

POST-CABINET PRESS CONFERENCE: FRIDAY, 21 AUGUST 2020

PM: Kia ora koutou katoa. Good afternoon everyone. On Monday, Cabinet will meet to decide the next steps in our resurgence plan and the alert levels for Auckland and the rest of New Zealand. Ahead of that, today Cabinet reviewed our current COVID-19 settings within our resurgence plan, and I'll share that review with you shortly. But first I'll hand over to Dr Bloomfield to provide the latest numbers.

Dr Ashley Bloomfield: Thank you, Prime Minister. Tēnā koutou katoa. So today there are a total of 11 new confirmed cases of COVID-19 to report. Nine are related to the community outbreak in Auckland, and there are two new imported cases. Of the nine community cases, five are linked to different churches in South Auckland and four are household contacts.

So this morning there were a total of 223 possible contacts from the churches who have been identified as linked to the cluster. Of those 223, 170 have been tested, and the results are pending. Further tracing and testing continues, and the figures will be updated as we receive more information.

So both the ministry and the public health services in Auckland would very much like to thank the Pasifika churches involved for their cooperation and their assistance in keeping their congregations safe with the provision of advice and facilitating tracing, testing, and isolation of close contacts. It's been a partnership arrangement, and that's why we've been so successful in identifying and tracing so many of these people.

There are eight people receiving hospital-level care for COVID-19, and all of these are part of the Auckland community cluster. There are two people in Auckland City Hospital, one person in North Shore Hospital, and five in Middlemore Hospital. Seven of these are stable on a ward, and there is one person in Middlemore who remains in ICU. I won't be saying anything more about that case at this time. An additional person in Waikato Hospital was hospitalised but not as a direct result of COVID-19.

All of the cases who are in hospital are isolated and carefully managed separately from other patients. The public can be confident that our DHBs are managing this effectively. We have experience in doing this, and they have very good protocols in place, as they did during the first outbreak of COVID-19. We have heard reports of people who are reluctant to go and seek necessary hospital care, and I can reassure them that our hospitals are safe places to receive medical care and you should feel confident about doing so.

So to date, 143 people linked to the community cluster have been moved into the Auckland isolation quarantine facility, and that includes 70 people with positive tests.

So the 11 new confirmed cases today—the nine in the community and two imported cases—brings our total number of positive and confirmed cases to 1,315. The total number of active cases is 105, and 16 of the active cases are in managed isolation or from managed isolation facilities.

The two new imported cases include a female in her 30s travelling from London via Hong Kong who arrived in New Zealand on 15 August and became unwell on 19 August. The second is a male in his 50s who returned from Bozrah via Dubai and Sydney between 16 and 17 August. Both of those, of course, now they are confirmed cases, are transferred to a quarantine facility in Auckland.

Of the 89 cases in the community, 88 are now linked to the cluster and one remains under investigation. The possibility that the Rydges maintenance worker who is not connected to the larger cluster—as you know—contracted the virus after being in the lift shortly after a hotel guest remains one important line of investigation, and no further information to report on that today.

The community case that is under investigation who works in St Lukes Mall has been linked to the current community outbreak using genome sequencing that ESR undertook yesterday. However, there is no, as yet, known or confirmed epidemiological link with the outbreak, and investigations continue into the source of exposure. One specific line of inquiry is that this case and another case may have been on the same bus, and I'd like to take the opportunity to remind everybody of the value of and the importance of using masks when in places, particularly like public transport, where it is difficult to maintain physical distancing. We will update you as that investigation proceeds.

The national contact tracing service has 1,999 close contacts identified; 1,924 have been contacted and are self-isolating. The remainder are in the process of being contacted. In terms of testing: yesterday there were 15,714 tests undertaken, bringing our total to 673,220. We've all but completed our surge testing of the border workforce and managed isolation workforce, and planning is under way for a second wave of testing with a focus on Auckland that will start next week. Following that, there will be a programme of regular testing of border workers.

And finally, on exemptions, we've received more than 9,000 applications for exemptions. Over 4,000 were processed yesterday, so decisions are being made quickly, and more than 1,200 have been approved. Ten percent of applications are actually from people who do not need to apply, so before people put in an exemption request, please do check the covid.govt.nz website for the list of industries that have class exemptions already. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. Before I begin today, I want to say a word of thanks. We are where we are because of the efforts of everyone, but especially Auckland and especially those who have been tested. We would not have got in front of this cluster without them. Vilifying those who have caught the virus or those who helped keep us safe by getting tested is something that I simply will not tolerate. It is those who shame others, those who seek to blame; they are the dangerous ones. They are the ones who cause people to hesitate before getting a test. They are the ones that make people feel afraid. There is no room for division when it comes to fighting COVID. By sticking together, supporting each other, and acting responsibly, we'll continue to defeat it when it re-emerges.

