

PRESS CONFERENCE: TUESDAY, 1 SEPTEMBER 2020

Hon Dr Megan Woods: Good afternoon, everybody. We're just going to give you an update on the programme of ongoing improvements that we're implementing at managed isolation and quarantine facilities. Firstly, in regards to the testing of staff, between 21 and 27 August, 97 percent of the total managed isolation and quarantine workforce were tested for COVID-19. No staff tested positive for COVID from that testing. The 3 percent of staff who were not tested were on leave or didn't enter a facility during the period under question. This shows the robust infection and prevention and control measures, including PPE, physical distancing, and cleaning and hygiene within facilities and daily health checks for all MIQ staff are working. On 21 August, Air Commodore Webb directed that all staff continue to be tested. The next round of testing of MIQ workers is currently under way, as per the health order issued by the director-general, and is due to be completed by Sunday, 6 September.

In regards to returnee testing, the figures we have are from 18 July to 24 August. These are the completed tests recorded by the Ministry of Health. They show that 97 percent of day-12 tests in MIQs were completed. The data shows that 95 percent of day-three tests were completed. In that time, 11,647 day-three tests were completed out of 12,240 returnees. Reasons why the day-three tests might not have been done can range over a number of reasons. They could be that it was a child under six months, that they were medically exempt from taking the test, that they were a maritime or other transit passenger of between 24 and 72 hours and weren't in an MIQ for long enough to be there for a day-three test, or it could have been they were people that refused a test. Contrary to some recent reporting, this shows very high levels of day-three testing and compliance with the regime, noting that day-three tests are not compulsory but are being done in high numbers none the less. We know day-three tests are only part of the management of people in managed isolation facilities, and with or without the test, returnees are still managed in a way that considers that they may have COVID-19.

No one leaves a managed isolation facility without a critical day-12 test unless approved by the Director-General of Health as having a medical reason not to. Those people who refuse day-12 tests get the pleasure of staying at a managed isolation facility for a little while longer, and most of the time they eventually take the test before they reach day 28, which, under the order, they can be asked to stay with us for. I think last week we shared the data with you that to date, there had been 15 people who had initially elected not to take a day-12 test. All of those people either decided, once informed that they were going to be staying with us a little bit longer, to take the test or, eventually, at some time in the lead-up to the 28-day period, did take the test.

So I'll let Air Commodore Webb talk to you about the increased security arrangements that are currently being ramped up at the facilities, in terms of the COVID card trial that we'll be doing in the managed isolation and quarantine facilities—and this is work that is currently being scoped up and will apply to both returnees and staff. Thank you.

Air Commodore Darryn Webb: Thank you, Minister. Good afternoon, everybody. To date, over 44,000 people have successfully been through managed isolation and quarantine and have come safely into our community. Our effective capacity across 32 facilities is 6,628, and there are currently 5,035 people in managed isolation or quarantine. By the end of this week, we expect to have 5,638 people in isolation.

We are continuing the rollout of the extra 500 New Zealand Defence Force personnel to our MIQ facilities. One hundred and eight are currently at their posts, and 75 will be rolled out each week for the next five weeks. There will be an average of 19 NZDF personnel at each facility. This will be the largest use of NZDF personnel since our operations in East Timor. NZDF personnel have been given limited powers by the Director-General of Health to give legal directions to people at our facilities and to approve or deny entry. People are legally

required to comply with those directions. However, enforcement of those directions will, of course, be managed by the New Zealand Police. All of these personnel receive pre-deployment training that covers things such as supporting and acting with empathy and compassion in difficult circumstances, appropriate conduct and legal powers, the use of PPE, training in standard operating procedures, and COVID-specific health information to identify symptoms and, of course, take care of their own health and wellbeing. We have started the transition away from private security guards to guards employed directly by MBIE and are rolling out additional security technology.

Lastly, I'd like to talk just briefly about exemptions. Exemptions, just again as a reminder, are granted in very limited circumstances. Our job is to keep COVID out of our communities, and we can't allow any undue health risk. Every single exemption request is assessed by a cross-functional team and looking at a case-by-case basis. The final decision is made either by me or by my colleague, deputy chief executive for MIQ Megan Main.

