

**ALL-OF-GOVERNMENT PRESS CONFERENCE: THURSDAY, 20 AUGUST 2020**

**Hon Chris Hipkins:** Good afternoon, everybody. I'm going to go straight to the director-general for an update on the case numbers and case investigations. I'll then provide a quick update on testing, numbers to show how the testing system has responded, and then we'll get into questioning.

**Dr Ashley Bloomfield:** Thank you, Minister. Kia ora koutou katoa. So today there are five new confirmed cases of COVID-19 to report. All of today's cases are related to the community outbreak in Auckland. So there are no new imported cases. Of the five cases in the community, four are Auckland-based. One case is connected to the two Tokoroa cases and is currently in Waikato Hospital for appropriate care. Now, there are six people receiving hospital-level care for COVID-19—one is in Auckland City Hospital, four are in Middlemore, and, as I said, there is one person in Waikato. One of the cases in Middlemore is in intensive care in a stable condition. To date, 133 people linked to the cluster have now been moved to the Auckland quarantine facility and that includes 65 people who have tested positive. The five new confirmed cases bring our total number of confirmed cases to 1,304, and the total number of active cases today is 101. As I said, there are no new imported cases in our managed isolation facilities.

Of the 80 cases now involved in the community outbreak, 78 are linked to the one cluster, and two remain under investigation. The first one is the maintenance worker from the Rydges hotel facility, and there is one case that was announced yesterday, which was initially thought to be linked to the cluster and has now been reclassified as under investigation, with a link still to be firmly established. Based on information received this morning, this latter person was at St Luke's mall on the morning of Wednesday, 12 August. Of course, since that time, St Luke's has been shut under the alert level 3 status. Anyone visiting St Luke's mall at that time—that is the morning of Wednesday, 12 August—should be alert to symptoms and contact their GP or Healthline should they become symptomatic or have health concerns.

An update now on the maintenance worker from Rydges hotel: what I can say is that the nurses mentioned yesterday evening by Air Commodore Webb have all returned negative tests; therefore, it seems unlikely that they are on the path of infection from the guest through to the maintenance worker—very unlikely. In fact, there's been some further, very good investigation work by Auckland Regional Public Health that has identified that the maintenance worker used a lift—the same lift—as the case from the 31 July, not at the same time but very shortly after that person, and so this is now a new and strong line of investigation. We have seen before, and we know, that the virus can be passed on contaminated surfaces—so, I think, some excellent work by the regional public health, and we will keep you updated on that investigation.

Our national contact tracing service has 1,996 close contacts that it is following up, and 1,921 of those had been contacted as at 10 a.m. this morning. The rest are in progress. So we're in the process of contacting those remaining close contacts.

Just a reminder around testing advice: if you don't have any symptoms that could be attributable to COVID-19, you should not go and get a test unless you have been advised to by public health officials as part of the investigation of the cluster. There has been a high level of demand over the last few weeks for people without symptoms, and that is putting unnecessary pressure on the system, especially at the moment, when there is such a high level of testing being done and going through our labs. If you do start to feel unwell, of course, call your GP or Healthline, and they will let you know if you need testing.

A final update on the environmental sampling at the Americold sites in both Mount Wellington and Wiri: whilst we will have a formal report shortly, the results have found no

virus on any of the swabs taken from the Wiri site. ESR testing did find very low levels of the virus on gauze swabs from four of the 35 swabs taken at the Mount Wellington site—in fact, for each surface, they do a standard swab and a gauze. The virus wasn't found on the standard swab; it was very low levels on four of the swabs, on the sorts of surfaces that you would expect would be contaminated by someone who actually had the infection. No virus was found inside any food packaging or elsewhere.

The detected levels found in the workplace environment and on the outside of the packaging were too low to be able to identify any material for genomic sequencing. The initial sampling, therefore, appears to show that additional work here isn't currently warranted, and it does not appear that contamination of imported chilled material packaging is a likely source of infection at this point. So the source of this current larger community cluster still remains open. I do want to thank Americold for their ongoing support and assistance with that investigation and also to the response in general. Back to you, Minister.

**Hon Chris Hipkins:** Thank you, Dr Bloomfield. I do want to begin by saying that whilst the signs we're seeing are encouraging and it is good to see a smaller number of cases today and yesterday, this is not the time that we can afford to relax. We do need to continue to maintain our focus and all play our part here. We need to be continuing to take the proper precautions.

I acknowledge that restrictions are difficult and frustrating, particularly for those in Auckland. The next few days, though, could be critical in breaking the back of this latest resurgence. So my message to all those in Auckland in particular: stay in your bubbles, don't go out unless you have to, and please wear a mask if you do have to go out. As the weekend approaches, those rules still do apply in the weekend as well, even when the weather is good.

With regard to the COVID Tracer app, I can report that as of today we have 1,626,500 registered users. Just under a million of those have registered in the last nine days. 112,616 businesses now have their QR codes on display. For those businesses who can't access the self-service kiosk in order to download and print their QR codes, there is support available from the Ministry of Health, and they are turning around poster requests within eight hours. For anyone who is experiencing difficulty using the app, there is an app support team that can be contacted on 0800 800 606 or [help@covidtracer.min.health.nz](mailto:help@covidtracer.min.health.nz).