As you can see from the numbers and the details of the cases shared by Dr Bloomfield, we continue to identify the perimeter or the outer edges of the current cluster. We have made good progress. Unlike our first lockdown, we are not dealing with multiple outbreaks. We are not trying to contact-trace more than one cluster. We can pinpoint with much more precision who has affected whom, and that helps us to isolate those we need to. The alert level 3 restrictions have played a critical role in helping us to do that. The vast majority of cases since this outbreak began were cases we had contact-traced, were already in isolation, and were then tested. That's good news for two reasons. It tells us that we are stopping other people from being infected by identifying positive cases early, and it also tells us we are getting in front of the virus. There are, however, a small handful of cases where that hasn't been the case, and where symptoms rather than contact traces have caused someone to get a test. That's not unusual, but it's also not ideal. But, again, this is where our level 3 restrictions have been so key.

I want to just reflect on the difference they've made for a moment. Everyone in Auckland knows what those restrictions have meant: no face to face retail shopping, no gatherings, no school. They're sacrifices. I want you to know that they've not been in vain. Over the last 10 days, we have identified cases that have affected a major store at Sylvia Park, a shop at St Luke's mall, six schools, and four churches. Imagine how much bigger that cluster and outbreak would be if all of those places hadn't closed and that contact had continued—if school students had continued to mingle, if shop workers continued to serve people. It could have been enormous. So for that I want to say thank you, Auckland. You have made a huge difference to our containment efforts.

The combination of widespread testing, effective contact tracing, and adherence to level 3 restrictions, such as staying home in your bubble, have stopped any wider spread of the virus. The response has been fast and effective, but it has not concluded yet. And so Auckland has been at level 3 for 10 days now, and we did say we would check in on those settings today. As a Cabinet, we have done that by looking at the latest information.

There is nothing to suggest we need to change our course, and, certainly, nothing that suggests we need to escalate our response. But at this stage, we need to stay the course and retain the settings we have for now. That means we will consider Auckland's alert level 3 settings and the rest of the country's status at alert level 2 again on Monday. We have made a good start, but it is critically important that over the weekend and early next week we stick to the level 3 rules. No one wants to go backwards and stay in level 3 longer than necessary.

In the meantime, I do want to acknowledge what has been achieved through the work of many over the last 10 days. There are encouraging signs we have the Auckland cluster circled. There are now 87 cases within that cluster; all of whom are isolated. We have completed 170,515 tests since our current alert level settings began last Wednesday.

To put this into perspective globally, the World Health Organization this week said we have one of the highest rankings in the world for our rate of testing per positive case. This means we can have a high level of confidence around the reach of this cluster into the community and that we are containing it. Contact tracing of the cluster has been at or over 80 percent within two days. That's the standard Dr Verrall said was necessary in her comprehensive report during the last outbreak.

Even though we sit alongside many countries that have experienced resurgence, we have, as a team, done good work to limit the impact of that as much as possible. New Zealand is among a small number of countries that still has a low rate of COVID cases and one of the lowest COVID death rates in the world. To give you just one example: the United States has 16,563 cases per million people. We have 269 cases per million people. And the reason we have been able to do that is in large part because you have all played a role.

In our first experience of having one part of New Zealand at a different alert level than the rest, the police quickly put a secure ring in place around Auckland 24/7. The vast majority of New Zealanders are complying with new restrictions. We've had just two arrests so far. Thirteen checkpoints have stopped 106,000 vehicles, and around 95 percent have been let through for legitimate purposes.

Data tracking shows Aucklanders' movements are down even more so than last time we were at alert level 3. There's been a massive mobilisation of police, defence, health, MBIE, and education sectors. And we've put in place immediate financial supports to again cushion the economic blow, with a new wage subsidy extension, because we saw, with the first outbreak, getting on top of the virus early means we can open up the economy early.

While a re-emergence of COVID in our community is something no one wanted, it's something we planned for. And even in a scenario that is at the harder end of the scale, with a very complex cluster, as this outbreak has been, it's a plan that is working as we intended.

One of the questions I've been asked recently is whether our resurgence plan in the future will always feature level 3 lockdowns. The answer to that is no, not necessarily. The big cluster we've been dealing with has some features that have made it particularly difficult. It started in our most densely populated city, and also hit our community in South Auckland, where we have higher levels of social interaction. Our first case in the cluster has not yet been linked to any obvious source, and it became clear quite quickly when we traced backwards that there were people who had been infected earlier.

But within this outbreak, we've also seen an example of where, if it had happened on its own, we wouldn't have needed extended restrictions. That is the Rydges case. Here we saw a worker from a managed isolation facility who tested positive through the testing of all

staff. We quickly identified their close contacts. They were tested and isolated. At the same time, we sent the workers' results to ESR for genome sequencing. It told us their infection was in the same sequence as a returning New Zealander in the facility they worked. We could then use CCTV footage and swipe card data to identify that the worker and returning New Zealander had been in a lift within a very similar time frame of one another.

