

**POST-CABINET PRESS CONFERENCE: MONDAY, 15 FEBRUARY 2021
HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa. Good afternoon, everybody. We've received the 1 p.m. Ministry of Health update today, and I'll hand over to the director-general to speak to that in a moment, but first I'd like to give a brief update on the last 24 hours, along with an update on the arrival of the first shipment of the Pfizer vaccine into New Zealand.

Reports from Auckland suggest the transition to alert level 3 has gone reasonably well, with numbers well down on public transport, meaning people are listening to advice and staying home, and I thank everybody for that. There is active management of some congestion around testing sites, and the online portal for people applying for travel exemptions in and out of the region is functioning well. In terms of an update on those numbers, as at 1.30 today, we have received—we had issued business travel documents for 6,861 workers, with requests for exemptions for a further 1,208 workers currently being assessed. The call centre wait time has been an average of 35 seconds, and at that time there had been 52 calls. It would suggest people are predominantly using the online portal, and they are getting very rapid responses. When you consider last time, for example, we had 6,000 exemptions in total, you can see that we are moving through that border regime at a fairly good pace.

Coming now to the cases that we are working on, as confirmed this morning, genome sequencing of the three community COVID cases shows they are the UK variant of the virus. This is highly transmissible and a fast-moving strain, one that requires extra care in order to stamp it out, and it is exactly what our approach entails. Also, the genome sequencing also shows no match to anyone who's been through a New Zealand MIQ facility that we've been able to sequence. However, we continue to pursue a range of theories, some of which have been classified as unlikely or highly unlikely, but, regardless, in our view it's important to leave no stone unturned, particularly when we know how tricky this virus can be and is.

On that note, I'll hand over to Dr Bloomfield for an update, and then we'll return with a few comments.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So, as we reported in our update earlier this afternoon, there are no new cases in the community outside of the three cases reported yesterday. There are five new cases of COVID-19 in managed isolation, and one of these has already been identified as an historical case. So no further cases in the community is an encouraging sign, but it's the days ahead that will be crucial, as results from expanded testing across the Auckland region and the Waikato and Taranaki start coming through.

We also reported earlier this afternoon that the results of the genome sequencing for the first two Auckland cases, as the Prime Minister mentioned, have confirmed the COVID-19 variant B.1.1.7, which was first detected in the UK late last year. We are continuing investigations into the potential source, including seeing if there are matches with any of our B.1.1.7 sequences recently in New Zealand, as well as looking at the global database of genome sequences.

At home, the intensive domestic source investigation continues, which, along with the public health actions and alert level changes outlined yesterday, are designed to break any potential chains of transmission. As is standard, we have also undertaken serology testing of our three cases and their close household contact, and the results of that testing, where all three cases have negative serology results, confirms that they are all active cases.

In terms of source investigation, we are focusing heavily on case A and B as the potential index cases—one or other, or both—as the serology results for case C, combined with the PCR test results, suggest that he is in the early stage of infection. As such, there are a number of avenues of investigation we are currently actively pursuing, including testing and serology

on the co-workers of case B—those at the Sky Chef business—and significant testing at Papatoetoe High School.

Just to note at this stage, seven of the nine co-workers of case B that are in the close working environment have returned negative tests, with two results pending. Our three cases remain in quarantine, and their one household contact, who has tested negative, is in isolation.

Now, contact tracing has identified 42 close contacts outside the household, and I should say that includes the classmates and several teachers of the student at Papatoetoe High School. All of the nine non - school-related close contacts have returned a negative test to date. The other 33 relate to the school and, of these, two negative test results have been reported so far. Others are in the process of being processed.

As always, the priority is for close contacts and casual-plus contacts to be tested first so we can understand any potential risk in the community. It's pleasing to see there's been a strong response to the request for testing, and as at 3 p.m. today, the community testing centres around Auckland had swabbed close to 2,300 people, which includes testing at the six regular CTCs, at Papatoetoe High School, and the LSG Sky Chefs, where staff and families are being tested. Over 500 people were tested at the pop-up testing sites, and 475 alone were tested at the Wiri site.

All the information on community testing sites and hours of opening is available on the Auckland regional public health website. There are two pop-up testing centres in Waikato, along with the one permanent community testing centre, and opening hours and details of those can be found on the Waikato DHB website.