Most exemptions are granted for people to join unaccompanied minors, people who are in transit, or people whose medical needs require hospital-level care. Exemptions can be issued for exceptional circumstances—for example, to visit a dying relative—and then only when the health risk is very low and we are assured it can be managed. When they are granted an exceptional release in this instance, infection prevention and control measures and the self-isolation plan are still in place. Many of these exemptions will involve a day visit and then subsequently returning to managed isolation. Thank you, Minister.

Hon Dr Megan Woods: Thank you. Happy to take any questions.

Media: There were quite a high number of cases that have been picked up in MIQ today. Is that because of ramped-up testing?

Hon Dr Megan Woods: No. Of course, our testing at MIQs has been consistent throughout—that everybody is tested. The cases that we're seeing really is an indication of the fact that COVID is growing not slowing around the world, and that we've had a couple of flights come in from places where we're seeing very high rates of growth of COVID, and this is to be expected when you're setting up managed isolation and quarantine facilities at the border. They're doing exactly the job that they were designed to do, and that is ensuring that people that enter New Zealand are tested and isolated for 14 days so that we can find out if they do have COVID and, if necessary, quarantine them.

Media: The positive cases connected to that Air India flight—what can you tell us about the crew on board that flight? Had they entered New Zealand and are they being isolated?

Air Commodore Darryn Webb: Yeah, Air India flights routinely come through different places, including New Zealand, and their crew members are required to comply with Ministry of Health guidelines. The information we have—of course, that's not specific to MIQ, so it doesn't fall under our mandate, but what we do know is they do comply with the health guidelines. They have needs such as requiring to wear PPE, to self-isolate, to maintain physical separation requirements. So that's just an airline compliance requirement with health guidelines.

Media: That case that's popped up in MIQ today in Wellington—is that the first instance of one in Wellington, and how did that person get here, and what sort of contact tracing needs to be done, and how do you get them to a quarantine facility?

Hon Dr Megan Woods: So the case in Wellington—I'll just start off. I understand that is a returnee from the United States, the Wellington case. I think it is the first case in a managed isolation facility in Wellington that we've had here. In terms of the contact tracing, everybody is treated within a managed isolation facility as if they could have COVID—so in terms of the physical distancing, the PPE, all those kind of things. If there is a breach of that at the facility, that is picked up earlier. So nobody, by definition, within a managed isolation facility has a close contact, other than the people that they're in a bubble with.

Media: Sorry, what I meant is that, obviously—so the United States flight would come into Auckland. So how would that person have got to managed isolation in Wellington? What sort of contact tracing is that going to involve? And presumably, you need to now get them back to Auckland to quarantine, right?

Air Commodore Darryn Webb: Yeah, so this was NZ1 flight from LAX, a routine flight—many of you probably have caught that flight over the years. We have an internal domestic transfer system to manage the flow of New Zealanders right across the country, as I'm sure you'll be aware. So this individual would have been on one of those transit flights from Auckland to Wellington under the rules we have in place. Wellington has a dual facility which is both an isolation and a quarantine facility, so they have a specific, segregated area for people under quarantine conditions, which are a tighter regime than isolation, with additional hospital care and daily needs. Once the needs of that person has been met, they will then be taken to their final destination, whether that's Wellington or Auckland or anywhere else in New Zealand.

Media: Is that dual facility the same in Christchurch, as well?

Air Commodore Darryn Webb: That's right.

Media: Because I thought that Jet Park was the only quarantine—

Air Commodore Darryn Webb: Yeah, so Jet Park is—when you look at Auckland, you have 18 facilities, so as a ratio of volume and mass we have a specific, stand-alone quarantine facility in Auckland. When we're looking to try and use our locations as effectively and efficiently as possible, it doesn't make sense to have a stand-alone quarantine facility where we have a smaller number of locations per city. So in Christchurch and Wellington, we have arranged an assessment of each facility to see if they determine the criteria for both quarantine and isolation, and so that's what we do, and we have them in both Wellington and Christchurch.

Hon Dr Megan Woods: Just further to that, there's an important safety element to this: that we didn't want to be organising air bridges for known COVID-positive patients—that it's much safer to put them into quarantine in the area where they already are. But just in terms of your first question, just to clarify, the person that transferred down, as all the passengers off that flight from LA, wouldn't have come on a commercial Air New Zealand flight. They were charter flights that are air bridges between the arriving international flights and the managed isolation facilities, so there is no mingling with the general public.

