

PRESS CONFERENCE: THURSDAY, 27 AUGUST 2020

Hon Chris Hipkins: Right. Good afternoon, everybody. Today, I am joined by the Director of Public Health, Dr Caroline McElnay, who will provide today's cases update. After that, I'm going to talk about masks on public transport. From next Monday, 31 August, masks will become compulsory on public transport. I'll set out the details of that. I'm also going to provide a few comments on the just-released report from the independent Contact Tracing Assurance Committee and the response on that from the Ministry of Health. But first, let's get today's update.

Dr Caroline McElnay: Thank you, Minister. Tēnā koutou katoa. There are seven new confirmed cases of COVID-19 to report in New Zealand today. One is an imported case, a woman in her 20s, who arrived in New Zealand on 22 August from Turkey, via London and Hong Kong. She has been staying in an MIQ, at the Sudima in Christchurch, tested positive for COVID-19 around day 3 of her time in managed isolation. The other six cases are in the community, and they have all been linked to the Auckland cluster. Five cases are household contacts of previously reported cases, and one is linked via their workplace. One of the new cases is a student at Mount Albert Grammar School, and Auckland Regional Public Health are currently working with the school community and the Ministry of Education. The student has not been at school since 12 August.

By this morning, our contact tracing team had identified 2,455 close contacts of cases, of which 2,404 have been contacted and are self-isolating, and we're in the process of contacting the rest. There are 159 people linked to the community cluster currently at the Auckland quarantine facility. This includes 85 people who have tested positive for COVID-19 and their household contacts. Just an update on those in hospital: today, we have 10 people in hospital with COVID-19. Two people are in Auckland City Hospital, four people are in Middlemore, three people are at North Shore Hospital, and one person is in Waikato Hospital. Eight of those people are on a ward, and one person in Middlemore is in ICU, as is one person in North Shore.

Fifteen people are now considered to have recovered from COVID-19, which brings the number of active cases in New Zealand to 126, of which 11 are imported cases. Our total number of confirmed cases of COVID-19 is now 1,351, which is the number we report to WHO. Yesterday, our laboratories processed 9,257 tests for COVID-19, which brings the total number of tests completed to date to 719,320.

And just finally, an update on the Mount Roskill Evangelical Fellowship Church cluster that we talked about yesterday: there are now eight people associated with the church who have tested positive for COVID-19. All eight cases have epidemiological links to each other, and they attended common events. Three of those cases have been genomically linked to the Auckland community cluster. We are still investigating the epidemiological link to the main cluster.

We'd just like to reiterate what was announced yesterday—that anyone who attended the following events should get tested as soon as possible: services held at the church on Stoddard Road on 8, 9, or 11 August, and a wedding that was held at the church on Friday, 7 August. Anyone who attended these events and who is currently unwell or has experienced any signs of COVID-19 in the past two weeks should contact Healthline—0800 358 5453—and let them know that you attended one of these events, and they'll provide further advice. Thank you.

Hon Chris Hipkins: Thank you, Dr McElnay. The world keeps learning about this pandemic, and as we continue to learn, we continue to adapt our own practice in New Zealand based on the latest advice and evidence. On Monday, the Prime Minister

announced that face coverings will become mandatory on public transport throughout the country when we are at COVID alert level 2 and above. That requirement will come into force on Monday, 31 August, when Auckland moves down from alert level 3 to join the rest of the country. Under section 11 of the COVID-19 Public Health Response Act, I'll be signing a new order this afternoon that sets out how this is going to work in practice.

I want to emphasise from the outset that face coverings are an added layer of protection in close environments. Maintaining physical distancing is still the best mechanism. We also know that some people won't be able to wear masks, and I'll talk about that a little bit more in a moment.

So, from Monday, face coverings should be worn on public transport and aircraft. That includes trains, buses, and ferries. They do not need to be worn on school buses, on charter and group tours, on interisland ferries, or on private flights, or by private contractors of air services such as top-dressers. These groups are already likely to be within each other's bubbles as part of a registered group or have space to physically distance—for example, on the interisland ferries. In addition, face coverings do not need to be worn by passengers of small passenger vehicles such as taxis or Uber, but the drivers will be required to wear masks. People under 12 years of age will be exempt in line with World Health Organization guidance. People with a disability or physical or mental condition that makes covering their face unsuitable will also not have to wear a mask. There'll be other times when it's not required—for example, in an emergency or where it's unsafe; if people need to prove their identity; or if they are communicating with someone who is deaf; or required by law.