With regard to the number of exemptions for those seeking to enter or leave Auckland, applications for exemptions to travel in and out now stand at 7,800. More than 1,000 have been granted, and around 100 have been declined. Officials are working as quickly as possible to process exemptions, but please do be patient. Also, it's important to note that we are getting applications from people who do not need to apply for exemptions in order to travel in and out, so I would encourage people: please visit the [covid.govt.nz](https://www.covid.govt.nz) website for a list of industries that are exempt. If we get the people who don't need exemptions applying, it just slows the whole system down.

With regard to testing, the number of tests being processed continues to remain high. The number of tests processed yesterday stands at 18,091, bringing the total number of tests that we have processed as part of our surge of testing to 154,000 and the total overall number to date to 657,506.

At the border, nationwide over the last nine days, 7,649 workers have been tested at our airport and ports, all of them, so far, coming back negative. There was one worker at the port of Auckland who tested positive that was connected to the cluster, and they were identified through the cluster and not through that testing. Of the 370 staff in Auckland who are considered to be at higher risk because they face returning crew and passengers at the airport, all have been tested, barring a very small number who are away from work or who are on extended leave. Those who have been tested include the staff working for MPI, Customs, and Immigration at the airport and at the ports. So more than 99 percent have now been tested.

At our managed isolation facilities in Auckland, 2,891 of the 2,900 staff have been tested. All have been negative, bar the one maintenance worker that we have spoken about. That's over 99 percent as well. The nine remaining staff who have yet to be tested are being followed up today. All staff working at our MIF facilities in Hamilton, Rotorua, and Wellington have been tested. In Christchurch it's slightly lower, but that number will be increased today.

There are positive signs that our systems are performing as intended. Contact tracing is also performing well, and, as the Prime Minister announced yesterday, we will be working with Sir Brian Roche and Heather Simpson to support the Ministry of Health when it comes to testing and contact tracing. But based on testing, though, we do have a strong indication that there's not been any unseen transmission outside of the border and aside from the mystery Rydges case, and that does not have resulted in any further transmission.

I know there's been a lot of comment in recent days on testing at the borders. Clearly that hasn't been happening at the speed and scale that we had expected. However, I do want to reiterate: these testing measures show that the range of measures that we've been taking to stop a person becoming infected in the first place have been working. That's the use of PPE, the physical distancing, the separation of members, alongside daily health checks, have also helped to limit the spread. Testing is a belts and braces exercise on top of the primary measures that we have in place. As the Prime Minister said yesterday, no system is fool proof, but what these numbers show is that our systems are very good.

I'd like to end by again acknowledging the massive and sustained amount of work that is being undertaken up and down the country by everybody who is working on our testing and contact tracing systems. I do also want to particularly acknowledge the Pacific community. I know that Pacific church and community leaders and healthcare providers are working extremely closely with the DHBs, the Ministry of Health, and other agencies to support testing. The data shows that our Pacific people are getting tested at higher rates than other communities and significantly more than their percentage of the population, which means we do have a high level of confidence that we'd be picking up any further spread of the cluster and any previously undetected community transmission. So thank you, again, to everybody who is involved.

Everybody who takes a test should be seen as a community hero. And, in that regard, I want to put down another rumour that we have been dealing with in the last 48 hours. Oranga Tamariki will not be taking away the children of people who test positive for COVID-19. Those sorts of rumours circulating in the community—and it does seem to be circulating particularly in the Māori and Pacific community, based on the number of questions we've had about that—simply erode people's confidence in going to get tested. People should go and get tested, they should do the right thing, and those sorts of rumours certainly don't help. We'll open for questions. Tova.

**Media:** Thank you, that second case which is under investigation—not the maintenance worker—is that thought to be linked to the maintenance worker or the Americold cluster or is it a separate strain?

**Dr Ashley Bloomfield:** The genomic sequencing is under way at the moment, and that will give us the strongest hint about where it might be linked to. So still under investigation, both epidemiologically and the genomic sequencing, which we'll either have back late this evening or tomorrow morning.

**Media:** You have, in the past, been able to say whether things are likely linked to the cluster or not. Do you think this one is likely linked to the cluster? Or what made you think initially that it was and now not?

**Dr Ashley Bloomfield:** Well, I'm going by what the Auckland Regional Public Health Service is providing the information. So at the moment, it's still under investigation. So I just can't say any more about that, because I don't know—simply don't know.

**Media:** But it could represent a third strain potentially?

**Dr Ashley Bloomfield:** We will know when we have the genomic sequencing. And I should say, it is a huge advantage having this rapid ability to do the genomic sequencing to support this investigation, so I want to thank ESR staff who have been putting a lot of work into that.

**Media:** Has this person's household members and has that person's workplace colleagues been tested and have they been isolated?

**Dr Ashley Bloomfield:** They've certainly been isolated, and both household and workplace close contacts have been tested, and we're awaiting results.

**Media:** Just on that Americold testing, so you've ruled out surface contamination, but what about the other option of, sort of, person to person, worker chain contamination?

**Dr Ashley Bloomfield:** Yes, so, I guess, what we can rule out is that the first infection doesn't seem to have been from contamination of a refrigerated product, which means it is more likely to be—and probably always was—person to person. What we haven't been able to do is identify how the first person in this cluster, who seems to be one of the Americold workers who first developed symptoms on 31 July—we haven't got any hints yet about what came before that. So that's what we are trying to establish still.