This is an example of two things: first, just how tricky this virus is, but also how the system should work. We can't stop every case but we can stop cases spreading. If this Rydges case happened on its own, without our current cluster, we would not have needed to increase any restrictions for Auckland or the rest of the country. In situations like this, we can manage COVID with the protocols we have. That needs to, of course, be our goal for the future.

Also important for the future is learning as much as we can about how the current cluster started. I want to share with everyone what we know about it and our lines of investigation into its source. There continue to be several potential theories, all of which we have chased hard and continue to do so. We all want to learn what happened here. We know that the sequence of COVID we are dealing with is from the B111 family. We know that our sequence is highly unlikely to be linked to our first wave for two reasons: the B111 family was quite rare in New Zealand during wave one, and the sequencing tells us it hasn't mutated much from those recorded overseas, which means it's pretty likely to be a short transmission chain away from the sequence of overseas origin.

The most obvious place to look has been the places where returning New Zealanders arrive and spend time. Virtually all of our border and managed isolation staff have been tested in the past 10 days, with rare exceptions. So far there are no additional cases outside of the Rydges maintenance worker. We have ruled out an outbreak in all of our MIQ facilities to date. We've used all the genome sequences we have been able to collect data on for our positive cases in quarantine, but, to date, this has not found a match to the sequence which caused the outbreak. We've asked those who have our earliest known infections in this cluster whether they have any links to overseas travel, airline crew, or border workers, to try and establish links through contact tracing, but this hasn't turned up anything.

At Americold—the workplace where we have traced the outbreak to—we have analysed and continue to trace a list of contractors who visited the work site. We have tested at the port where containers for Americold are received. We've even undertaken environmental testing at the Americold site and checked our sequence against the one from an Americold outbreak in Melbourne, but none of this to date has provided any answers.

There are other possibilities, albeit less likely, and we will keep hunting. But just as was the case in our first wave of infections, we may not find all the answers for this cluster. We have, however, learnt valuable things that have led to the improvements in our response, and so long as we have the cluster contained, we can still lift our restrictions eventually.

So looking to Monday, we will be using the standard eight factors that we have in place to make alert level decisions. Just a reminder, the four key health measures we look at are: trends in the transmission of the virus, including the director-general's confidence in the data; the capacity and capability of our testing and contact tracing system; the effectiveness of our self-isolation, quarantine, and border measures; and the capacity in the health system more generally to move levels. Those are the criteria that we have used every time we have made restriction adjustments through our alert levels. There are four broader measures we look at. They include the effects on local economies, at-risk populations, how people have been following the rules, and the ability to operationalise a new alert level.

So today, I know it's been long, but I hope that gives you a clear overview of how we are all doing. So much rests on activities in our biggest city this weekend. Auckland remains at level 3 and the rest of the country at level 2. In Auckland, stay home in your bubble and cover your face when you leave your home. Stay the course: short and sharp, hard and early. We've done it before and we can do it again.

Media: What would need to happen to the case numbers over the weekend for you to be comfortable making a decision on Monday to switch on Wednesday? If they stay the same, is it inevitable that Auckland will have to stay in longer?

PM: Obviously, we make the decision based on the advice that we receive from Dr Bloomfield, so I'll let him answer that question first.

Dr Ashley Bloomfield: Thank you, Prime Minister. We'll be looking at the case numbers, and as we did last time as we were providing advice to come down alert levels, it's the pattern of those cases and, in particular, whether any new cases are ones we might expect—so they are household or workplace contacts or church or school contacts. So that's the key factor. There are a number of other inputs we're getting—for example, the modelling that Shaun Hendy and his team are doing. I read those reports whenever they come out, to sort of triangulate what we're seeing through the actual outbreak on the ground. So that's an important part of informing our thinking, is what that modelling is showing might happen under different scenarios.

Media: So even if we are getting multiple cases over the weekend, you wouldn't rule out feeling comfortable recommending Auckland drops down a level on Wednesday because of those cases?

Dr Ashley Bloomfield: Correct, so it's not just the number; it's the pattern and the ability to predict or to know that those cases are part of the community outbreak, as we could, for example, today, with the nine: they were cases, in a way, that were people who had been identified through contact tracing, were in isolation, and had been tested as part of that.

Media: Is there any chance, Prime Minister, that you'd skip alert levels for Auckland, going from alert level 3 to 1?

PM: Oh, look, I don't want to rule anything in or out at this stage. We almost always consider a range of options; particularly given we're dealing with the country being at two different alert levels. So we will consider the potential of different configurations. But that's something that, obviously, we always use the latest advice and information. So we will be looking at what happens over the next couple of days to make those decisions.

Media: Donald Trump, for the third day running now, has been speaking nonsense about New Zealand. Does he just need to zip it when it comes to New Zealand's COVID cases?

PM: Look, I think everyone can see that in New Zealand, you know, today, we're talking 11 cases, whereas the United States has been dealing with over 40,000 cases. But I'd also add, it's not just whether you have cases; it's how you choose to deal with them as a nation, and I personally am incredibly proud of the approach that all New Zealanders have taken to the battle against COVID-19.