We do not have a mask-wearing culture here in New Zealand. This is going to take us all some time to get used to, and so we do ask for patience and cooperation as we all get used to taking this additional protective step. What we're asking is for people to wear a face covering just as you would buckle up when you get into a car. Whilst a breach of this requirement without reasonable excuse could be subject to an infringement of up to \$300 or a fine imposed by a court of up to a thousand dollars, in the early stages of this we do ask people to be kind and cooperative with one another while we all get used to these new requirements. Guidance will be going out to all transport operators on the requirements under alert level 2, including those around physical distancing, cleaning, QR codes, and, of course, face coverings. We do ask that people respect drivers and transport operators. They're not obliged to refuse people entry, given that people will have legitimate reasons for not wearing a mask—and I've just gone through those—but drivers will be encouraged where possible, and where they are comfortable, to ask passengers to wear a mask.

Now is a good time for all New Zealanders to get themselves a mask or a supply of masks. We are releasing 3 million further masks from the national store for national distribution over coming days as a one-off boost to the immediate supply that's available. This will be distributed amongst iwi, social services groups, and community foodbanks and centres in regions where there is public transport. You can also make your own, and there's guidance on the internet on how to do so. I would encourage people in particular to have a stock of reusable masks so that you can wash them between uses. Face coverings can be anything that covers your mouth and nose. That can include scarves and adapted tee-shirts. The supplies of disposable masks are continuing to be distributed throughout the country.

Moving on to the Roche report that's being released today, we are releasing the final report of the Contact Tracing Assurance Committee, the CTAC report, and the Ministry of Health's response to that. The committee was tasked with reviewing progress against the recommendations of Ayesha Verrall's earlier report. The report concludes that New Zealand is now in an increasingly strong position and that we do have a much-improved contact tracing regime. There are work-ons, including scenario planning and system stress testing, recommended in the report. The ministry was in the final stages of planning for this, but, of course, we then had that overtaken by real-life events and the need to respond to the needs associated with this current cluster.

So more than two weeks on, we can see how the system has responded to an actual event, and it has responded well. As of yesterday, our teams had identified 2,422 close contacts of cases, of which 2,368 had been isolated. That's a very high strike rate, and while the figures do vary from day to day, the teams are consistently performing around the benchmark of 80 percent of close contacts identified and contacted within 48 hours. There are now about 1,500 people using the national contact tracing centre for the purpose of supporting contact tracing, and that excludes the management and supervisory roles, who will also have access to it.

Another major recommendation in the report was around the use of technology. And you will note that, over recent weeks, we have continued to improve the COVID-19 contact tracer app with additional functionality, and we have made the display of QR codes mandatory, the most recent change to that being making QR codes mandatory on public transport. Trials are also in train for new Bluetooth technology, including potential the CovidCard and other smartphone-based Bluetooth solutions. There are other important areas that have been identified for improvement in the report, but they're beyond the scope of the contact tracing teams alone, and they're being considered separately.

But, overall, I am very encouraged by the way our contact tracing processes are working and operating around this current cluster. The ministry is innovating, and it is responding quickly, and I expect this culture of continual improvement will, of course, go on as we continue to learn and adapt.

And with that, I'm happy to open up for questions.

Media: We've now only got three days before Auckland is set to go down to level 2. With these high numbers, are you starting to feel nervous about whether that can happen or not?

Hon Chris Hipkins: No, because they're all still within the identified clusters—or cluster—but, you know, within the identified contacts. So we know what we're dealing with. We know roughly the size of what we are dealing with, and that's very helpful.

Media: On current modelling, though, when will we start to get to those zero and low case numbers that you would like to see?

Hon Chris Hipkins: It could be another, sort of, week to 10 days before we start to see the numbers dropping off again. Again, one of the things that we'll be monitoring very closely, as we do, is whether there are any additional cases that are coming up outside—a significant number of cases coming up outside—of the identified cluster.

Media: Shouldn't we have been doing that by now, though?

Hon Chris Hipkins: Oh, I mean, we're monitoring it every day. I mean, are you saying, should—

Media: Shouldn't those numbers have been dropping away by now, though? Because, on modelling earlier in the week, we were expecting to get some low case numbers—I mean, seven is more than a handful of people.

Hon Chris Hipkins: I mean, one of the things that you'll see is that there are a couple of events that have potentially added significantly to our overall case numbers. And, of course, we are also doing now—we're going through the day 12 sweep. So people who were tested early on are being tested again around day 12 because that fits in with our practice, and that is throwing up a few new cases, but they were already people that we knew. They'd already been tested once; they're being tested again out of caution, and I think that's where you're seeing some of those numbers coming through now.