**Media:** But are you still thinking it could be through the shipping chain?

**Dr Ashley Bloomfield:** Well, I think the testing of the port workers may well provide some clues there, and that's particularly why we've focused that broad testing on Ports of Auckland and Ports of Tauranga in case, for example, it was a product picked up in Tauranga by a truck driver and then came through. So that's one line of inquiry. At the moment, all that testing has turned back negative.

**Media:** What's your best guess of what's happened?

**Dr Ashley Bloomfield:** I simply don't have any other leads at this point in time.

**Media:** Sorry, just very quickly on the maintenance worker: do you believe it was from the surface or from the air in the lift?

**Dr Ashley Bloomfield:** Hard to say, but more likely to be a contaminated surface. But it's a newly opened, sort of, line of inquiry, really helpful information, and so that's being pursued as we speak.

**Media:** Minister, on Canterbury DHB, are you planning on intervening to stop what appears to be kind of a leadership meltdown? Seven of the 11 execs have now resigned in protest. There's a large staff protest today calling for intervention. Are you going to step in?

**Hon Chris Hipkins:** Look, I don't have anything extra to add on that today. I have been in regular contact with the chair of the DHB. I'll be having a conversation with him later today at his request, and I'll make further comment on that in due course.

**Media:** Do you retain confidence in the chair and the board?

**Hon Chris Hipkins:** Yes, I do. But, look, like I said, he's asked to speak with me this afternoon, so I'll have a conversation with him.

**Media:** Minister, can you please outline the sort of things that Cabinet will be considering tomorrow in its review of the restrictions that are in place?

**Hon Chris Hipkins:** Yeah. So, obviously, we'll be looking at what's the latest information on this cluster, what do we know about the cluster, what do we know about the contact tracing that's happened around the cluster. We'll be looking at the test results from the surge of testing we've done across the community and the surge of testing that we've done around the border and around managed isolation. We'd be looking at any cases that aren't connected, and we've identified, obviously, one so far, and so we'd be looking at are there any further that we can't identify a clear link with. Those are the sorts of things that we'd be looking at. We'd be looking at whether any new cases are within the existing contacts—so, you know, people that have already been contacted—or are there new cases coming up.

So even if they're linked to a cluster, were they people we didn't know about previously. So those are the sorts of things that we will look at. There's not an exhaustive, hard and fast set of rules here, so, ultimately, it comes down to judgments, but those are the sorts of pieces of information that we would look at.

**Media:** And, Minister or Dr Bloomfield, what sort of things would you need to see in order to ease restrictions both in Auckland and around the country?

**Hon Chris Hipkins:** Well, I might hand to Dr Bloomfield, because, obviously, we do rely on his advice and the advice of his officials as well. But, like I said, it won't just be one thing; there will be a whole variety of things, and how they interact with one another will have an impact.

**Dr Ashley Bloomfield:** So, thanks, Minister. I think a key thing is the level of testing that's being done outside of Auckland will also give us a very good picture about whether there has been spread beyond Auckland. So that will be a key piece of information for Cabinet. Likewise, the way I think about it is the extent to which we're confident we have found the boundaries of the current outbreak and, in a sense, through our contact tracing, being able to draw the net tightly around it. So those are critical pieces of information. The other piece of information that we have to report to Cabinet is: are we confident in our lab capacity and our contact tracing capacity, and both of those are in good shape, so that will be helpful.

**Media:** Minister, could a decision be made tomorrow regarding an easing of restrictions?

**Hon Chris Hipkins:** I think that's a hypothetical. Ultimately, we'll see what more advice comes in overnight before I'm in a position to make any comment on that. We do, when we make those decisions, rely on information right up to the hour before we sit down as a Cabinet.

**Media:** Minister, have you read the ministry's testing strategy?

**Hon Chris Hipkins:** I've read the Government's testing strategy, yes.

**Media:** The ministry's testing strategy?

**Hon Chris Hipkins:** I've read the Government's testing strategy. No, I haven't seen the information that the Ministry of Health have prepared, but I'm sure if you've got questions on that, Dr Bloomfield will be happy to answer them.

**Media:** Is that something that you think could've solved the miscommunication over what was happening with border-facing workers and testing?

**Hon Chris Hipkins:** Look, we've gone over this exhaustively over the last three days. I think that Cabinet's expectations were very clear. My focus now—and I've been very clear about this now. My focus now is on regularising the surge of testing that we've seen in the last three or four days—well, the last seven days, actually—and making sure that we've got a regular, ongoing, systematic process of testing in place. I'm confident that we'll be able to do that over the next week. There will be plenty of time once we're through the current cluster and through dealing with the current cluster to look back and continue to see whether there are further improvements that we could have made at the time.

**Media:** Do you think the public's expectation, though, is that the Minister of Health would know what the national testing strategy is?

**Hon Chris Hipkins:** Well, the national testing strategy is the strategy that was approved by Cabinet. I'm very familiar with it. It was actually approved, I think, by Cabinet a day or two before I became the Minister of Health, and I've been speaking about it almost daily since then.

**Media:** So why did the ministry's one say, then, that screening of all asymptomatic border-facing workers was not a viable approach?

**Hon Chris Hipkins:** Look, I think a variety of advice was supplied to Cabinet; the Cabinet made decisions around what our testing expectations were. The director-general and others—we have been working with the director-general and the health system to implement that. Now, the implementation has been happening in waves and it's been scaling up. Would we have liked it to have been faster? I think both of us have said we would have liked it to have been faster.