Media: What did you think when you heard those—have you heard those latest comments, and what did you think when you—

PM: I haven't heard them; I've seen them written. But they haven't changed my perspective I shared recently, which is we are one of many countries around the world that are dealing with resurgence—but, albeit, relatively speaking, on a very, very small scale. Our approach to COVID has been different to other countries, but it's an approach I think we can all feel very proud of.

Media: Is there any scenario whereby parts of Auckland where cases are popping up—particularly depending on what happens over the weekend—may stay at level 3 while the wider Auckland region can come down a level?

PM: Ah, with wider Auckland—so I think one of the things we've seen both from overseas, and particularly in Australia, is that if you limit to too small a degree, you do run the risk that you have wider outbreak around those perimeters. And I think it has been quite informative for us that we moved Auckland as quite a fulsome region—you know, we took into account the boundaries that did bring in the entire area, and I think we were right to do

that. We have seen cases that have affected the North Shore, we've seen cases that have affected central Auckland, we've seen cases in the South. So I think that was the right decision.

Media: *[Inaudible]*

PM: Sorry—well, in this case I think that's proven its worth. It's not to say in the future that you might have a smaller regional approach, but when it comes to Auckland, in those early precautionary days where we just didn't know enough, taking in the whole region was the right decision.

Media: Dr Bloomfield, with the genome sequencing for the St Luke's case, is there any possibility that that person could be linked to the original source from before Americold that you don't know about, or is it definite that they are linked to the Americold cluster specifically?

Dr Ashley Bloomfield: Which case did you say?

Media: The St Luke's case.

PM: St Luke's.

Dr Ashley Bloomfield: The St Luke's case. Well, what the ESR team will be able to do will be able to map where it fits in sort of the sequence of transmission, so that will be very helpful. They're in the process of doing that, but if I think about the timing of onset of symptoms of that person, which was, I think, around the 14th or 15th, exposure likely a few days prior to that, that's quite some time after the first date of onset of symptoms we have in our first Americold case, which was 31 July.

Media: That bus trip that was—and that line of inquiry, are you able to say where that bus was going and where it was?

Dr Ashley Bloomfield: That's just been confirmed. So what the regional public health service has got from the interviews of two cases is that they seem to have been on the same bus on the same route, by their description of the journey, and now we're working with Auckland Transport to look at the—well, the public health unit is working with Auckland Transport to look at the HOP card information to get exact timing, and that will, again, help. And this is the sort of degree of inquiry that happens around cases to try and provide that epidemiological link. And just to reiterate the point I made: we may or may not find a link there, but I do want to emphasise the importance of the use of masks in public transport; particularly in that setting where you have got known cases in the community.

Media: Because if they were on the bus at the same time, is it possible that other people who were also on the bus could have been exposed to COVID-19 and do they need to do anything?

Dr Ashley Bloomfield: Quite. And just like on an airline flight, of course, we can also, working with Auckland Transport, use the HOP card information of others who were on the bus, and treat them—particularly those who might have been sitting in the same area of the bus—as if they were close contacts, and then the system of contact tracing, isolation, and testing would cut in. The good thing here, of course, is the bus journey, which was on the morning of 12 August, was just before Auckland then went into alert level 3 posture, so that's the value of having that wider restriction on movement is that even if there were people who may have been on that bus and may have been exposed and/or infected, they haven't been out and about in the community near as much as they might have been if we were in alert level 1 or 2.

PM: And while we're just working to doubly confirm that connection, as Dr Bloomfield said, this is a really timely reminder—both what we know to date of the Rydges case, but what we know to date here—that mask use in Auckland, but also hand hygiene, and just how tricky it is to manage transmission of COVID-19. It just demonstrates why all those public health messages are just so important.

Media: We were talking yesterday about having contact tracing or QR codes on buses. Does this make you reconsider whether that would be valuable?

PM: Yeah, and we've had that discussion as Ministers. For Auckland, helpfully, the HOP card actually provides that data. So that tells us who is on the bus at the same time, and, of course, the bus they're on, and the route they're on. So that's really helpful. When you come to other parts of the country, that information is not collected in the same way, and the use of cards is not as high or as frequent. So we have been exploring whether or not we can have the COVID Tracer app use on different routes on buses as well. So that's something we're actively looking at. In the meantime, mask use in Auckland is encouraged just generally when you're out and about, but absolutely on public transport. And for the rest of the country, at alert level 2, we ask you to use masks on public transport as well.

Media: Prime Minister, you mentioned that today's decision and Monday's decision would include some look at how it affects local economies. What sort of economic analysis have you done? Because Treasury say they haven't done any sort of cost-benefit analysis that uses quality-adjusted life-years, and those sorts of things. Yet other people outside Government are saying their analyses say the lockdowns are too hard and are actually damaging the economy. So how will you make this decision on Monday?