Media: Just back on the earlier point there, do you think that we need to hit zero before we move?

Hon Chris Hipkins: No, we don't, and that was actually one of the things that Cabinet considered. What we need to know is that we have the cluster reasonably well contained,

and we are reasonably confident of that, in the sense that, you know, the new cases we're seeing are within the cluster that's already being contact traced and identified.

Media: How concerning is it that that second mini-cluster appears to be growing, though?

Hon Chris Hipkins: Given that the contacts around it have been identified and isolated—and so we will reach the point where that shouldn't be spreading further. We're not going to reach that point immediately, but we should reach that point.

Media: Are you concerned that that cluster may be much bigger than we've picked up, because you can't find that epidemiological link?

Dr Caroline McElroy: Well, we'd like to be able to demonstrate a link to the cluster, and a lot of the testing that we're doing around that cluster is for that purpose—is actually looking further back in time to see if we can identify a source for this cluster. As the Minister says, the cases that we've got with that cluster are close contacts of each other. We will see, as we get the further test results coming through from the testing that's being done through the church, whether there are any other cases. We can only hope that that is the case, but we would feel happier if we were able to show what the link is from a person-to-person perspective with the large cluster.

Hon Chris Hipkins: The best analogy that I've used, and you will have heard me using it here before, is it's like trying to solve a jigsaw puzzle, and each new positive case is another piece of the jigsaw puzzle and it helps to show how the cases are linked. And so there are still some gaps on the jigsaw board at the moment, and each new positive case that we get helps us to fill in another gap. I'll let you finish that line of questioning.

Media: Sorry, it's a different question, but last week you said you'd issue a new order clarifying the requirements for airline crew coming back from overseas. Have you issued that order yet and border requirements?

Hon Chris Hipkins: No, I haven't. We're still in conversations with the airlines about that. I'm meeting with Air New Zealand again this afternoon. Obviously, you will have seen the material that Air New Zealand released last week identifying what their infection prevention and control measures are—the extra things that they are doing to keep the public safe. One of the things that we do not want to do is end up with no airlines flying in and out of New Zealand. It's vital that we have a really good, robust regime that allows the airlines to continue to operate, and that's what we're working through with them.

Media: But isn't it more important to make sure that they're doing that safely? Why haven't you issued that new order?

Hon Chris Hipkins: We need to do both, and I'm absolutely confident that the regime that we are working up with them is very, very robust. There are good protections in place now, but we're just looking at how we can make them even better.

Media: Minister, just back on Sir Brian's report, a couple of things you didn't mention which require urgent action: very active cross-Government approach and clarity of accountabilities in decision making. These aren't small-fry things. Why is it so far down the track and this stuff hasn't been sorted?

Hon Chris Hipkins: Look, no, that's not true to say that it hasn't been sorted. I think what you've seen in this particular exercise that we've been going through now—that a lot of that has improved, you know, hugely since the first time we had to do contact tracing. There are much more streamlined, whole-of-Government processes getting in behind and supporting contact tracing. The contact tracing centres are working very closely with other Government departments who also have access to information, for example. The lines of decision making are much more clear. The Ministry of Health has been working to make sure that our public health units are operating on a coordinated, nationwide basis rather than in isolated silos. So that work—a lot of progress has been made in that area

Media: But if they're so far improved, then why would Sir Brian be putting them in the camp of urgently need action?

Hon Chris Hipkins: Bear in mind that this report was several weeks ago; so continued work has been done. This has been an iterative process. Continued work has been done since that report was written.

Media: In your mind, does a lot of this stuff come back to communication?

Hon Chris Hipkins: Yes, I mean, ultimately, contact tracing is a communication exercise. And so, you know, in a situation like this, where you're trying to assemble quite a lot of information as fast as you possibly can, communication is critical.

Media: Because if you go back to the report that Megan Woods and Digby Webb did, at that time, which was months ago now, Air Commodore Webb said that communication was the biggest failure out of that report, and that was what needed fixing. But it seems as if these things that require urgent attention are still in the communication camp. So why aren't people speaking to each other and sorting this stuff out?

Hon Chris Hipkins: Well, no, I reject that. Like I said, this report from Brian Roche was several weeks ago now, and, actually—

Media: It's still a long way on from the last one.

Hon Chris Hipkins: —a lot of work has happened since then. So you'll see that the system is continuously improving, and, ultimately, the results are the thing that we've got to focus on here, and the results here are actually very good.

Media: But communication was also an issue a couple of weeks ago over the testing of border-facing workers when your Cabinet strategy was quite different from the ministry's strategy. So those issues are still quite recent, are they not?