**Media:** On that, Dr Bloomfield, what were the obstacles to actually rolling out that testing strategy? Was it that the message wasn't filtering down to the DHBs or MIQ facilities, was it a lack of nurses, medical personnel? What exactly happened that made it hard to roll it out at the speed the Government wanted?

**Dr Ashley Bloomfield:** Look, I'll just reiterate the general comments I've made over the last few days. There was a degree of complexity in rolling out regular testing amongst a large number of workforces in a large number of settings, and it required a degree of coordination between the health system, including the district health boards making an increasing number of teams available to do that whilst not compromising any other very important testing, both in the community and the day three / day 12 testing of the guests in the MIF facilities. So it required a lot of coordination because of the number of workforces and an increasing number of sites, with the addition of airports and of maritime ports. So, as the Minister said, we were in the process of rolling that out, and if we think about, say, the Rydges hotel, there was testing at that hotel available on the 23<sup>rd</sup> and the 25<sup>th</sup>, and 10 August, before this first case was found. So that's an example, there was testing being done and, of course, it just required more scale up and more coordination across Government agencies to ensure that all the staff who required testing were being rotated through, and that's the planning we are doing now so that it's sustainable.

**Hon Chris Hipkins:** We'll come back to Tova here.

**Media:** Thank you. Dr Bloomfield, what assurances have you sought that PPE protocols are being followed in managed isolation facilities, specifically by maintenance workers going into rooms and the lifts?

**Dr Ashley Bloomfield:** Well, whether protocols are followed—and the fact that they are, I am sure—is the purview of Air Commodore Webb, but what I can say is, to support that, I've asked that there is an infection prevention control audit of all of the MIF facilities. Several had been done already, and the remainder are being done before the end of this week.

**Media:** And what's the rule for bus drivers transporting returnees to isolation hotels? Should they wear masks, and, if so, why do you think some are still not wearing masks?

**Dr Ashley Bloomfield:** So, yes, I understand there is an expectation that all those in the van wear masks, and I can't answer for specific examples of why masks may not be being worn, but the expectation is very clear.

**Media:** On the maintenance worker, what was the time in the lift between when the person went into the lift who was positive for COVID-19 and when the maintenance worker went in?

**Dr Ashley Bloomfield:** A matter of minutes, and this has been found through the swipe card access into the lift from both the guest and the maintenance worker.

**Media:** When it comes to—you've got Americold now who it looks like that wasn't the source of this outbreak. You've also had nine days to investigate the source of the outbreak. Is there a pretty low chance that we'll ever know how this outbreak occurred?

**Dr Ashley Bloomfield:** So one of the things that is still being done is that ESR is continuing to test as many of the samples of previous cases from managed isolation as they can, so they've already done between 20 and 30, and they are continuing to get samples and will continue to test those to see if they can identify if one of those people who became positive while in managed isolation was the same genome type as B.1.1.1. clade.

So that will be of great assistance, if we do find a match there. If there is no match, again, that doesn't mean that there wasn't possibly a match but not all the samples, unfortunately, are able to be tested to get that genome sequence.

**Media:** Was the maintenance worker wearing PPE when they were in that lift, and has that finding—is it going to change the way people are operating at these facilities, do you think?

**Dr Ashley Bloomfield:** The expectation on staff is, when they're out and about where they may come in contact with guests, they certainly wear masks, is the main form of PPE. I would say of course, because every time something like this happens, we do a really thorough review and make sure we learn so that we can continue to strengthen, and that I think has been a feature of our response in this country right from the start. And I would point to the work we've done in aged residential care as being fundamental to us being able to continue to strengthen our response, and we will continue to do that in managed isolation.

**Media:** Was the woman wearing a mask when she was in the lift?

**Dr Ashley Bloomfield:** Oh, look, I couldn't say. There are no cameras in the lifts, but what I can say is that for some weeks now, guests arriving have been required to wear a mask from aircraft to room. So it would be a high expectation that she would have been wearing a mask.

**Media:** Can you tell us the age of the patient who's in ICU currently?

**Dr Ashley Bloomfield:** No, I can't share that information at the moment.

**Media:** Minister, just to clarify, after tomorrow's Cabinet meeting, will there be an announcement of whether or not restrictions will be eased? When will the country know the next step?

**Hon Chris Hipkins:** Certainly, the current plan is that the Prime Minister will take the podium tomorrow afternoon, and you'll be able to put all of those questions to her around whether there are any changes or not.

**Media:** We've got a couple of people following at home with a calculator. Dr Bloomfield, can you just give us a breakdown of the number of people from the latest cluster who are in that quarantine facility and whether or not there are any who are elsewhere and where they might be?

**Dr Ashley Bloomfield:** There are 65 people who are positive cases who are in the Auckland quarantine facility. There is, of course, a number that are in hospital, and there are one or two bespoke arrangements that have been approved by the medical officer of health for very good reasons, and there is very good support and very tight security, including 24/7 security guards to support those arrangements, to protect both the whānau and also the wider community.

**Media:** If it does transpire that the maintenance worker caught the virus off the woman in the lift, would you have to review everything around what is considered a close contact? Because given that, you know, people who—it's currently like 15 minutes, but if it's that close, then that sort of throws everything in the air, doesn't it?