With the two cases having visited Taranaki over the Waitangi weekend, a number of testing centres are open there. It's good to see a good response to testing there as well, and people can check the DHB website for instructions on how to get a test there and where to go.

Just a reminder: it's very important that the right people are tested, so please don't rush to a centre if you are well or haven't been in one of the locations of interest. Anyone who is unwell, either in these places or elsewhere in New Zealand, should, of course, call Healthline and get advice on being tested. We're continuing to upload locations of interest for all three cases, and the latest information on locations is on the Ministry of Health website. You can check them out if you think you may have been in Auckland, Waikato, or Taranaki locations that have been listed. I just do want to thank the media for publicising and getting the information out about those locations of interest as well.

I'm receiving some reports from the team of support for the swift actions that have been taken around the level changes to help stamp out any chance of transmission, not just in Auckland but around the motu. I noticed certainly in Wellington today people had swiftly reverted to using masks on public transport, and I want to thank everyone and the businesses and other places that have put in place measures commensurate with either a level 2 or a level 3 posture.

Alongside our response to these new community cases, the health system work continues to get ready to support vaccinating the first border workers, which is just days away now. Over the next five days, a lot of hard work will continue behind the scenes to prepare for the launch of that significant and important programme. We're working very closely with our border workforce and the three Auckland district health boards on setting up locations for vaccination, ensuring we have the vaccine in the fridges and the right equipment in place that the vaccinators will use. It also includes, of course, making sure that people who are preparing to be vaccinated have all the information they need and their questions are answered.

We have already done some dry runs, and there are further practice runs being undertaken this week, covering all the very complex aspects of the programme, including the distribution and use of the technology to capture the event through our new immunisation register. Timing, as well as batch of vaccine information, will go into that.

A number of vaccinators have already completed the training, which is a specific two-hour training module that the Immunisation Advisory Centre is doing, and further people will continue to be trained specifically in the use of the Pfizer/BioNTech vaccine this week.

A brief reminder about vaccine effectiveness. Of course, getting a vaccine is an important step that people can take to protect themselves and their families and the wider community from the virus. The vaccine that we are offering will be two doses given around three weeks apart to ensure people have the very best protection. It is important that people get both doses. A person's immune response generally develops over the first two weeks and starts to peak at around four weeks. The second dose of the vaccine really does boost that immune response and is an important part of the overall programme.

The evidence is still being gathered on the impact these vaccines, including the Pfizer vaccine it has on stopping transmission of COVID-19 to other people. We are keeping right up to date with that evidence as it emerges.

So a lot seems to have happened since last Friday's announcement that the vaccine would be arriving soon. At times, I certainly feel it and I'm sure New Zealanders do, COVID-19 can feel like being on a roller-coaster that you haven't actually bought a ticket for. However, while it's certainly a tumultuous period, I can assure you that the health system and the Public Service is working overtime to support a successful vaccine roll-out and the associated security that will bring to New Zealand. And we are also, of course, working hard together to respond to these latest cases we have in the community. Thank you, Prime Minister

PM: Thank you, Dr Bloomfield, for the update.

You will have heard from the update around source investigation, the work that we're doing around testing, that we are making good progress. But as you've heard, that work is still ongoing at this stage. It will, we hope, give us greater confidence that we have containment, but at this 24-hour check-in, we are continuing with the settings we have at this time. So Auckland remains in level 3; the rest of New Zealand at level 2. We will check in again tomorrow.

Now, as I said, Dr Bloomfield has given a vaccine update in terms of our preparedness. I can now add and confirm that the first batch of the Pfizer COVID-19 vaccine arrived in New Zealand this morning. Approximately 60,000 doses, or 30,000 courses, landed in Auckland at 9.34 a.m. this morning on a Singapore Airlines flight from Belgium via Singapore. That's more than enough doses to vaccinate our front-line workforce over the coming weeks.

We've been working hard behind the scenes to ensure receipt of the vaccine is able to occur as quickly and smoothly as possible. It was expected some time during quarter one, and particularly in light of the last period of time, it is good news that it is here earlier than previously predicted.