PM: So, look, we actually factor in a fairly wide range of information as much as we're able. And so the Minister of Finance spoke to some of the economic activity we do or don't see at alert level 3. We know estimates from Treasury put it at about 80 percent, but, having said that, we also know that for those who aren't operating, it is particularly difficult for hospitality and retail. So we look at the impact of the lockdown on economic activity. We have seen estimates that have been used around the potential impact just for Auckland. They're not necessarily cost-benefit analysis, but just simply impact overall. And we do, as much as possible, stay in touch with the likes of Business New Zealand and operators to hear the impacts on different sectors, including, for instance, construction and others. So it's a wide range of factors where we have data.

Media: Why not use the quality-adjusted life-years measures—a proper cost-benefit analysis—as others have done outside, and the likes of Pharmac and others in the health department use all the time?

PM: Yeah. Well, also, what I think we do need to factor in is that some of that analysis will take into account a trade-off in a moment in time, but won't necessarily take into account the trade-offs over the course of our fight against COVID-19, because our strategy is very much about, yes, taking that really short, sharp approach—go hard, go early—and so we need to factor in the lifetime impact of our approach on the economy as we battle COVID-19 overall. And you can see from the stringency index, New Zealand spikes in alert levels when we go hard and early, then quickly returns to normality. And even when you look at New Zealand's recent escalation, we are still only up around where many countries have been for a consistent period of time—quite hard to factor all of that in.

Media: You sounded quite optimistic in your opening comments. You said that the Auckland cluster has been circled. I was wondering if you could give us a little bit of insight around the Cabinet table today, and if they shared your optimism, and what the sort of mood was there.

PM: So, of course, we base that on the feedback we're getting from those who are working on the ground, and the data, which everyone hears. And you can see that we are getting cases that are predominantly linked. And where we have not yet linked them, we have leads to follow. And even if we're not able to establish that close contact link, we are able to establish a genome link, which gives us that extra level of certainty. And so that's currently what that data is telling us. If I were to reflect just Cabinet generally, our view is that we need to have full information when we make the decision. No one is second-guessing what we might do on Monday until we have everything in front of us over the next couple of days.

Media: But is there a sense of optimism?

PM: Oh, there is certainly the view that the resurgence plan has worked, even though it's been tested in a scenario that is at the more difficult end of the scale. And I think that should be cause for all New Zealanders to feel optimistic that when we've had a case experienced in New Zealand, a tough one, actually the roll-out of contact tracing, testing, surveillance, isolation—all of that—has made a huge difference and worked as we intended it to.

Media: On the bus trip, can you tell us where the bus was going and where they got on and off?

Dr Ashley Bloomfield: No, I don't have that information, but we were waiting for confirmation from Auckland regional public health, and may well have that in our statement that will go out shortly after the stand up.

PM: We talked about this when we came down. I mean, while we're waiting for approximate confirmation of those two cases being linked together for that bus trip, we wanted to wait until we had that and then put all of that information out, because then that will help us confirm the route travelled, the period in which both were there, and so on. So we just need to determine that and then there'll be full information out for everyone.

Media: Dr Bloomfield, there's been some concerns raised about a lack of mask-fit testing to make sure that the N95 masks fit the front-line health workers that are using them. What have you heard about a lack of testing, and is that acceptable?

Dr Ashley Bloomfield: This is an issue that came in during the first wave of the pandemic here and most of our N95 masks are so-called "Duckbill" ones, for very good reasons, they are manufactured here locally. They tend to be a good fit for for—I'll turn that around. They're not such a good fit for people with smaller faces. And so one of the issues that's come up here and, indeed, internationally is it's one thing to have the N95s but, also, individuals need to be fitted. And that's one of the bits of work that's been ongoing over the last 100 days, along with a lot of other work, I might add, to look at fit for individual clinicians and hospital settings. So it was one of the learnings about our preparation in terms of both stockpile of PPE but, in the case of those N95 masks, to actually do fitting with individual health professionals. And we have been working with the manufacturer here to manufacture a smaller size mask, and in the meantime are looking to get more of those smaller masks onshore from other places globally.

PM: That's the great thing about having that manufacturer here in New Zealand. As you will know, I visited a mask factory not so long ago, and they talked about the fact that they were working with Health to prototype and start running off masks that will fit different circumstances. So the fact we can do that quickly onshore is a real advantage to us.

Media: I'd just like to change lanes for a moment, because the sentencing of the 15 March terrorist is taking place next week, and it's likely to be a very confronting period of time for many, especially those in the Muslim communities and victims themselves. So what would be your message to those communities?

PM: I don't think that there is much that I can say that is going ease just how traumatic that period's going to be, but we are doing everything we can to make sure that those families and victims have all the support that they need. Particularly hard for victims who have family members offshore because, of course, with COVID it's a double-whammy of not being able to necessarily be well supported, so we've done what we can to try and bridge that gap for as many people as we can.

Media: Will you watch the livestream of the sentencing?