**Dr Ashley Bloomfield:** Well, what I would say is in this investigation and actually towards the end of when we had our last outbreak, we were taking a very similar approach to people who may have fitted the definition of close contact and those who may have been casual contacts. So let me give an example: if someone's been in a shopping centre or a supermarket, that's very much a casual contact, but if it had been, say, a workplace—and a good example here is the Americold workplace and the Finance Now workplace, where we essentially treated all members of those workplaces as if they were close contacts even though only a small number fitted the close contact definition, because they're clearly at higher risk than the wider community and so the process is the same—self-isolation and testing.

**Media:** There were huge delays to elective surgeries at all DHBs in June as hospitals worked through lockdown backlogs, which some experts say could take years. How concerned are you?

**Hon Chris Hipkins:** Is that a question to me? Which one of us? I'll make some preliminary comments and then the director-general, I'm sure, will want to add to them. The Government has put extra funding into helping to clear the backlog that was caused by the first COVID-19 lockdown. We are aware of that. The reports that I had up until the most recent—up until last week, obviously—where our focus has shifted to dealing with the most immediate outbreak, is they were making good progress, and the elective and planned care through-put was ramping up, and they were making good progress there. But I don't know whether the director-general wants to add—

**Dr Ashley Bloomfield:** Just to add to that, Minister, yes, all the DHBs had really scaled back up and were actually doing more delivery than was expected for the months of June and July. So they were, and most of them that are still operating full plan to get around the country are getting on top of that backlog as quickly as possible. And I should point out that they also prioritise the surgery that needs to be done most, soonest, and any urgent surgery, for example, cancer-related surgery, was being done anyway through the lockdown and, of course, has been prioritised since.

**Media:** How much of an impact is the other level 3 restrictions having on surgery in Auckland?

**Dr Ashley Bloomfield:** So, this week the three Auckland district health boards have eased right back on planned care, partly because it's part of the planning around safety within the hospital environment, but also because a number of the staff are involved in the wider community response. They are reviewing that tomorrow. So there will be people affected this week for this surgery, per se, but they were still doing as many outpatient appointments as possible virtually.

**Media:** Dr Bloomfield, can I ask about the source of the bigger [*Inaudible*] because it does seem like we've gone cold on leads there? We're potentially far away from it. Last week, you told Radio New Zealand, "We will find the source. I have no doubt about that." Was that wrong?

**Dr Ashley Bloomfield:** I don't know if it was wrong. And you're right; we haven't yet found it, but we are eliminating some of the potential sources. So we feel we can quite confidently eliminate packaging as the source so that it was an environmental source. We will, I think, by a process of elimination, be able to narrow it right down, and we will aim to find the source. The main reason here, of course, of finding the source is to see if there was some sort of gap or weakness in the protocols so that we can fix it.

**Media:** Thank you. Farmers are being turned away from Auckland borders, leaving them unable to feed their animals. Why are they not considered essential workers like they were under level 4?

**Hon Chris Hipkins:** Look, there is an exemptions process in place here. One of the issues that we're grappling with—and I went through this the other day as well—is that people who were deemed to be essential workers when the entire country was at the same alert level, that's not necessarily going to be exactly the same when we've got different alert levels, because people's ability to travel when everybody else is facing the same restrictions is going to be different to when some people face restrictions and some don't. So I'm certainly happy to go back and have a look at the particular case—you know, for that particular group of people—and see whether or not we've got that absolutely right, but as a basic premise, we can't just pick up the list from last time and use it again. We do have to go back through again.

**Media:** Would you like to see those exemptions fast-tracked given it's an animal welfare issue?

**Hon Chris Hipkins:** We're obviously—if there are animal welfare considerations at play here, then we'll move very quickly to look at any exemptions there.

**Media:** Dr Bloomfield, are you satisfied with the level of testing outside of Auckland right now?

**Dr Ashley Bloomfield:** Yes. So about two-thirds of our testing since the start of this community outbreak has been in Auckland, which is good, but there's still been a great deal of testing happening elsewhere, and, again, that helps give us a good idea of whether or not there's been spread beyond Auckland. So I think the testing has been at rates—yeah.

**Media:** Dr Bloomfield, just a follow-up on Ben's question, though. If we still don't know, kind of, where that initial missing link is, does that make it important to keep the testing levels up outside of the city, just in case there's something out there that we're not aware of?

**Dr Ashley Bloomfield:** We're having a look at that at the moment, as to whether we do need to maintain those rates. Again, the suggestion is from the genomic sequencing and the, sort of, pattern between the different cases is that there aren't too many steps backwards to the B.1.1.1. genome that's been found in the UK. So there's unlikely to have been spread before that first case we know about, beyond Auckland. Our testing will find that, and we certainly seem to be identifying the boundary of the current outbreak within Auckland.

**Hon Chris Hipkins:** Well, look, we'll start at the front here and we'll work our way back so that you all get a turn.

**Media:** Any future outbreaks—are you expecting a similar response; in other words, to have the region in level 3 and then the rest of the country in level 2?

**Hon Chris Hipkins:** Look, it really depends on the circumstances of any potential future cases that might be identified. So if you look, for example, at the Rydges case that we're dealing with, that would not necessitate a broader set of restrictions because it was identified early, it was contained—it appears to be contained—and, therefore, the need to lock down while we go through the process that we're going through with the cluster wouldn't be the same. But it would really depend on the circumstances of any future cases.

