcement regime, we do have enforcement regimes available. I imagine we would want to be able to use the public as well to report if there are issues. Let me check with the relevant Minister as to how they see that being deployed.

Media: Prime Minister, when the health Minister said yesterday that all returning international air crew had to test and isolate—

PM: High risk. Yeah, high-risk returning air crew.

Media: OK. He said that all of them—

PM: Yes, yes. He acknowledged [*Inaudible*] the high-risk returning air crew—correct.

Media: OK. But should that be the case for all returning air crew?

PM: And so those are protocols that have all been worked through with the Ministry of Health and Air New Zealand, based on questions around who they're exposed to, whether or not they stop. For pilots, for instance, I understand, coming out of Australia, they don't leave their cockpit the entire time. So that assessment has been done between Health and Air New Zealand. Again, as with our constant improvements, I know the Minister of Health met with Air New Zealand this morning to talk about how we can continually beef up the regime that we have. Again, nothing at this point to demonstrate that's been where we've had issue here.

Media: Can I ask about the reports that you're providing from the ministry to the Minister and then to Cabinet. How is the data being sourced for those reports? Does it come from pulling out people's NHI details, or does it come from the facilities themselves? What is being coded and how for you to pull that data out to then give to the Minister?

Dr Ashley Bloomfield: So now we are able to pull out the data around what workforce or group someone who has tested is in. So whether they are general public, whether they are a worker at MIF, whether they are at an airport or a port, because it's coded in a laboratory code. Previously, and until just the last week or two, that has had to be a manual process. So reporting from each MIF facility, from the airports, and the ports—so it's been quite a manual process.

Media: So when you say that—so that person gets tested at their GP or a CBAC, and they go back to their facility, and they say, "Look, I've had a test.", and that facility then manually says, "This person's had a test."—

PM: Not necessary for MIQ. We've had them done onsite as well.

Media: Prime Minister, just quickly. Scott Morrison has come out today and said that if they can get a vaccine, they would look at making it mandatory. Is that something that we would consider here in New Zealand, and is it possible?

PM: We haven't done that to date, because we've actually been able to get the kind of take-up we need to provide herd immunity to date, and I have every expectation we will be able to do that in New Zealand without needing to mandate. Keep in mind, people's freedoms are affected by COVID. It's in everyone's interest that we have a wide-reaching, comprehensive vaccination programme for New Zealanders, and I have to say that once we have that vaccination available and out, then it is on everyone's individual risk. If they choose not to, they are putting their own health at risk because we would, of course, remove other controls that have stopped the spread. Alright, thanks everyone.

conclusion of press conference