Media: Minister, just on the air bridges, the *Press* has a copy of a letter that was sent to you in June apparently showing that more than 100 people who were in managed isolation facility and were transferred to Christchurch—that that did occur without information on whether they had been tested being present, and that health officials thought this was possibly dangerous, and that it happened in the middle of these returnees' isolation. Is that correct, and what was your response to that? What's—is the issue—

Hon Dr Megan Woods: Look, I'd have to go looking. I'd have to go back and look at that particular piece of correspondence. I think I know the piece of correspondence you're referring to, but we'll get back to you. I'll have a look at it.

Media: Was there an issue with that at the time?

Hon Dr Megan Woods: As I said, I'll have to have a look at the piece of correspondence. You're asking about a very specific thing; we'll come back to you.

Air Commodore Darryn Webb: I think I can recall.

Hon Dr Megan Woods: Yeah, I can, I think.

Air Commodore Darryn Webb: OK.

Hon Dr Megan Woods: Yeah.

Media: Do you want to answer it if you can recall?

Media: Yeah, any more information you'd like to share?

Air Commodore Darryn Webb: Yeah, I was just going to say the—we obviously looked hard at that scenario and determined that the best location to test somebody was at their final destination. That was following Health guidance. So those people would fly—and that's the same system we use now. So they fly into Auckland. They are facilitated under a level 4 environment on to a transfer charter aircraft down to their isolation location, and are tested from that point on.

Media: And so that correspondence is more just someone raised issue with this protocol, but you've determined that that was still the best protocol?

Hon Dr Megan Woods: From memory—and I will come back to you with the specifics—this was actually at a point of time when we initially took responsibility and accountability for running these facilities where we were running into some capacity issues, and there were people from various time frames and various cohorts that were transferred to manage the capacity. That is not something that happens any more in terms of our ability to manage the flows in and out and to make sure that we're, by and large, trying to keep cohorts together when we provide air bridges. So that's an example of one of the things that has evolved over the eight or nine weeks since we took on this role.

Media: In light of that, can I just clarify: when someone is in quarantine because they've been tested positive at their day three or 12, do they have to again be tested in order to successfully leave quarantine, or if the term or period's up, can they just answer the health questionnaire and then—

Hon Dr Megan Woods: So this is a Health process from there on in when someone is in quarantine. So when someone has tested positive for COVID, there are then a range—as with anyone, as if it were a community case—a range of indicators that health use to determine that nobody is still infectious. One of the things we do know about this virus: that it is possible to return a weak positive quite some time after you've recovered and you are no longer infectious. So a negative test isn't the right tool to determine when it is that someone can be released. That's very much around symptoms and what we know about the virus and what the epidemiology tells us around when it is safe to release people, and that is a process that when someone goes into quarantine, that Health then runs.

Media: Had that Wellington case returned a negative day three?

Hon Dr Megan Woods: I'm not sure if that was a negative day three or day 12. We'll have to get back to you on that.

Media: So his day 12 is positive, but had he already done a negative day three?

Hon Dr Megan Woods: We'll have to double-check and let you know about that.

Media: Or not done a day three?

Hon Dr Megan Woods: Well, I mean, they would have—if they were still not in quarantine, if they were still in isolation, my assumption would be that they had returned a negative day three, and we have had a couple of instances. This is why we have 14 days' managed isolation, because that's what the epidemiology tells us—that sometimes that's the kind of time period that you need to take, particularly if someone were, for example, to contract the virus at an airport before they got on a plane. There's a variety of scenarios. But we'll come back to you on whether or not they had completed their day-three tests.

Media: Why not make day-three tests mandatory? I mean, you know, you have that public health response order where they have to test negative before leaving, and you have to have a low risk profile. Given day three is an extra layer of protection, why not make that mandatory?

Hon Dr Megan Woods: So it's a really interesting question. I think what we're seeing is that we are having very high levels of day-three testing. We can demonstrate that 95 percent of people have been undertaking day-three tests. There will be some reasons why

a large number of those aren't, and I went through quite a list of those. So the actual low numbers that aren't doing it—we're still working through exactly what that might be. But I think one of the things to remember is that, yes, day-three testing is a tool, and it is an important internal tool for how we manage our managed isolation and quarantine facilities, but the most important tool that we have in our kit in running these facilities is to treat all returnees like they could have COVID, so that is the most important.