Hon Chris Hipkins: Look, I think we've canvassed those issues around testing very extensively in these forums—

Media: What I'm saying is, though, it's indicative of the communication—

Hon Chris Hipkins: —but I think the communication is improving day on day. And ultimately, this is a people-driven system—our contact tracing system is driven by people, and it relies on information being extracted from people, i.e. the cases and their contacts. And so we're always looking at how we can improve those communication channels, and I think that they've made very good progress in that regard.

Media: Can you just further expand on why the exemption for taxis and Ubers and small passenger vehicles in terms of the requirement for mask wearing?

Hon Chris Hipkins: Because there's a variety of factors that we considered here. We considered the risk to those individual businesses in many cases, but we also considered what the public health risk was. And the overall advice that was presented was that the minor public health protection gains that would be made from getting people to wear masks in that setting were actually offset by the potential downsides for the operators concerned, and it would be very, very difficult for them to enforce. So if you look at the public health gain: people typically, when you're getting into a taxi or an Uber, you're not sitting next to people that you don't know, other than the driver, who will be wearing a mask. QR codes will be there; so we will be able to trace who's been in which taxis and which Ubers and when, and it's that smaller group size that, of course, provides the greatest protection. But people are encouraged to wear masks; they just won't be mandatory in taxis and Ubers.

Media: Another question. International seafarers, will they be required to be tested upon entry into New Zealand—yeah, tested before or when they arrive in New Zealand?

Hon Chris Hipkins: We're looking again at whether there can be further improvements made there, bearing in mind that, if you're arriving and you're coming into New Zealand, you'll have to be tested and you're subject to our managed isolation and quarantine

arrangements. The vast majority of people coming in on cargo ships, for example, don't actually enter New Zealand; they stay at the port. Most of them won't even get off the vessel at all. So we're working through to make sure that the infection prevention and control piece of that is as stringent and strong as possible. A few further refinements to that system have been identified, and I've given the tick for them to be implemented. But the issue around testing is still one that we're working through, bearing in mind that these people don't actually come into New Zealand.

Media: Are you looking at any provisions—you know, there's some serious welfare issues keeping these people on boats all the time and not letting them cross through the port. Are you working on anything that would allow them more ease of access to New Zealand, to food supplies, all of that?

Hon Chris Hipkins: Most of the ships that come into New Zealand aren't actually here for very long. The workforces that we're talking about are well-used to not stopping in New Zealand; they're used to being in and out.

Media: But they are used to leaving the ship, right?

Hon Chris Hipkins: There is provision for people to leave the ship and come through our managed isolation and quarantine. There is also provision for people to leave the ship and immediately return home, because, obviously, there are crew changes that need to happen with these ships. And we've got provisions in place that allow that to happen.

Media: Do you know how many close contacts there are in the Mount Roskill circle—the three church services and one wedding? That's potentially hundreds. Do you know how many there are and how many of them have been tested?

Dr Caroline McElnay: Well, the investigation into the church service and the wedding is historic, and that's part of the investigation into the source for the current cases that we've seen at Mount Roskill. The actual containment itself is looking very good. There are eight cases reported; they've all been close connections to each other. We will know as we get more of the test results back on the other immediate contacts who've been tested, but those particular events that I've mentioned are an example of how we're trying to see what the link might be with this cluster and events that we knew that happened in the past, and ideally we would be able to identify someone who could then connect with the community cluster.

Media: Sorry, my question was about how many of those close contacts have been identified relating to those three church services and that wedding? How many have you identified, and how many of them do you know have been tested?

Dr Caroline McElnay: I don't know how many of them have actually been tested, but they are being followed up by one of our other public health units, and they're working through those numbers.

Hon Chris Hipkins: I'm sure we can get you the number. We don't have the number here, but I'm sure we can get you that number.

Dr Caroline McElnay: We collect those numbers.

Media: Some questions about the enforcement with public transport—so can you tell me how it will work with those fines, and what part police will play? Will they wait at bus stops, or how's that going to work?

Hon Chris Hipkins: No, I mean, look, it's very similar to wearing a seatbelt. You know, we don't have police stopping every car to make sure someone's wearing a seatbelt, and we won't be stopping everybody coming on and off a bus to make sure they're wearing a mask, either. We are asking New Zealanders to comply with this. We are asking for good will. The evidence that we've seen so far suggests that people are actually ready to embrace these new rules, and there's a lot of compliance already, which is very heartening and very

welcome, but we're not going to be putting police officers on every second street corner to make sure that people are wearing their masks.