The vaccines will now continue arriving in small batches over a period of weeks. I know there'll be interest in when those exact dates are. We are, of course, in the same position as we were for this first tranche. The drug company continues to be in ownership of the vaccines until they arrive in New Zealand. So their request is that we not give too much specificity over future arrivals at this stage, but you can expect that we will do, as we have in the past, regular updates when we have information to hand.

At this stage, we do not expect any changes to our vaccine roll-out schedule. However, the Ministry of Health is preparing for a range of shift scenarios should the COVID-19 situation in New Zealand change in the coming days.

But here is how things will proceed from here. During the course of this week, the vaccine will be tested for quality assurance. That is something that both the drug company are involved in but also MedSafe are also involved in. Once this safety check is complete, doses will be formally released to start the first phase of the vaccination programme. But I do want to highlight again, that's not necessarily a quick process. All of the quality control assurances have to be completed before vaccines are dispatched.

As I previously outlined, we expect to start offering the vaccine to our border and MIQ workers from this Saturday, with the first immunisations given out to those working in the Auckland region. As the time period between time loading transport, temperature testing, quality assurance—and I'm sure Dr Bloomfield could comment on that if further questions are asked.

Border workers include MIQ cleaners, nurses who undertake health checks in our managed isolation facilities, security staff, customs and border officials, airline staff, and hotel workers among others. We're also looking closely at any border workforce who may be on a regular testing regime but not necessarily through regulation, to make sure that we are taking a nice broad approach to those who are captured in that first tranche of vaccination. We expect to vaccinate all border workers within a two- to three-week period, followed by their household contacts.

Healthcare and front-line workers and those most at risk from COVID-19 will then follow, before vaccination of the wider population in the second half of the year, in line with when we expect to receive enough vaccine to carry out that full scale roll-out.

And some final reminders: we've purchased enough vaccines to cover all New Zealanders and to do so for free. That includes all those in New Zealand regardless of their visa status. And this will be the largest full-scale vaccination campaign in our country's history, and a continuation of our commitment to protect New Zealand and New Zealanders against COVID-19. We're very pleased to have reached a milestone today which marks the beginning of that large-scale campaign.

We're now open to questions. [*Interruption*] Yeah, Jena, and then I'll come to you, Tova. Sorry, forgive me—Jessica.

Media: That's OK, no worries. The—I've almost forgotten my question. I'm having a Jason moment! With the vaccinations, if they arrived earlier than we expected, why not give people the jabs?

PM: I'll hand over to Dr Bloomfield to talk in a little bit more detail around that quality assurance process that we need from the time that they have arrived, and keep in mind we've been working through some potential scenarios with them arriving, potentially, as of today, and so we've built that into even the start point of Saturday.

Dr Ashley Bloomfield: Thanks, Prime Minister. So, yes, as we've got increasing certainty over the last few weeks about the possible time the vaccine would arrive, we've been working to the date of 20 February. Originally when the team started their work late last year, we were planning for 1 March to have all the aspects of the programme in place. I should say it's not a straightforward programme—not just the nature of the vaccine and the size of it but the fact we're putting in a new information system; in this case, we've got a vaccine that requires that super-cold chain, it's got a short period once it's been defrosted that it can be used.

So there's a lot of complexity in the logistics. We've been aiming over recent weeks to bring that forward from 1 March to 20 February, and so it's a fantastic milestone that we now know we have the vaccine onshore and we are on track to start on Saturday.

Media: How much can we read into the fact that we didn't have any new community cases today?

Dr Ashley Bloomfield: How much do we read into that?

Media: Yeah, how—

Dr Ashley Bloomfield: Well, it's an encouraging start, but what we really want is that the results of this testing at the school, at the workplace, and in the wider South Auckland community to really rule out that there is an onward transmission or other undetected chains of transmission. So I think encouraging to see the extent of that testing today, and as those tests are processed overnight and we start to get the results back tomorrow, that will give us an increasing level of assurance, assuming they are all negative.

PM: Of course, the most likely assumption that everyone jumps to is the fact that there's some connection here through a workplace at the international border being involved and a worker connected to that wider workforce. However, we don't want to miss anything, and that's why we continue to treat one other member of the household as being potentially the index case, just to make sure we don't miss anything—that's what our cautious approach requires, which is why that testing around the high school is just so important as well.