Media: No, I understand that, but day three could be an extra layer of protection, so why not make that mandatory?

Hon Dr Megan Woods: Yeah. And, I mean, look, as we've shown, we're willing to evolve and we're willing to look at change, and if that is something that is deemed necessary, then that is certainly something that we will pick up with our colleagues in Health. But I think one of the things that the public have to have some certainty about is that we have not seen either a community case of COVID linked to a managed isolation facility, but, importantly, we have not seen community transmission within our managed isolation and quarantine facilities either. We have not had an outbreak. The day-three test would become even more important if we were seeing that. I think what we're seeing is the success of the system that we are running.

Media: The source of the infection in terms of the Auckland cluster—that's still a mystery, so you can't say with a strong degree of confidence that there is no link to managed isolation.

Hon Dr Megan Woods: What I can say is there is yet to be a link established, and I can say that with absolute confidence, because there has not been—

Media: Well, you can, because we don't know what the source is.

Hon Dr Megan Woods: Yep. We have not had a link that shows any conclusive link to a managed isolation facility—

Media: That doesn't instil people with confidence.

Hon Dr Megan Woods: —for the Auckland cluster, and, actually, the genomics would point us in the direction that it is highly unlikely, because that is something that we've been chasing down really hard in terms of not only the strain but also the generations of the strain.

Media: In terms of the occupancy level, the latest data we have is that there's 5,018 rooms that are full; there's 2,348 that are empty. There's another 600 being cleaned right now. So about one-third of the MIQ system is currently empty. There's no one in those rooms. Why are they empty, and are you doing something to fill them?

Air Commodore Darryn Webb: It's important that we maintain sufficient capacity at any given time. So 10 percent remains a contingency surge requirement. What we have experienced so far is actually continuing reasonable levels of volatility in international travel. The last thing we'd want to have is a situation where we had arriving aircraft which were full beyond where the plan was, and then have an inability to manage it. So what we've learnt over the last probably eight to 10 weeks is the need just to be quite cautious and be conservative in our approach to those numbers. We take a look at those all the time, and I tend to agree, to say we need to continue to identify mechanisms to lift those. We are engaging every single day with a range of airlines to work the alignment between supply and demand, and you'll see, as the data shows, that actually those numbers are climbing in the next period. It's a 14-day cycle of activity, of course, so you can't just suddenly flick a switch and expect it to climb overnight.

Media: [*Inaudible*] 14 days, though, you're only looking at 5,300. So that's only like another 200 or so rooms. You'd still be around 30 percent empty. So are the airlines not selling enough tickets, or is it because of the quarantine here? Do you have any understanding of why people aren't coming?

Air Commodore Darryn Webb: Yeah, I think there's a range of measures. While we are seeing, certainly, flights into Australia, they've put a number of conditions and constraints on the international air travel and domestic air travel in Australia. We know Australia makes up the vast majority of the arrivals to New Zealand—something like 80 percent. So when we're seeing higher volatility, less certainty of travel in Australia, consequently we're seeing less movement to New Zealand.

Media: Just a further to that. So you will have to implement a golden ticket - type system. Where is the hold up with that, especially with Air New Zealand as well?

Hon Dr Megan Woods: So there is no hold up. That work is progressing well—that's the managed isolation allocation system—and we're well on the way to having that being rolled out. We're expecting that in the coming weeks. We need to make sure that it's a robust system, so that we know that when someone is booking both a place in a managed isolation system, that they've also got the opportunity to match that with being able to get an air ticket and that they can complete the two things in parallel, because one of the things that we do need to know is when those people are coming. But I don't know if you want to add any more to that.

Air Commodore Darryn Webb: No, that's fine.

Media: Minister, I think it's been roughly three weeks since the Government started charging returnees for managed isolation. Do you have an update on how many people have actually been charged?

Hon Dr Megan Woods: We can get that to you. I know that data does exist, how many invoices that we have. But I think it's worth noting on that that we have also been running the exemption system around that as well, which is separate from the exemptions that Darryn was talking about earlier for people who find themselves in a position where they are unable to pay. But we can get you an update on that.