Media: On public transport, there are many people who don't use apps but use public transport. If they haven't registered their HOP card, which many don't, how do you plan to track those people?

Hon Chris Hipkins: That's one of the reasons that we're now putting the QR codes on to public transport—

Media: These people don't use apps.

Hon Chris Hipkins: —and we encourage people to register their HOP cards. There are other ways if we end up needing to contact trace someone on public transport and they haven't scanned their QR code and they haven't registered their HOP card. As long as we know what bus they were on and what time they were on that bus—

Media: But how would you know who to contact if you do find someone on that bus?

Hon Chris Hipkins: Well, because most of the other people on the bus will have registered their HOP card or will be scanning the QR code.

Media: OK, for instance, I get on the bus, Jess gets on the bus, Jess tests positive and has a scan, I don't have a scan, I don't have a HOP card—how do you find me?

Hon Chris Hipkins: We do that through public notifications, which we have done, you will note, in some instances through here. We have been notifying public events where that assembly of the detailed list is more difficult. But we're certainly trying to make it as easy as possible for people to record their movements so that they can be notified when they have been in a situation where they're at greater risk.

Media: If these cases aren't epidemiologically linked by the end of this weekend, should Auckland still move down alert levels?

Hon Chris Hipkins: Look, I will ask Dr McElroy to comment on that, but we did run through all of this when we made the decision around the right timing to move down the alert levels, and we did make that decision conscious of the fact that we may still be seeing positive cases as we move down to alert level 2. The key piece of information that we are monitoring very, very closely is whether they are all still linked to the circle of contacts that we've been identifying, and at the moment they still are.

Media: But you have no idea of the chains, the links in the chains of transmission; so you have missing links and you don't know how many other people those missing links have been infecting.

Hon Chris Hipkins: That's part of the reason that we ask all close contacts to isolate, because, as long as they are isolating, then if they subsequently show up as a positive contact, it doesn't create a lot of extra concern for us, because we know that they've been isolating, but, again, I'll ask Dr McElroy to comment on that.

Dr Caroline McElroy: We have a very small number that we can't epidemiologically link to the cluster, and we've talked about the Mount Roskill one, and we have got another situation of just one individual. We don't need necessarily to be able to demonstrate that link in order to be able to say that the particular cluster is contained, and we've got examples previously when we were in our first wave where we weren't able to make that link back to a source but we were able to contain and have confidence that the cluster had been contained.

Media: But you had the two weeks in that case where you had restricted movements so there was less movement going on, but in this case, if they can move down alert levels, you won't really have those restrictions.

Dr Caroline McElroy: Well, that's also one of the reasons why we're promoting testing and widespread testing in the Auckland area, because that will allow us to detect

any previously undetected cases, and that's part of the whole strategy, which will provide information to give us a better understanding of what's actually happening.

Media: On the report it says, "Ongoing attention required to ensure contact tracing system is reflective of Māori and Pacific needs." What do you believe those needs are and what does an equitable tracking system, tracing system, look like that would get your tick of approval?

Hon Chris Hipkins: One of the things that we know from the current cluster is that we can do better at providing opportunities for people to record their movements and record who they're coming into contact with. So there hasn't been as high a use of the COVID Tracer app amongst the group that we've been dealing with to what we would've liked. In fact, we've seen a significant uptake in usage of that since then, so that helps us. But, in terms of culture, obviously we want to try and make sure that we're making this system an inclusive, respectful one, and that includes considering the demographics of the cluster that we're dealing with.

Media: What does that look like? What does an inclusive tracing app look like?

Hon Chris Hipkins: Well, I mean, I think encouraging the uptake of the app is what we've been focused on here, but in terms of the specifics of contact tracing, of course, we have Māori and Pacific people involved in the contract tracing process. We've been working very closely with community organisations that are active in the Māori and Pacific community. I don't know whether Dr McElnay wants to add to that, but I think there has been a real desire to make sure that this is a very inclusive system.

Dr Caroline McElnay: I think we're certainly seeing that with the approach in this current outbreak, the communication and the links, particularly, with communities in Auckland, Māori and Pacific communities. That helps understanding around what the questions are that are being asked and answering any queries that people have about the disease and also about the need for self-isolation while we're undergoing those initial tests, and that's been invaluable in this particular cluster—to have those teams at Auckland Regional Public Health able to have those conversations direct with individuals and also their community leaders.

Media: Minister, to clarify, in terms of looking at the current restrictions again before Sunday, will Cabinet meet tomorrow to review that, or Saturday, over the weekend?