Media: Is there anything that the Government could have done with regards to vaccine that could have prevented this outbreak—is there anything you could have done to get the vaccine sooner and—

PM: No, I mean, look, you will have seen that, already, this is a time line that is earlier than initial expectation, that we have worked in earnest to be in receipt of the vaccine at this point. And I think it is really worth keeping in mind: this is a vaccine that requires two doses, it then requires a level of time after that second dose before it reaches its full level of effectiveness. So, you know, even if we'd started some weeks ago, the likely effect in terms of protective factor for our front-line workers has a lag time to it as well.

Media: And how likely is it that we won't identify the source, and how problematic would that be?

PM: We have certainly, in other scenarios, developed strong theories, but we haven't always been able to nail down with a 100 percent assurance that that was the exact place it happened. That has not stopped us from being able to have enough confidence that it's contained. So we will not rely solely on being able to answer that question; we'll look for good, solid containment and confidence, as well as being able to build as much of a theory as we can.

Media: There are calls for saliva testing, daily and mandatory, for border workers, like that in Australia and the UK. What is the status of our saliva testing? Are you open to extending it across that workforce, and are there any capacity issues with doing that here?

PM: So I think the first thing—I'll give Dr Bloomfield a chance to comment on some of this as well—to just point out: we have started the use of saliva testing. We've done it alongside the nasal swab, the PCR test that we already undertake on a routine basis, because there are question marks over whether or not it has the same sensitivity as a nasal swab. So we've been using daily saliva and regular PCR in conjunction at some of our high-risk sites, including the Jet Park, and we've been doing that for a couple of weeks now, I believe. We're looking to roll that out into other areas where—or we may have already—other areas outside of Auckland that are quarantine facilities because they are our highest risk. But that has been a big factor for us, that sensitivity, because New Zealand's at a point where it's not good enough, really, to have a tolerance for false negatives in our environment.

Media: There is some debate about whether the accuracy data—and maybe Dr Bloomfield you could shed some light on actually whether it is much less accurate, and the argument is that if you do it regularly enough, it compensates for—

PM: Yeah, yep, that's fair.

Dr Ashley Bloomfield: Yeah, that's certainly one of the arguments put forward, and I guess that's why we're quite keen to generate our own data here. The challenge we have got is we have so few cases that most of the validation of the tests have been done in places where there are a lot of cases and so they're able to match the PCR test result with the saliva test result. We're going to start by doing them in parallel, collect our own data, and see just what role it might play. I just want to reiterate the point the PM's made here. This is not really surveillance swabbing. I think of it as screening. We are trying to detect every single possible case. So far, and we've been doing this now for months, we have not detected any cases through this swabbing programme. All of our cases at the border have come because someone has become symptomatic in between their swabbing.

Media: What about the criticism, though, that we're lagging behind Australia, that actually other countries are showing potentially best practice and we're lagging behind them?

PM: Just, again, case in point. If that's the case, Australia themselves are still dealing with cases at managed isolation facilities, small outbreaks in the community in the case of New South Wales. So, actually, even in those cases it just demonstrates that these aren't always necessarily what we would fairly call failures, as opposed to a virus continuing to do exactly what it's done, and that is act as a virus does, which is tricky.

Media: Dr Bloomfield said that this was an encouraging start. Are you feeling equally as encouraged, or are you waiting for a little bit more data before you provide any comment on that?

PM: Look, for me it's always as much assurance as we can. There's no doubt that when you start to get some of those close contact results through that that is heartening, but I think all of us want a wider set of tests. We want to really rule out, with some confidence, additional potential chains of transmission, anything further in the community. So we do want to give it that bit more time before we get too far ahead of ourselves. I can't help but, though, reflect on previous experience, as we all do. Very early on, for instance, in August, when we had our first positive cases reported, we had springing up around it symptomatic positives as well. So you get a little sense early on, but not the full picture. So no conclusions yet.

Media: When you do get the data on all the close contacts and casual contacts plus, all the people in the schools, all people from that workplace, and all the family members who might have been near, will that be enough data for you to say this is contained?