Media: Minister, how long before you consider building stand-alone or specifically designed quarantine facilities to expand the size of quarantine, which seems to limit the number of people that can come in and out of New Zealand?

Hon Dr Megan Woods: So I think they're two separate questions that you just asked me there—whether it's about building purpose-built facilities. That is, of course, something that has been in our thinking from the beginning. Part of our task is not only to manage the immediate and what we're going through now but to think about what this might look like in a more semi-permanent state if we are needing to do this for another year or another 18 months. So we are not opposed to looking at purpose-built facilities. What we need to do is have a look at how that stacks up in terms of the cost of construction and the cost of running it compared to what we're doing, which is, essentially, leasing hotels at the moment because we have got 100 percent occupancy.

But the constraint on managed isolation is not facilities. So to talk about doing that as a pathway to expand capacity, I think, is the wrong way of thinking about it. The constraint around managed isolation facilities is really around health capacity and our ability to do this safely. So it takes an enormous amount of health resource to go into each and every one of these managed isolation facilities, and every member of our health workforce that we put into these facilities we're taking, of course, from somewhere else in our health system. So we need to think really carefully about what the right balance is in terms of the ability of New Zealanders to return home, how we might want to open our border in the future, also with the need to have a functioning health system in New Zealand.

Media: So where are we at in the process of deciding, yes, we need dedicated facilities or no?

Hon Dr Megan Woods: It's policy work that we are continuing to explore.

Media: Have you taken any consideration of that social living style of Māori and Pacific Islanders, and how is that reflected in the facility?

Hon Dr Megan Woods: So in terms of the way in which the facilities are run, they're run very much according to bubbles, and there is a requirement for people to stay within those bubbles. It can differ slightly between quarantine and isolation facilities, but these are hotels, and they do have the limitations that they are largely single rooms or, sometimes, a family room of a couple of rooms. But what we try and do for families and, particularly, large families—and many of our Māori and Pasifika returnees fit into this—is to make sure that we have adjoining rooms. But the most important thing is that only those people that should be mixing with each other and should be within each other's bubbles are able to mingle. We recognise that this is difficult for people, but this is the way in which we ensure that we don't have COVID getting out into our community. So while we try and accommodate that, we also have to make sure that it is only people within bubbles that are mingling.

Media: On the genomic testing, how much has been done over the last couple of weeks of people who've tested positive and come through managed isolation or quarantine facilities in terms of linking it back to that Auckland cluster? Have you tested everyone that you can to check whether there is a genomic link?

Hon Dr Megan Woods: So I'll leave Health to give you the absolute numbers on that, but I can speak in broad principles around that. Yes, this was one of the first pieces of work that we did. We did it, first of all, looking at knowing what strain that the community cluster was, which is the B111 strain, and knowing where that is most prevalent in the world. And we know that that is most likely to come out of the UK. So the first thing that we did was go and have a look at all our positive cases that had returned from the UK in that period and made sure that we had done sequencing on all of those and, if we hadn't, could go back to those samples and do genomic sequencing on them as well. None really fitted with the time frames, when we think that the most likely first entry point would've been to fit with that community cluster, but we have gone back and done testing where we didn't have it on a number of our positive returnee samples.

Not every sample is possible to do the sequencing from. While you need a relatively small amount of viral load to be able to run a test to see if someone's COVID positive or COVID negative, you do need a larger amount of DNA to be able to do the sequencing. So not each and every sample has been able to be completed, but where they have been, we've certainly been going back, and ESR have been doing a wonderful job in doing that and then looking at what the lineage—so the lineage of all of those sequences are and how they might fit together.

Media: So based on the genomic sequencing, are you saying that it's quite unlikely this came from MIQ facilities?

Hon Dr Megan Woods: That's the advice that we have, yes.

Media: Is the working theory still that the Rydges maintenance worker was infected in the lift?

Hon Dr Megan Woods: That seems the most likely.

Media: So that's that case concluded—that was how that infection happened?

Hon Dr Megan Woods: I think from Health's perspective, that case is closed in terms of that seems to be the most likely scenario in terms of how that case was contracted, and there have not been any other cases of that strain, the B1 strain, that have popped up in Auckland. So we're not seeing that in the community cluster. The community cluster is all the B111 strain. So all of the known contacts of the maintenance man have been tested, and all of the staff at the Rydges hotel, and there have been no further positive tests.