PM: It's actually not something that I've made any decision on. Of course, the whole process is likely to take some time, and that's as it should be. People need to be able to be heard. And that is one of the consequences of not having the full case but rather a sentencing, is that that will be a more limited process for people. But you can imagine I will be keeping a very close eye on what happens in the court.

Media: Can I also just ask Dr Bloomfield whether any of the people who were granted exemptions to travel for the sentencing—whether any of those have failed their COVID tests?

Dr Ashley Bloomfield: I don't know, but there are a number of people who have been granted exemptions, yes, to travel to Christchurch.

PM: Not from MIQ, though.

Dr Ashley Bloomfield: Not from MIQ.

PM: We should be really clear on that; not from managed isolation.

Dr Ashley Bloomfield: Yes, so people who had come in from overseas and been in the 14-day quarantine isolation period would have been tested, day three and day 12. I don't know if any have failed their tests; I can find that out. Or, sorry, not failed the test; if any had positive tests during that visit. I don't think so. We would have, I'm sure, known.

PM: My understanding, of course, is though that everyone is spending the full 14 days in quarantine, and that will have the consequence of some not necessarily being able to attend in person.

Media: Just in terms of those HOP cards, not all of them are always registered, so is there any advice going out to Aucklanders, if they have the HOP card, to register themselves in order to help with that contact tracing?

PM: That would need to be something that, once we're able to ascertain that that definitely is our strongest lead and that there is that connection between those individuals on that route and on that bus, we'll then have the chance to look with Auckland Council at all of the HOP card data we have, and if we need to give that advice to individuals because we identify that gap in data, I imagine that's something we'll include in our public health advice which we should, all things being equal, have out this afternoon.

Media: The provisional suicide statistics came out today. They actually showed a drop year on year. Do you hope that puts to bed some of those rumours and speculation we saw about suicide during COVID-19, particularly on social media?

PM: Yeah. And that has been, you know, a significant shift in numbers that we've seen from that report that's come from the ministry. And yes, I do hope that that finally does put to bed some of the rumours that existed. I do just want to add that isn't going change our focus on mental health issues, particularly as they relate to the anxiety that people feel around COVID-19. But it shows that we can make a difference when it comes to suicide in New Zealand and that community organisations and the many, many people who are working on those issues are making a difference.

Media: On CDHB, the Minister spoke to members there yesterday. Are you looking at putting in a Crown monitor, because that's something that's been called for today?

PM: Yeah, I do want to let the Minister continue to work through those issues, but it is fair to say that we are working very hard to play a constructive role in the dispute and the tension that obviously exists within the DHB, and we do have a role to play there. The Minister has been very, very active in trying to help resolve some of those issues.

Media: On the DHB, do you think it's a crisis? I mean, there's so much medical talent that has now left—there's been a mass exodus of people. Is this a crisis?

PM: There are very clearly issues that need to be addressed, and very quickly. We see our role here as intervening to try and make sure we can find a resolution. Ultimately, no one wants to see any impact for the community around this DHB affected by the dispute and the tension that exists there. So I know that will be the focus of many involved, and, in fact, that will be the motivation of many involved. So let's use that as our common ground and find a way through.

Media: Just on that, *The Press*—a very fine Stuff newspaper—understands that the Minister did not actually speak with the DHB board yesterday. Have you laid out your expectations?

PM: No, no, I don't believe that that is the case. I'll let Minister Hipkins speak to his own time line, but that's certainly not as I understand it.

Media: They've written to you twice, though—the senior doctors have written to you twice about this—

PM: Yes, I'll just finish this question then happy to come to you, Henry.

Media: I'm happy with your answer to that.

Media: They've written to you twice and they say they haven't got a reply. Why haven't you replied to these senior—

PM: I have signed out a letter to respond to the clinicians that wrote to me. I'd have to get the date on that, but it was at least a little while ago.

Media: Three years ago you said Bill English and the Government was at war with this DHB and the Government needed to step in. It's three years later, what's happened?

PM: Look, obviously a lot has happened in that period, and, again, there are issues that are being raised now that we are actively, again, stepping in to try and play a role to try and resolve the issues that are there. So we do see that there is a role for us to play and we are playing it.

Media: What is that role?

PM: Again, I'll let Minister Hipkins, though, speak to the time lines of any conversations with the board, and I'm not going to pre-empt any outcome. We do know, though, that we need to move quickly. It has escalated. We, as a Government, don't want to wait for any period to try and help resolve these issues.

Media: Move quickly to do what?

PM: Help resolve the tension that exists between clinicians, quite clearly, and the board.

Media: Do you think travel in and out of Auckland would need to remain restricted even if Auckland goes to 2 and the rest of the country goes to 1?

PM: You ask a good question. Obviously, if you had a scenario where one part of the country was at a different alert level—lesser than level 3—than the other, actually, those levels have usually included interregional travel. But then you have the issue of limits on mass gatherings in one part of the country and not in the rest. So those are some technicalities and things we need to take into account with our decision, and we'll be working through that as a Cabinet on Monday.