PM: Yeah. I would add to that—so those are pretty key for us. I would add to that the wider community testing of people who are symptomatic, we do get extra people coming forward, a bit more of a representative sample based on what we see with Flutracker symptoms, that helps, and things like the sewage testing as well. So I would just add extra community surveillance also adds to our confidence.

Media: It's like, if those are negatives, is it likely you'll have all that information by this time tomorrow?

PM: Yeah, again there's some quite—the school site we're testing is large, the worksite, and we are looking proactively at whether or not we need to, as an extra precaution, go through and undertake another out-of-cycle range of tests for all our airside staff as well—that's a significant number of people—but again that's another precautionary measure that we're looking at undertaking as well. *[Interruption]* But look, you know, we build a picture as we go, but we will keep up in earnest those 24-hour reviews.

Media: Are you confident that if the outbreak was more than just the three cases that have been identified so far, something on the scale of where it was in August, that level 3 measures would be able to contain it, given the more transmissible nature of the variant, or would you maybe need level 4?

PM: That would still be my expectation. When you think about the things that level 3 introduces, that real reduction in contact outside of bubbles, social gatherings, those are all the things that really cause us a lot of concern. Because when you see additional cases, it's all about our ability to contact trace rapidly, and if you're only dealing with very contained situations, that's aided by level 3.

Dr Ashley Bloomfield: Look, I just want to reiterate that the best way to protect people from the new variants is to protect them from COVID-19, and that's what the measures in alert level 3 are designed to do.

Media: Prime Minister, some people were waiting for up to three hours to get tested. Is that good enough? And in terms of capacity around staffing and testing, is there enough there to sustain that much demand in New Plymouth?

PM: Yeah, I'll have Dr Bloomfield respond to that, because he might have more information around what's happening on the ground. One of the things that we do know, though, is that at these times we do get heightened demand. Again, we just reissue that plea: if you're not symptomatic, if you're not unwell and you haven't been to any places of interest, we're not asking you to come forward and be tested, and if you could just allow the space for those who are symptomatic or are of interest, that would help us greatly.

Dr Ashley Bloomfield: Two comments—thanks, Prime Minister. The first is the learning from Northland a few weeks ago, and we saw this in the North Shore, and I know this is happening at the testing today—is management of those queues and pastoral care and support for people who are waiting, but also giving people an indication that they might be able to go away, another time to come back. So I think that's important. And again, just to reiterate the Prime Minister's point that there is scaled-up testing capacity, and the centres are open for longer hours. That should be sufficient capacity to test all those people who have been at places of interest.

Media: Is that the case in New Plymouth, though?

Dr Ashley Bloomfield: In New Plymouth, we know they have quadrupled their usual testing capacity, and we are in constant liaison with them about it. If they need any additional support, then we can get that from the other DHBs.

Media: Just to follow up on New Plymouth, is there any way that you can prioritise the people that have come into contact with these two cases?

Dr Ashley Bloomfield: We rely on people to prioritise themselves, really, and that is, to be really clear, that they are in one of those groups who has been at a place of interest, remembering also that most of those places of interest were tourist destinations or, you know, eating establishments, and many of the people there may not have been from Taranaki. So wherever those people are around the country, we're asking them to be tested.

PM: Of course, if anyone ever gets turned away, you're very quick to point that out to us as well.

Media: The long-term goal would be to vaccinate everybody. Our community without visas will be encouraged to hear you say that everybody would—well, how will you deal with that? And the second part of the question is: what about the anti-vaxxers?

PM: Yeah. Look, again, I will take every opportunity I can to highlight: when we say the vaccine is available for everyone, we mean everyone—everyone who is currently in New Zealand. That is the only criteria that we are creating. As long as you are here with your feet on this soil, we want you to be vaccinated, and you will be able to be vaccinated for free, with no questions. So we'll keep reiterating that all the way through. In terms of the anti-vaxxers, very early on, when I first had a discussion with Dr Bloomfield about vaccination campaigns, well before COVID-19, he was the first person to point out to me that vaccine hesitancy is a much larger issue in New Zealand than those who are described as being anti-vaccination. We can get ourselves up to a level where we have enough herd immunity amongst ourselves, even with those who absolutely, no matter what we do, will not vaccinate themselves. We can still do that, but we just have to make sure we provide good information and remove all the barriers.