**Media:** But should businesses get ready for cycling in and out of these level 3s?

**Hon Chris Hipkins:** Look, obviously, we will do everything we can to avoid there being the need for further lockdowns, but, of course, it would be prudent to be prepared. You know, COVID-19 may be with us for some time, and there are no guarantees.

**Media:** Is it a reasonable strategy, though, for the country to keep going in and out of lockdown?

**Hon Chris Hipkins:** I think if you look up countries that have adopted alternative strategies, the human cost of that is very, very high.

**Media:** What can you tell us more about the positive case who went to St Lukes who was outside the cluster and is not the maintenance worker, because that—I mean, how big might that chain of transmission be? When were their first symptoms, and how many close contacts have been identified? How many have actually been reached? Because if we don't know—you know, there could be all kinds of branches coming off of that transmission that we don't know about.

**Dr Ashley Bloomfield:** Yes, you're right, and that's why it's been—it's early in the investigation. They have identified a small number of household and workplace close contacts—they're self-isolating and being tested, the self-isolation being the most important thing straight away. And then we'll want to get as much history as possible, and that's what the public health unit are doing. And I should also say that they do go back—and I've made this point before—for a second or third interview, because more information is gleaned each time. So we'll be watching that case very closely and be providing an update on that.

**Media:** Can I just follow up: you don't have any detail on when their first symptoms were and how many of those close contacts are casual contacts? You don't have that detail?

**Dr Ashley Bloomfield:** I don't at the moment.

**Media:** Minister, have Cabinet at any point considered barring people from entering the country if they don't return a negative test before getting on the aeroplane?

**Hon Chris Hipkins:** Well, look, one of the things that makes that fraught is that we've seen instances of people being infected in transit. So if you take someone leaving London, for example—or somewhere in Europe—they may go through several airports and it may take them a process of two or three days to get home. In which case, they can become infected during that time. So that doesn't necessarily increase our level of security as opposed to what we have in place now.

**Media:** But did Cabinet consider it at any point? Did it ever come up as an option?

**Hon Chris Hipkins:** Look, we've looked at a range of options. What we landed on was the day three and the day 12 testing of people once they've arrived back in the country.

**Media:** And just quickly, Dr Bloomfield, are you aware of any close contacts of the Auckland cluster who are currently in Christchurch?

**Dr Ashley Bloomfield:** No, I'm not.

**Media:** Testing supplies: how are we looking in terms of swabs, reagents, and how long can we keep up the sort of high-volume testing that we're seeing at the moment?

**Hon Chris Hipkins:** So the advice that I've had is that we're looking good in terms of testing supplies and more supplies are coming in all of the time. One of the big issues here is around lab capacity; we're really pumping our labs to the fullest extent, and that won't be able to be sustained indefinitely. So we've seen a bit of an easing back in numbers today, which is not unwelcome because that does allow the labs to catch up a little bit and process things a little bit faster. But, again, I'll ask the director-general to comment on that, because the Ministry of Health are monitoring lab supplies if not on an hour-by-hour basis, certainly a day-by-day basis.

**Dr Ashley Bloomfield:** So we have very good swab supplies and lab reagents. There's a constant piece of work, really, to keep the supplies of reagents coming in from overseas. We've got a really good team that works with the labs on that. They've had a daily meeting which they have each morning with the labs to date, and they're going well, and they'll be trying to rest some of their staff over the weekend and cycle them through. So I think our labs have performed fantastically—over 150,000 tests since the start of this outbreak.

**Media:** Why are public transport operators exempt from displaying QR codes? You're in such close proximity to people there; it would seem like a no-brainer.

**Hon Chris Hipkins:** Look, there's some practical considerations there around—you know, they're moving, obviously, so there are some practical things to work through. I wouldn't rule it out, but we just have to make sure that we're working through the practical implications of that: would you have a separate code, for example, each time the bus went on a run, because, bearing in mind those buses are often doing different runs, different routes, etc. So there are just some practical things that we have to work our way through.

**Media:** Surely you should just use a timestamp and match it with the QR code, wouldn't you? Do you really need a new code?

**Hon Chris Hipkins:** Well, not necessarily. Look, we're looking at it. I'm not ruling anything in or out at this point.

**Media:** Is the working hypothesis at the moment that the contamination with the lift is that they shared a lift button?

**Dr Ashley Bloomfield:** It could be. And that's so early on in that, so I think, again, excellent work by the public health unit. We know—and there have been cases written up of people using lifts after another person who's been infected, so it's a very worthwhile lead.

**Media:** That's been considered up till now a very low likelihood of that type of infection happening, isn't it? Because, I mean, we've had the public health advice, for example, when the person who was positive left the MIQ facility and moved to the Countdown, the advice to Countdown was it didn't even need to close.

**Dr Ashley Bloomfield:** Yes, it is a low possibility—you're right.

**Media:** Minister, do you see any merit in a border force or border agency?

**Hon Chris Hipkins:** Look, I'm not sure at this point that another bureaucracy is necessarily going to help here. What's important is that we get the right people in the right place focused on doing the job. A big restructuring exercise whilst they're in the middle of managing a very, very complex task isn't necessarily going to get the best out of those people.