Media: Director-general, I've been told that the commercial arrangement under which labs invoice the Ministry for COVID tests expires in September, and it's being renegotiated to give the ministry more power to audit those labs. Could you give any more detail on those negotiations?

Dr Ashley Bloomfield: No, I don't have any more detail. What I would say is that the nature of the negotiations with the labs are good. I mean, it's not an adversarial discussion. Clearly, the original contract was put in place when the epidemic, or the pandemic, was starting, and put in place for a good amount of time. We're now into a different pattern, so we are renegotiating that contract with the labs to ensure that, first of all, we are getting good value for public money, but also that there is an ability to get the sort of reporting we need, and also, indeed, that we can go and just check on delivery on the contract. So that would be a standard thing.

Media: What sort of reporting is that?

Dr Ashley Bloomfield: What sort of reporting?

Media: What sort of reporting do you need?

Dr Ashley Bloomfield: Well, the reporting, of course, that we're most interested in is the reporting of results and the ability to ensure that the way those results are reported can be linked directly into our EpiSurv, our contact tracing databases, and so on, and then there will be reporting from each lab on the volumes to ensure that payment is appropriate for the volumes that they are delivering.

Media: Customers are having to wait seven to 14 days to get reusable masks from online retailers because there's so much demand. What's your advice to them in the meantime? Is it still worth buying them if they don't show up for another week or two?

PM: I might talk to the supply issues, and then I'll have Dr Bloomfield talk to the advice. Last time I checked in with the all-of-Government group, I was advised that we did still have supply within our major retailers. So if people are finding it hard online, there are options for those retailers that you are able to visit—so supermarkets, for instance. We have also had thousands of masks distributed directly through some of our social agencies into Auckland, particularly utilising Whānau Ora agencies to get those masks out to those who may be in our most vulnerable communities. On alternatives to masks that are purchased, I'll have Dr Bloomfield to speak to other face coverings.

Dr Ashley Bloomfield: Yes, there are other options one can use. I've got one right here in my pocket, actually. This is a homemade mask, which there are various patterns for on the internet or elsewhere. I didn't make this myself, it was—

PM: Who did make that, Dr Bloomfield?

Dr Ashley Bloomfield: Who did make this?

PM: Yes.

Dr Ashley Bloomfield: It was the mother of one of my son's friends who kindly made that for me. I've also had a lovely one sent by a member of the public which has got the TARDIS on it, which is nice. So, yes—homemade masks. These can be washed and reused, and face coverings can be a scarf or a bandana in the meantime. The important thing is how you use it, of course, and being careful with hand hygiene.

Media: Prime Minister, do you have any personalised reusable masks?

PM: I have a couple of options. You would've seen yesterday at ESR I was using the same range of masks that were being used by most of the staff there. I do have a couple of cotton ones that I understand have been made by one of the staff members who works here in buildings. So a lot of people who are handy on sewing machines have been very, very generous in helping make sure there's supply around the building.

Media: What do your reusable ones look like?

PM: I just have a range of patterns. I didn't bring mine down, as Dr Bloomfield did, so unfortunately I can't show you.

Media: Could you put it on? Could you demonstrate?

Dr Ashley Bloomfield: This is always a little dangerous to do, of course, in front of a live TV audience.

PM: I think that's probably why you've been asked, Dr Bloomfield.

Dr Ashley Bloomfield: And that's exactly right. So the important thing here is to, of course, hold the elastic at the ends and keep the hands away from the mouth and face. It goes there over the ears—in my case, not too difficult to do. The one problem I do have is my glasses do fog up a bit, you will notice, and I'll take that off. Apparently you can use Sellotape across the top just to help prevent that.

Media: Dr Bloomfield, a Hamilton high school was holding a rugby match with a Tauranga high school. A thousand people were expected to attend. This is technically allowed because schools are considered bubbles, but Michael Baker has kind of questioned whether this is a good idea. What do you make of that? Is that a bit of a loophole use?

Dr Ashley Bloomfield: Well, I think under alert level 2 restrictions, there wouldn't be a thousand people allowed to attend; that's quite clear. The maximum allowed is 100, and I know from my own experience here that for most college sport there, no spectators are allowed at the moment. It's just the teams and those who are closely involved with supporting the teams.

Media: Can I ask another question from Derek's question before about the border restrictions?

PM: Yes.

Media: It would obviously be a lot easier if the whole of the North Island was at the same level. How much weight will you give that when you're making the decision on Monday?

PM: Oh look, yes, we do consider the ability to implement successfully the restrictions and enforcement around the restrictions, so we do take that into consideration. It won't be as weighty as just making sure that we get the restriction level itself right, but those are things that we are working our way through, because they do present, at the border, some logistical challenges—if you still have a border.

Media: And is there any chance that you would make a decision on Monday to move down alert levels at midnight, Monday, or will it definitely be midnight Wednesday?