Hon Chris Hipkins: No, there are no plans currently to review whether or not the decision that we've already made should go ahead. We would do that if we got some evidence that suggested that we needed to somehow change course. At this point, we haven't seen any evidence that suggests we need to change course.

Media: And just a question from a colleague: is there any consideration for a second quarantine hotel in Auckland because people from the community and the border are now staying at the Jet Park?

Hon Chris Hipkins: At the moment, we can accommodate what we need to accommodate within the Jet Park. Of course, if we need to stand up additional quarantine, then we have the ability to do that.

Media: Minister, with your education hat on, how did the Green School get \$1.7 million worth of funding?

Hon Chris Hipkins: It was a shovel-ready project, so it wasn't considered through the usual education capital spend route. It was considered as a shovel-ready project, so the criteria for that were different. The criteria for that looked at, you know: is it a building project? Yes. Is it ready to go? Yes. Can it be done quickly? Yes. And it was funded through that.

Media: Is putting millions of dollars into a private Green School really a good use of public funds?

Hon Chris Hipkins: Look, ultimately, you know, that was something that the Green Party advocated quite strongly for. And so it was one of their wins, if you like, out of the shovel-ready project area, and so that's a question for them.

Media: Are you happy with that—the funding?

Hon Chris Hipkins: Look, it's not necessarily a project that I would have prioritised.

Media: Minister, on the 70,000 number for testing that you have been aiming for, are you 100 percent confident that you're going to hit that target? Just because in the last couple of days we haven't managed to get to the 7,000 number in Auckland, and then with the weekend coming, we also know that testing goes down over the weekend.

Hon Chris Hipkins: Yeah, so we've been sitting just below the 10,000 overall number of tests across the country. We are in the process, as you know, of standing up additional testing centres and doing more work in that area, and that takes a day or two to flow through into the number of test results that we see. And, you know, we'll keep pushing it. You know, the 10,000 is our goal; so we're going to continue to—10,000 average. We're going to continue to push that.

Media: Just back to the Green School thing, can you see how, for some principals at low-decile schools, that amount of funding going to a school like that seems galling?

Hon Chris Hipkins: Yes, I can. And I'll just remind you: it's not education funding that's going to that.

Media: Do you accept that there's an element of hypocrisy from the Government on that—do you accept that there's an element of hypocrisy from your Government here, because you rallied so hard against charter schools, and now you're pumping millions into private schooling?

Hon Chris Hipkins: Look, I said that's not—as I said at the beginning, that's not education funding that's going into that; it's a shovel-ready project. And really that's a question for the Ministers who are involved in the shovel-ready project process.

Media: Just to come back to Sir Brian's report, given that you say we can't take it at face value because it was a couple of weeks ago and things have moved on, can you give me one or two examples in that sort of all-of-Government approach, communication approach, where you've fundamentally changed something in the last couple of weeks that has made that system better, and what is it?

Hon Chris Hipkins: Yeah. We do have one person now based in Auckland who is leading the overall public health response around contact tracing. So that is, you know, an advance. It's basically about, you know, straightening up and clearing those lines of accountability, and that has been happening. And the way the all-of-Government group are operating around supporting contact tracing has also tightened up as well. We now have a much more streamlined process for how we consider the new case numbers every day to make sure that all of the arms of Government that need to be connected into that process are connected into that process. So I'm confident that it is operating in a much more streamlined way than it did previously.

Media: And you're happy that it's taken the last two weeks, given that all of this stuff was raised in that report into quarantine and managed isolation months ago? You're happy that it's only taken the last two weeks for those fundamental changes to kick in?

Hon Chris Hipkins: Well, no, no—I mean, I think you've got to bear in mind here that up until two weeks ago it was a hypothetical system. So, you know, we're talking about—you know, we did have a few practice runs planned. We were going to stress test the system in a hypothetical sense. We've ended up stress testing the system in a live, real-time scenario. But actually, you know, up until you get a—

Media: You've had failures at the border before now. You didn't need the Auckland case.

Hon Chris Hipkins: Well, no, this is the contact tracing system. So up until you get a real live group of cases that need to be contact traced, then, actually, you know, the system is all hypothetical—bearing in mind the contact tracing for those in managed isolation and quarantine typically will only involve one or two contacts, if any, because these are people that are coming directly off planes and going straight into an isolated hotel room.

Media: Minister, one of the fears that we had from the first outbreak, as a Pasifika community, was that if it got into the Pasifika community, particularly in South Auckland, was that it would spread like wildfire. It is now, this one, based in the South Auckland community. Has it been as difficult? Is it a typical case compared to the previous clusters, because of the way we live as a Pasifika community, closely and within the church setting?