**Media:** And the additional security systems that you've introduced to MIQs today, is that an admission that they weren't tough enough in the first place?

**Hon Chris Hipkins:** No, look, we're just always looking at how we can continue to refine and improve the way we're managing the MIQ facilities, and I think the announcements made yesterday reflect that.

**Media:** In the testing space, obviously the COVID tests are free to the consumer, but what assurances do you have that there's not profiteering going on within the reagent supply chain and from the labs?

**Hon Chris Hipkins:** Look, I'll ask Dr Bloomfield to comment on that.

**Dr Ashley Bloomfield:** I think it's a pretty hard one to find reassurance on, but our teams—the labs have these established supply chains. Remembering that the reagents are all proprietorial and they work on the machines that are generally—the vast majority are—leased by the labs. And part of the cost recovery from the owner of the machine is that their proprietorial reagents are used, and there's an agreed price for that. And, as far I'm aware, there have been no changes in price.

**Media:** So what do you make of National proposing that everyone coming into New Zealand would have to be tested for COVID-19 before boarding, and is that realistic or fair for those coming from far-flung countries that it might not be accessible?

**Hon Chris Hipkins:** Like I said, there are some logistical barriers to that. One is we don't know the turnaround times for testing in all of the countries that people might be coming to. There is risk that people pick up infection whilst they're in transit, and that journey can—at the moment, with the limited number of flights that are available, people can be in transit for quite some period of time. So there's no evidence that that would necessarily reduce the number of positive cases that we had coming into New Zealand in the first place. So the best protection that we have there are the day three and the day 12 tests that we have in our managed isolation and quarantine facilities. *[Interruption]* We'll let you finish that one, yep.

**Media:** Actually, it's for our Pacific team. Seasonal workers and others who, for a range of reasons, may be in the country without a visa—what is the message to those in this position who find themselves symptomatic or at risk of infection but are avoiding getting tested for fear of visa troubles?

**Hon Chris Hipkins:** Go and get a test. We will not use the information collected through the COVID-19 testing process for other purposes, including for immigration purposes. We do not want people not to be getting a test for fear of the repercussions because of their immigration status. What is most important now is the public health response. So go and

get a test. We won't use the information they supply through that testing process for immigration purposes.

**Media:** Are you still getting reports to you as health Minister of problems with guests not social distancing and of poor use of PPE?

**Hon Chris Hipkins:** No, I haven't had any reports of that, but that's not to say that Dr Woods wouldn't have had that. Typically, they're probably going to her now rather than to me.

**Media:** Do you think MIQ workers should have to wear gloves? You said they have to wear masks—do you think they should have to wear gloves?

**Dr Ashley Bloomfield:** They do wear gloves in certain situations. I can tell you, having visited the Jet Park, that there is certainly a part of that where you wear both gloves and masks, in particular in the area where there are known positive cases that are being looked after there. Gloves, of course, don't stop contamination if there's a contaminated surface if there is a breach—for example, if a mask is touched.

And, sorry, can I just go back to my response to you a few minutes ago. I said there's a low possibility. What I should have said was there's generally a low risk of getting infected by touching a contaminated surface—for example, in the Countdown situation—but in this instance specifically, the very close temporal relationship between the use of the lift means that it's, I think, higher than a low possibility. There's a good possibility there, and that's being investigated.

**Hon Chris Hipkins:** OK. We'll come up the back—up the back. Thank you.

**Media:** How practical would it be to create a test-on-demand system with a wait-time target of 60 minutes or less for a COVID-19 test?

**Hon Chris Hipkins:** Look, that would be very difficult at the moment, with the current testing processes and the current testing technology that we have. Of course, scientists are working around the world to get better, more reliable, faster tests, and New Zealand will, of course, adopt those when they're reliable and when they're readily available. At the moment, the testing that we have—we can do very fast processing for a limited number of tests where we need to, where it's genuinely urgent, but we couldn't guarantee that for all tests.

**Media:** Dr Bloomfield, the AM Show spoke to an immunocompromised man staying at the Pullman Hotel who claims people are not social distancing or wearing PPE, and that his room was not thoroughly cleaned. Are rooms being properly sanitised between guests, and how are you keeping immunocompromised people safe in managed isolation?

**Dr Ashley Bloomfield:** Well, I'll speak to the latter part of your question, because that's part of the health assessment that's done on everybody who comes in, including physical and mental health. There would be appropriate support for that person—health support, that is. I can't comment on the procedures and protocols around the facilities because that's the purview of Air Commodore Webb.

**Media:** Fourteen days in isolation, that's really the best—you've said before, Dr Bloomfield, but that is really the best way to keep imported cases or potential imported cases contained. Is that correct?

**Dr Ashley Bloomfield:** Yes. There's been some modelling done by Shaun Hendy and his team, of different approaches—so testing at point of departure, plus or minus testing once or twice here on different days. And if you have 14 days, plus the day three and day 12, plus very good infection prevention and control, that seems to be the best way of ensuring the lowest risk of someone leaving managed isolation who is infectious.

**Media:** That would make a prerequisite to test negative before coming here almost redundant, wouldn't it?

**Dr Ashley Bloomfield:** Well, the prerequisite for the testing may rule out a few people coming who had a positive test before they hopped on an aircraft, but that won't stop them, as the Minister said, potentially being infected in transit. It may miss some people who are early in an infection, and it wouldn't preclude still needing to have them in quarantine for 14 days, or managed isolation, and testing twice while they were here.