Media: And what have you learnt from that and what procedures has changed from that now?

Air Commodore Darryn Webb: I think what we learnt is, first of all, COVID is an evolving knowledge base about how to deal with it effectively. There's no silver bullet or single approach, I think; it's a layer, and you've heard us talk about the different defence

layers over time about how to try and deal with it. Can I just acknowledge the tremendous work in each facility by both the hotel staff and also every single worker that's putting their hard work in, day in and day out. So it's a range of infection prevention control measures, is the first line—making sure we are using the right hygiene systems, face masks, cleaning protocols. We're always investigating the different technologies, and you've heard the Minister talk about some of the cleaning systems that we use. They are hospital-grade cleaning devices. And every single time we discover something like a lift as a potential vector, again, we're taking immediate steps to change our systems, to increase the cleaning protocols, to make it as safe as it possibly can be.

Hon Dr Megan Woods: And just on that, I think it was 21 August that you did issue a directive to the operational leads in the managed isolation and quarantine facilities just while we work with Health about what the right health approach might be, about what expectations are from a facility's point of view in terms of use of sanitiser and how that's to be placed within the facilities.

Media: When you say that you've asked for more regular cleaning of lifts, for example—

Air Commodore Darryn Webb: So lifts—essentially, it was: let's make sure that hand sanitiser, as an absolute key requirement, is available and used every time someone goes in a lift.

Media: Has a standard operating procedure been implemented yet in all of these facilities that details things like how often things should be cleaned?

Air Commodore Darryn Webb: Yes, that's right.

Hon Dr Megan Woods: Yes. But in terms of the lift as the likely vector for the Rydges maintenance worker, I think it's worth remembering that there was a two-minute interlude between the returnee riding in the lift and the maintenance worker riding in the lift. I don't think there's a standard operating procedure or cleaning regime that will be every two minutes, so that's why we have to layer in other processes like the use of hand sanitiser.

Media: Just back on the numbers that you were quoting at the start, how many day-12 tests were done over that period?

Hon Dr Megan Woods: The day-12 tests that were done over that period were 9,871. We can share those with you if you'd like them.

Media: Sam Morgan has confirmed that his group is pulling out of CovidCard. What does that mean for the trial that was supposed to be happening in Rotorua this month?

Hon Dr Megan Woods: There's actually two different trials. There's the community trial in Rotorua that Minister Faafoi is in charge of in terms of how it might be used from a community level. Then there's also the trial that we announced that we're going to use within a managed isolation and quarantine facility with both staff and returnees, and we had a conversation with the team this morning—and have a further meeting lined up this week—about what impacts that could have on the rollout of our trial, and the answer is absolutely none. We're still in a position to keep working through that, and we're still working through where that trial will be. We have a couple of contenders of isolation facilities where it will be useful as a tool to be able to track contacts within a facility, but that's quite separate from the Rotorua trial.

Media: And what's your understanding of how—what was the reason between the Government and this group parting ways? What's your understanding?

Hon Dr Megan Woods: Look, that's a question that you'll need to put to Minister Faafoi. We haven't been working with Sam Morgan. We've been working with the all-of-Government team that have picked up a lot of that work, but I know you've been quite connected to that, if you have anything to add?

Air Commodore Darryn Webb: I think you've covered it.

Media: When is that trial in MIQ going to start?

Air Commodore Darryn Webb: I think it should be within three to four weeks, is my understanding, but certainly once we get the feedback on the range of questions that we've put to the team, then we'll be able to look to get away with it smartly.

Hon Dr Megan Woods: We're thinking about more creative ways that we can use it. So, for example, a CovidCard works by person-to-person contact. What we'd be interested in is how could we utilise this technology so we'd know who was in a given lift. So is it that we can actually place CovidCards in particular hot points within our facilities and then see what interactions returnees have with those? So we're thinking about how we can use the technology in a slightly different way. So that's what we're just working through with the team at the moment.

Media: Do you have any update on when the regular testing of MIQ workers will start?