Hon Chris Hipkins: So, I mean, I can only give you my observations based on this cluster, because I wasn't as intricately involved in the previous round of cases that New Zealand dealt with. The Pacific community have been incredibly helpful. They've been subject to much higher rates of testing per capita than other population groups around the country. They're wanting to do the right thing and go out and get their tests. They're saying yes to the test in far greater numbers than others, and that's been really, really helpful. We do know that church settings—and we've got some groups that are associated with church settings—are one of the areas where we've always been aware that there could be risk of transmission in those kind of settings, and that's why you see at alert level 3—I mean, even as we transition down, we still have limitations on the size of gatherings because, in those gatherings, that's where we can see that very quick spread. But, in terms of comparing it to the last time around, I'll ask Dr McElnay to comment on that.

Dr Caroline McElnay: Thank you. Last time, we didn't see many cases in Pacific communities, but that's certainly something that we've always been mindful of. This time, we know a lot more about the virus, and we know about how it transmits, and so we do know that you're particularly more vulnerable when you've got close household transmission. Supporting families who are in self-isolation is something that we've planned for and been able to roll out, but then also supporting people who are cases and their contacts is also something that we've been able to put in place to support them. So it has been different, certainly, to the first time. And just to reiterate what the Minister says, the support from the Pacific community has been tremendous.

Media: I'm just looking at those disease indicators that you've sent out. It seems like what's at the root of some of the biggest falls beneath what your target threshold is is that people are taking so long between displaying their first symptom and actually getting a test, and the flow-on effect from that. Are you confident that that is a situation that's changing?

Hon Chris Hipkins: Yeah, so what you'll see in those—those are the first 10 days of numbers from this current cluster that we've been grappling with. And, of course, in the early part of that, those numbers weren't looking particularly good at all, because, you know, many people would fall outside the desired time frame because their first signs of infection were before we even knew that we were dealing with another cluster. And so what I can say is that, as the days have gone on, those numbers have tightened up and got significantly better. So in the next wave of numbers that we will release, you'll see those numbers looking better.

The other thing that I've just been probing into over the last sort of 24 to 48 hours is that the managed isolation and quarantine numbers don't look particularly good on some of those metrics because often the point of infection will have been well before the person even arrived in New Zealand. And so that will bring those numbers down as well. So, as we see a higher proportion of the cases we're dealing with outside of managed isolation and in the known cluster, which we've been working on for some time, those numbers will start to look better, and they already are starting to look better. So we've given you the full 10 days—I can tell you that on a day-by-day breakdown, the early days were the ones that didn't look so good, and they started looking better as those 10 days went along, and then you'll see

further improvement as the next wave of numbers is released. And, again, if Dr McElInay wants to add to that.

Dr Caroline McElInay: No, just completely support that. The first few cases, there were a number of days that people had had symptoms, hadn't been tested, but once we were into the management of the cluster, we were seeing that people were actually either being—it was a very short window between symptom onset and testing, or what we've seen much more because of the close contacts is people are actually already in isolation and then they're tested, and so we've already got that security around them. So you will see the change as the days go on.

Media: Just on the CTAC report, why did it take so long to release it—the final report came through on 16 July?

Hon Chris Hipkins: Yeah, look, we were intending to release it earlier than that. Obviously, the fact that we've been having to deal with this most recent cluster caused a bit of a delay. We were intending, as I said—another one of the reasons for the delay was we were planning to stress-test the system, which was one of the recommendations, and we had a scenario there planned out, ready to go, and we were literally about, sort of, 24 hours away from hitting the go button on that, and we wanted to do that before we released the report recommending that it be done. And, of course, we ended up dealing with a real life event instead. So it would have probably been released a couple of weeks back had we not been dealing with this current cluster.

Media: We're hearing from Aucklanders that there's some confusion about the testing criteria. Originally, it was that if you have any symptoms, go and get tested, and then you spoke about asymptomatic testing as well yesterday. Are you able to clarify that?

Hon Chris Hipkins: Yes. Obviously, if you're showing symptoms, get a test—please do. There'll also be more targeted testing of those who are asymptomatic in areas where we're needing to get our numbers up for the purposes of surveillance. There's obviously asymptomatic testing amongst close contacts—even amongst some of the casual contacts. You'll see that as well as part of the investigation process and as part of just making sure we're containing the cluster. So not everybody across Auckland should immediately run down to get a test if they're asymptomatic, but if you're in those areas, those neighbourhoods where we've identified that we're dealing with events, for example; if you've been to those events or been connected with people who have been to those events—those are the sorts of people that you would expect to see more asymptomatic testing happening amongst that community.