**Hon Chris Hipkins:** All right, we'll do one last sweep of the room, and we'll start on the right today.

**Media:** The report of the Contact Tracing Assurance Committee that's led by Sir Brian Roche—when is that going to be released, because as I understand it, we've been waiting a few weeks now for that to come out?

**Hon Chris Hipkins:** Yeah, look, I mean, I think we probably would've released it by now had we not all been distracted with dealing with this current outbreak. Sir Brian is still involved in that work, and the director-general asked him to go to Auckland to just check on how they're going, and he's been reporting back on that quality assurance work that he's been doing. But, you know, I think the release was just slowed down by the fact that we're dealing with this. So, imminently, I think, is the answer to your question.

**Media:** Just could I get a response on the comments made by Scott Morrison today around vaccines and if New Zealand would receive a vaccine if his country develops a supply of working drugs?

**Hon Chris Hipkins:** Look, there's a number of different things that we have to look at when it comes to vaccine supply. First of all, we don't yet have a known supplier, because at this point there isn't still a vaccine. So New Zealand's working hard with a number of different options to make sure that we're at the front of the queue, if you like. As to where the drugs are manufactured, I think what Prime Minister Morrison's indicated is if one of them is successful, then they'd be looking to manufacture in Australia, and that sounds like it'd be a very positive opening for New Zealand here. But at this point, we're spreading our opportunities. We're making sure that we're as engaged in this process as we can be so that whoever hits the jackpot first, we're in there with them to make sure that we can get the vaccines for New Zealanders.

**Media:** There were some criticisms made yesterday of the appointment of Heather Simpson and Sir Brian Roche in that oversight group—Māori health professionals, particularly relating to their position on the Māori health agency as part of the Simpson report. Will you be doing anything to, sort of, address those concerns and to ensure that the testing regime, which has already raised red flags from that community, responds to their concerns?

**Hon Chris Hipkins:** So, look, we'll be reviewing that at Cabinet tomorrow. We will be reviewing the terms of reference for them, whether there's any additional members of that group, whether there's anything additional that we put around that to make sure that everybody has confidence and comfort with it.

**Media:** So yesterday the Prime Minister said that there would be additional members of that group. So is that still up in the air, then? So there might not be—

**Hon Chris Hipkins:** That's what Cabinet will be considering tomorrow, as to who and how many additional members of that group there may be.

**Media:** But there will be additional members?

**Hon Chris Hipkins:** Yes.

**Media:** Dr Bloomfield, that person who went to St Lukes on 12 August, that's quite a long—what's that, eight days ago? So that's potentially a very long chain of transmission that we don't know much about yet. So how much of that is a concern or a setback in terms of finding the perimeter of this outbreak?

**Dr Ashley Bloomfield:** Yes, so, just reflecting, I think the case was reported yesterday, so on the 19<sup>th</sup>. What I recall now from a discussion this morning—and, sorry, I just didn't have the information in front of me, so I don't want to give any information that might subsequently prove to be incorrect, but they were tested because they were symptomatic, and my recollection is they were tested two days before it was reported, which was yesterday. So just in the last few days—tested because they'd been symptomatic. So they were at the mall on the 12<sup>th</sup>—so possibly before they were even infectious, and certainly before they seemed to have been symptomatic.

**Media:** You don't have when they were first symptomatic, though?

**Dr Ashley Bloomfield:** I don't have that yet, but we'll make that information available once we know it.

**Media:** On testing people before they get on the plane, do we provide testing of people who are leaving who are going to countries, if that's required? Because, obviously, you're only able to get tested if you're symptomatic in New Zealand generally, but is there a policy where we allow that, and would you expect other countries to also, you know, have gaps in their regime so that New Zealanders get tested if they're coming home, even without symptoms?

**Dr Ashley Bloomfield:** So, yes, we have facilitated that for a number of flights to Pacific Islands in particular, particularly the Cooks, and there are other countries that do require a negative COVID-19 test, and people can get that done but they have to pay for that privately.

**Media:** Will you follow in the footsteps of the magnificent nation of Australia and make vaccines mandatory?

**Hon Chris Hipkins:** Ha, ha! I can see they got themselves into a little bit of difficulty with that in the last 24 hours. No, we wouldn't be looking to make them mandatory. I suspect there is going to be very, very high uptake amongst New Zealanders when a vaccine is available, though.

**Media:** A US researcher has said that the medical consensus tends to be that the viral load within a person tends to peak on the first day they're symptomatic, which seems to play into your advice that people get tested on day three and day 12 when they're in managed isolation, and only get tested once symptomatic. What does that mean for close contacts in this cluster who've been tested really early and possibly, you know, too early to have a viral load that is detectable? Would you recommend they get tested a second time?

**Dr Ashley Bloomfield:** So, Minister, if I may, what I can say is that the testing is timed of close contacts to be at the point where it's between three and five days after their first exposure to when the person may have been infectious. Secondly, even if the test is negative, the close contact—they remain in self-isolation for 14 days and they're symptom monitored each day, and if they develop symptoms, they are tested again. If they don't, then there's still that full 14-day period of isolation.

**Hipkins:** All right, we might call it a wrap there. Thank you.

**conclusion of press conference**