Hon Dr Megan Woods: Well, that will be with the health order that comes into place, but one of the things also—21 August, I think, was the day of directives. Darryn also issued a directive that even before we got into the mandatory testing regime, we were going to start a rollout of regular testing of our staff so that we could identify where there were any kind of potholes, in order to being able to get high numbers of tests completed. And we've completed 95 percent of staff, I think, in this next phase. So we've got good uptake there.

Media: If not from an MIQ facility, what are the mostly likely outcomes for how this Auckland cluster came about?

Hon Dr Megan Woods: Look, I think that that is something that we're continuing to try and hunt down. No one wants to know more than we do about how it is this current cluster started, because once we know how this one started, we can prevent future clusters in the future.

Media: Is it the case that you've run down all the leads, though, and you just have to accept that we may never know?

Hon Dr Megan Woods: Look, that could be the case, but it doesn't stop us continuing to use all of the tools in our tool box to both stamp it out and trace this virus. It is a tricky virus—we know that—but if we are to succeed in stamping it out, we need to be vigilant in following every lead.

Media: Has our sea border been a blind spot?

Hon Dr Megan Woods: Look, again, there is no link there to the border. I think what we see is that there is no playbook for this and that, as a Government, we have to be prepared to continually evolve and improve as we go through. I can speak to the managed isolation and quarantine facilities—what we're here to answer questions about today.

Media: But if our air border is so tightly managed by you guys, then the other obvious would be our sea border, right?

Hon Dr Megan Woods: Well, I mean, that remains to be seen and why we continue to hunt it down.

Media: How many healthcare workers are required at each managed isolation facility?

Air Commodore Darryn Webb: We have the data. I can clarify it for you, but I think it's in the order of five or six per facility.

Media: OK. And just in terms of scaling up, no doubt it takes a while to get all these systems in place as you get better at managing these facilities. How much scope do you see to actually expand that if the healthcare workers required are only sort of a handful at each facility?

Air Commodore Darryn Webb: To expand the facilities?

Media: Yeah.

Air Commodore Darryn Webb: So I think you've heard the Minister talk before. It's not just about the front-line healthcare workers. One of the things that has become clear to us is that we need to always be thinking about what if the worst happens and we have a significant number who need follow-up secondary or tertiary care. So when we're looking at that, it's not, as I say, just about those who are doing the samples, doing the testing, the administration of medical facilities; it's actually also about the follow-up care. So both of those things go hand in hand, which leads us to our current capacity, which we feel is pretty close to where we are right now.

Hon Dr Megan Woods: And I think Queenstown was a really good example of that: fantastic facilities, lots of hotels, but a hospital with 40 beds or—a handful of beds in it. But also—so if the worst happened and you did have an outbreak in one of the hotels, there would have had to have been transport to Dunedin for secondary or tertiary care. But one of the other things that has been absolutely pressed on us by the DHBs is the high mental health needs of a number of the returnees, the people that we're getting coming home now, who are coming from some pretty difficult circumstances. So from a public health perspective, we also have to ensure that we have capacity within that DHB to manage the wellbeing in a broad sense. So it's not just taking the number of front-line health staff, as Darryn said, and times-ing that by the number of facilities you'd like to see; it's a much more sophisticated view of the health system.

Media: So you're saying that's it—you can't do any more than 300 or 400 people a day and that's it?

Hon Dr Megan Woods: Look, we are saying that, actually, our capacity is around 7,000 people per fortnight—14,000 people per month. That is actually a large number of people. Are we saying is that it forever? That is something that we need to continue to look at, but one of the things that we are saying, at the moment, safely, what we can do without putting too much pressure on other parts of our health system and taking away from other things that we need to do—that this is about right and getting the balancing about right.

Media: So 14,000 a month?

Hon Dr Megan Woods: Fourteen thousand a month.

Media: Why are you issuing paper invoices for quarantine core costs? Why don't you have a way to pay in advance?

Hon Dr Megan Woods: Sorry, but that's quite an operational detail that—even I don't get into the form of the invoice, no matter how much people might think I micromanage. One of the pieces of advice that we did get when we were setting it up, though, was actually not to have a requirement for people to pay in advance; to actually post-issue the invoices. The ability for people to enter their country can't be precluded. We didn't want to make payment up front the only way you could come back, because we do have to have a way to manage the exemption system as well. So that is one of the reasons, but I can get you the method of invoice detail if you'd like.