Media: Can I return to Jane's issue about the daily tests, because you point to Australia having daily tests but there are still leaks. Respectfully, I don't think that's the point. The point is there's always going to be leaks; it's just that with daily testing, you can put the cap on quicker. So my question would be: are there any budgetary or logistical or other reasons why New Zealand isn't moving to daily tests?

PM: I wouldn't necessarily argue with that, Ben, for the very fact that we are rolling it out. We've chosen to roll it out into those high-risk areas because, as Dr Bloomfield says, that gives us an ability to do some of the calibration in a real-live setting as well, test the sensitivity in a real-live setting, but there are always trade-offs. You know, if you are taking

up or undertaking 12,000 saliva tests in a day relative to what you might be doing with your other testing capacity, then that—there's always an opportunity cost to everything you do, but we have determined that it is right for us to roll it out into those settings, and we don't rule out using it more widely.

Media: With university students starting back next week, are students going to be able to move freely in and out of Auckland to get to and from cities where they're having to go to?

PM: I guess what I'd say is, if we are in a scenario where Auckland continues to have those level of restrictions, there would be no need for someone to come in for classes to begin, and we can anticipate online learning would start. But, again, hypotheticals—we just don't know whether or not that will be the case. Everyone's working very hard to see us have as normal a beginning to the university year that we can. Equally, no one wants to see the disruption generally in the education system. Good systems in place, though, to allow distance learning.

Media: With that, joining on to universities signing up in the next couple of weeks, are there any guidelines for university-based accommodation or for people who are moving to a permanent residency either inside or outside of Auckland as a tertiary student?

PM: Well, there are guidelines in place, of course, that were utilised through the last time we had this experience. I would need to refresh my memory on where it sat in terms of whether or not it affected those who are newly beginning into a term. My recollection is that it didn't, and so what I would want to go and do is make sure that we give guidance to anyone who might be affected by moving into a hosted accommodation. So I'll go and do that. We'll check with the Ministry of Education.

Media: This morning it was mentioned that some, potentially historic cases, weren't [*Inaudible*] full genome sequence map because there wasn't enough virus in the sample.

PM: Viral load, yep.

Media: Yeah. So, roughly how many of those cases are there and have there been any in the last few weeks which this case could potentially link to?

Dr Ashley Bloomfield: Yes, so we're now reporting all our historical cases. Since 1 January, there have been 29 historical cases. I could check, but it's usually unlikely we get a viral—are able to do a whole genome sequence on those ones. There's just not enough viral material.

But in terms of the second part of your question, if a case is a historical case and we can't get a sequence, it also won't be infecting anybody else. So the cases that are potential sources of infection for these current community cases will be ones where they would have been infectious; there would have been enough viral material to be pretty confident of getting a whole genome sequence.

PM: OK. I know that our TVs are on deadline, so—

Media: With regard the case at Sky Chefs, is it good enough that so much time lapsed between her last negative and her positive test, and will you mandate for those indirect border workers to be tested more regularly?

PM: Keeping in mind that for every person that we legally require to be tested, there is a judgment made around whether or not they are high risk or working in high-risk environments. Judgment was made—this was not a person who travelled airside; this was not a person who had any contact directly with people who may be infected with COVID-19. They were working predominantly in a laundry, and so that's why the employer made a judgment to put them on a testing regime. But we, right now, are going through the order again, making a judgment on whether or not we need to increase the amount of testing or the scope based on the variance we're seeing and what we're learning.

Media: So that could change?

PM: It could change, because we constantly make changes. You've already seen that. We've introduced new testing, pre-testing before departure. And we have actually seen a decline since September around positive cases in our managed isolation as a result, but we will look again at the order around testing and surveillance.

Media: Would you still allow the Big Gay Out to go ahead?

PM: Look, one of the points that I've made is that even at the time that we were starting to form a picture around the new information of these cases, the Big Gay Out was essentially already under way. So there will always be situations potentially where we're getting new information where events may be happening across the country. We have to do the best we can to manage those situations, and I believe we do.

Media: It just seems like the border has been extended in Auckland. There's been some confusion down—

PM: Ah, happy to clarify then.