Media: And Dr McElInay, can I just ask about the Mount Roskill church cluster? Three cases genomically linked to the original cluster—is it the working assumption that all eight cases, then, will be linked there?

Dr Caroline McElInay: Yes, that's right—that's right. You don't always have to do a genome sequence on every single case if you've already got a strong epidemiological link.

Hon Chris Hipkins: We'll let you finish that line of questioning.

Media: Do you have any idea how, possibly, it could be linked back to that cluster, or is it just too hard to say at this point?

Dr Caroline McElInay: Well, that's where there's very active investigation into how there might be a link or see if we can identify a link. As I said earlier, that's where some of these events that have happened in the past may have been a possible source, but at this stage, there's a number of leads that are being followed up.

Media: Do you mean, like, church services a couple of weeks before, or something like that?

Dr Caroline McElInay: That's right—that's right.

Media: Is there any suggestion or any indication that this new church cluster could have actually been started before the original? Could the source have come from within this one?

Dr Caroline McElnay: The current church cluster, their onset dates are quite close together; so that's why we're thinking that there may have been a common event that some of those individuals have been exposed to. And then what we're seeing, as we've seen with other cases, is that you can get households in those cases then also become infected. So, at this point, we're just looking for further information, mainly because we haven't identified—been able to clearly say—what the epi link is between this cluster and the main cluster. At this moment, we're not—it doesn't look like this cluster is a source, I think that's what you're asking, for the main cluster.

Hon Chris Hipkins: We'll do one final round of questions. We'll start at the back.

Media: Those three church services and the wedding could be a very large number of people. Do you actually know who those people are, or are you relying on them to come forward or, worse, to get sick and then get tested?

Dr Caroline McElnay: No. Those individuals have been identified. There are—I think it's 400 at the wedding, 200 at the church services. And so those named individuals are being contacted by one of our other public health units.

Media: Back to the report, the system said it should identify and meet specific Māori and Pasifika needs, and an example given is alternative isolation arrangements. Is there any thoughts around that, and what does that look like?

Hon Chris Hipkins: Yes, and you'll see that in the Tokoroa case, where we did have alternative quarantine arrangements that we put in place for that specific community. So we can set up bespoke quarantine or isolation arrangements where we need to and where it's culturally appropriate to do that.

Media: Why not make masks mandatory for indoor environments like churches?

Hon Chris Hipkins: We haven't seen advice that would suggest that that will help us hugely, because as long as people are in spaces where they're coming into contact with known other contacts, then the masks aren't necessarily going to provide an additional layer of protection. That's the public health advice we've got at the moment, but I'll invite the source of the advice to provide a comment on that.

Dr Caroline McElnay: I think the subtle message around the masks is actually linked to the alert levels. So, in alert level 2, there's no evidence of high levels of community transmission, and so the wearing of masks then becomes a precautionary, preventive measure, and particularly in uncontrolled environments. And, as the Minister was outlining earlier around some of the challenges with buses, a public bus is a clear example of where you've got that uncontrolled environment. In some of the other situations where our advice has been that masks should not be mandatory, it's because we're able to either identify those individuals or they're part of a bubble. I think, in the church settings in particular, that's where we're seeing with our investigations that we can put in place other measures to protect individuals—physical distancing and the ability to know who has been there and contact them, follow them up.

Media: And you have up to 100 people at level 2, and they are strangers mixing and mingling in indoor settings. Surely that is a good layer of protection in a virus that is transmitted via air droplets?

Dr Caroline McElnay: The masks are certainly an addition to all the other measures—all the other public health measures—and the particular question I think here was around the mandatory mask wearing. Our advice is supportive of wearing masks in a number of different situations, but the particular question is when do you make it mandatory, and that's been our rationale for why you would make it mandatory in a public bus setting as opposed to a church.

Media: I'm asking: what is the difference between that and a public bus setting, when you have strangers mixing and mingling in an indoor setting at level 2? Why not make it mandatory? Isn't it exactly the same rationale?

Dr Caroline McElnay: At level 2, you have a very low level of community transmission. It's a different situation when you're at level 3. The current advice around the masks in a public bus is actually a highly precautionary approach.

Media: So would you encourage mask use at churches?

Dr Caroline McElnay: At the moment, our advice has been that there's no reason for people not to wear masks, but again, at alert level 2, our advice has not been widespread mask wearing—at alert level 2.

Hon Chris Hipkins: OK. We might wrap that one up there. Thank you, everybody.

conclusion of press conference