PM: No. You'll recall that we make those decisions 48 hours in advance. It gives us extra time to put in place any orders that may be necessary. So that's why we're doing it ahead of what is technically that two-week time frame.

Media: If we do move to level 1 next week, are there going to be changes? I mean, Dr Bloomfield's scripted out maybe having more social distancing—I mean, what does that mean for nightclubs or sports games?

PM: Yeah. Broadly speaking, we do try and keep our restriction and our alert level, broadly speaking, in place, but we have made additions. The use of masks is a classic example. The evidence has continued to grow around the importance of mask use, and so that's why we've implemented them and incorporated them into our alert level framework in the way that we have.

Media: So your vision for getting back to normal—what is it?

PM: Yeah—well, you know, we have used that framework as consistently as we can because it helps people understand very quickly, when you reference the alert levels, what is required. Keep in mind, though, in the past we have stepped into alert levels, so we have had alterations like that from time to time, and that I think is reasonably easy to communicate.

Media: Dr Bloomfield, yesterday there was some discussion about how some people who are confirmed cases of COVID-19 weren't in quarantine and were in other arrangements. What's the proportion of those cases that are in other arrangements, and are any of them private homes?

Dr Ashley Bloomfield: So if you look at today's numbers, I think we're about 70—if you add up those who are in quarantine and those who are in hospital, there's about 10 who are in other settings, and, yes, at least one of those is a private home. As I've said, that includes a range of supports around that family for a very good reason, and 24/7 security as well.

PM: That is just a chance to dispel a few myths, if I may, that exist. I've heard claims that people are being—you know, that you may be forcibly separated from family members

or that children may be removed from families. That is simply not how these arrangements work. We try and, as best as possible, keep people in an arrangement that works for their family, whilst also trying to keep their family members safe from transmission. So we really work through that with public health clinicians on the ground. So I just want to dispel any suggestion that anything forcible is happening in these situations.

Media: Dr Bloomfield, you said you've got pretty well through the surge testing of the border workers, and there'll be more testing next week. How regularly ongoing will the testing of the border workforce be?

Dr Ashley Bloomfield: So we've worked up a plan around that with a whole range of Government agencies, so that we include not just the availability of testing but the assurance to the workforce that they will be able to receive and required to be tested regularly. There will be some categorisation depending on the level of risk for different workforces. So for some members of the workforce, it may be weekly; others, it may be just fortnightly or monthly—so we're very busy with our colleagues across Government just finalising that plan.

PM: So making sure that those who are at the front line having those most at-risk interactions—that we're really prioritising their regular testing. Minister Hipkins is likely to speak in more detail around what that framework and what that regular testing regime will look like, but, as has already been set out over the next fortnight, we're going to go back through staff again for that second wave of ongoing testing that we can expect from here on.

I've just got another appointment, so we're going to move fairly quickly through any remaining questions.

Media: Yesterday, you used the example of a truck driver from the Port of Tauranga driving to Auckland as a possible option for the origin of the Auckland cluster. Is that still being pursued, and, if so, are you then going to test any workers who are travelling between those borders?

Dr Ashley Bloomfield: So there will be border testing of a range of workers in airports and maritime ports. I was specifically using that example to explain why we were testing the port workers at Tauranga—because that was one of the ports where goods for Americold came in through. But we then went on to talk about the higher likelihood it was person-to-person transmission—and, indeed, that could be through the route where a truck driver had come from Tauranga and up to Auckland. So that was why we had tested both at Tauranga and at Auckland ports quite extensively.

Media: So will you be testing the drivers, then?

Dr Ashley Bloomfield: That detail's still to be worked through. The important thing is to test those at the ports who are potentially having interaction with crews coming in, again, where there may be a risk of them having COVID-19. That's the main focus for testing both at airports and ports.

PM: Before I come to Ben, I'll just also remind everyone that we did have a maritime order in place that had quite strict provisions around what those international workers—how they needed to behave when they were docked in New Zealand: the fact that they needed to stay on their ships, the physical distancing that needed to be kept up, and if any were to try and exit the port, they either had to be on their ship for 28 days continuously and have a health check, or 14 days and a negative health test.

Media: How do you think businesses in Auckland are holding up, having gone through another alert level 3, and do you have any advice or any words for business owners, given it's uncertain when the levels are going to change?

PM: I think, actually, generally, what I'm picking up for both Aucklanders and just for New Zealanders is the uncertainty that an environment like a global pandemic creates and the anxiety that comes off the back of that. So the assurance I want to give today is that

even though we are in a world where we will see COVID cases again, it does not necessarily mean we have to elevate into lockdown every time. But it also doesn't mean that any of our systems have failed. Right now what we see is exactly what we need to do when we see those cases: move quickly, move hard, move early, get back to normality as quickly as we can. That's New Zealand's plan, and it has served us well and will keep serving us well. All right, everyone—sorry, I'd better get [*inaudible*] now.

conclusion of press conference