Media: Just back on those testing numbers, there were 11,647 day threes, 9,871 day 12s, and those were the tests completed between 18 July and 24 August.

Hon Dr Megan Woods: Yes.

Media: That doesn't match with your public reporting on it, if there's only 18,304 reported daily updated tests, whereas this equals 21,808.

Hon Dr Megan Woods: Yeah. And, like, we have gone back and had a look and sought some more data around that. Some of it was actually around the days in which—this is test results that are recorded and reported back. So there is a difference between swabs taken, tests sent to the lab, and then tests reported back. This is the reported-back data. So there were some days—if they weren't reported back on a given day, they might not have been captured in the data; it wasn't caught up with in the data. So we've gone back and

done a further interrogation of all of that and done some reconciliations, but we're happy to give you—

Media: So you're confident that those 3,000 extra tests have definitely been done?

Hon Dr Megan Woods: Yes. We're happy to give you the numbers.

Media: Looking into the medium to longer term, could you just talk us through what your thinking has been perhaps in terms of looking at other solutions for longer-term tourists and students, and whether you are at all looking at perhaps getting them to test before they come, and looking at different facilities where they don't need perhaps as much mental health support, for example, because they're coming on holiday. Have you been looking at some of those other options? I mean, I know there's been a lot of talk about the usefulness of testing before someone leaves, and it might not be that useful, but it could be a layer of defence, for example.

Hon Dr Megan Woods: Yeah, so I think there's several questions in there. Are we as a Government looking to the future and how we may in the future further open up the border? Of course we are. I think this is probably one of the biggest questions that is going to come over the coming months, and how it is that we do prioritisation within that and who it is that we first allow in. So we are continuing, across a range of Ministers, to do that policy work, and it is an important piece of our work programme as a Government at the moment. In terms of the ability to have more facilities by using other measures like testing before you come, as you've identified yourself, that's of limited use. One of the things that we know—if you have someone who, for example, has to have a test 72 hours prior to departure, we have no assurance over what they do in that 72-hour period. What happens at the airport? What happens on the plane? And actually, what we know at the moment is international air travel is a particularly risky enterprise—that you're mingling with people from a range of places that are transiting from all different parts of the world. Particularly, New Zealanders coming from home from the riskiest parts of the world won't be taking direct flights; they'll be transiting and getting on to planes with people that are coming from a range of countries. So of very limited use, pre-departure testing, to New Zealand.

So in terms of the compliance around it, making sure we had the right assurance in terms of the point of departure, who verified labs were, I'm not convinced myself of the worth of it, and I would much prefer that we had a robust system this side of the border with 14 days' managed isolation with day-three and day-12 testing and no one being released, importantly, without that negative day-12 test. And what we are seeing is even people with negative day-three tests, after they arrive in New Zealand, with positive day 12 tests, as we talked about earlier in this stand-up. So that's the most important. In terms of other facilities in the future, that's all work that will continue.

Media: With your local MP hat on, just wondering your thoughts on the green school getting \$11.7 million of funding given the likes of Redcliffs had to fight so hard to get their school rebuilt?

Hon Dr Megan Woods: Look, I think I'll take the second part of your question there in terms of the rebuild of Redcliffs School. That was something that, actually, as the Minister of Greater Christchurch regeneration, I was very happy to be able to progress very early in our term of Government to make sure that we got the site sorted out where that school could go.

Media: But the funding's around about the same, right?

Hon Dr Megan Woods: Well, we were very happy to get the site sorted out for that school, to know that that community that was really shattered by the loss of its school could get a rebuilt school. But I think there's many other Ministers you could ask questions about the green school to.

Media: On that topic, with your campaign chair hat on, then, what do you make of Glen Bennett, the Labour New Plymouth candidate, doing a complete 180 in the space of four

days, going from saying, “Yee-ha! We’ve got the money for the school.” to “Let’s protest against it.”?

Hon Dr Megan Woods: Look, I think that we are engaged in a democratic process and there will be a range of views. I completely agree with what Minister Hipkins said yesterday. And just further to your point, it didn’t take 10 years for Redcliffs to get the money out of our Government. OK, thank you very much.

conclusion of press conference