Media: —south. What has happened there and what are you doing to communicate that?

PM: It's actually, as I understand, predominantly in the north that we have the issue. Look, just to clarify, the issue we have is that we've got the legal border, which is exactly the same in the north as it was the last time we moved to alert level 3. However, we had a checkpoint in this case set up in the morning that was some distance from that legal boundary. The police have now just updated their information. They are going to be moving that boundary where they are undertaking a checkpoint to align it more closely with where the legal boundary sits. The most simple message I can send, though, is: the boundary that was in place last time is the same as this time.

Media: Just on the close contacts—it's probably a question for Dr Bloomfield—there haven't been any positive tests, but is there anybody that's given you cause for concern, any possibles, or any symptomatic people amongst those [*Inaudible*]?

Dr Ashley Bloomfield: Amongst close contacts? A couple of the close contacts—workmates of the father in this family—were symptomatic. Again, their tests have returned negative—their initial tests. All close contacts remain in isolation for 14 days and are re-tested again before that 14-day period is up. So at the moment we're reassured by those initial negative tests. They all remain in isolation, and some of them have gone out to the Auckland quarantine facility for that isolation because that was the best place for them to be because of the circumstances

Media: Despite repeated efforts around panic buying, obviously it's still alive and well. We know that vulnerable people, particularly elderly, do miss out because of that. Is there anything more that can be done to try and fix that issue?

PM: You know, it's just so clear after repeated attempts that there is something about human behaviour that says when restrictions are in place, people immediately feel the need to buy toilet paper, and I cannot explain that—and flour, as it seems, and yeast. But, look, that seems to be a part of human nature, and it's not even just New Zealand; it's a global phenomenon. Thankfully, we have seen the supermarkets try and at least prioritise in the way that they prioritise their deliveries. Apart from that, all we can do is continue with those pleas to people to remember it's open today; it'll be open tomorrow, no matter what.

Media: Given the public health order this morning—the map in there quite clearly shows that the boundary is just north of Wellsford. How did the police, or on what advice did the police, decide to put the boundary at the bottom of the Brynderwyns?

PM: Yeah, and I'm not going to—this is not a scenario where it is at all fair to place blame for this on the police. There appears to have been a very clear miscommunication around what was contained in the order and where the boundaries needed to be. So that needs to be very clear up front. One of the issues I suspect that has happened is—you'll remember in the South, in particular, it became a bit of a judgment call as to whether or not

you were actually better to be included in the level 3 border because it meant you could move around more easily than if you were just outside. I think some of that has translated into the way that the North was interpreted, but actually that included a whole area where it meant that a whole group of people and towns were affected that shouldn't have been. So that, I suspect, is what's happened, but I'm not going to place blame.

Media: I've just got a follow-on in that same vein, at Mercer—is that in the same situation? Is Mercer inside the boundary for level 3 even though it's in the Waikato? People are complaining they can't get to work.

PM: So, again, as it stands, the legal order, the borders that you've seen that have been put out, distributed with the maps—that is the border. In the South, there were adjustments made last time for the exact reason that I just explained: the general consensus seemed to be that it was better to be in than out because of the number of people who commuted from within Auckland.

Media: So can you just check [*Inaudible*]?

PM: I unfortunately don't have it right in front of me now, but I can tell you that the map is the order.

Media: But if they go and check the map, that is the definitive boundary that they should be [*Inaudible*]?

PM: Yep. Yep, exactly. Correct.

Media: Prime Minister, you've mentioned that financial support for businesses won't kick in unless lockdown is extended beyond a week. Is the Government considering anything more at the moment, or what's your message to business—

PM: Yeah, so that was the decision as it stood. You'll remember last year we wanted to give certainty to business around what would happen if we experienced another resurgence, so that was what was set out—that if we were in a period of restrictions for seven days, then we would then retrospectively apply support across that period of time. We also extended the support. Previously people had raised the concern that if you were not in level 3, you could still experience significant hardship and a decline in revenue, so that's why we created the resurgence support payment, so that's new as well.

Media: Dr Bloomfield, just a quick clarification. So those 42 close contacts, do they include the nine at the woman's workplace?

Dr Ashley Bloomfield: The people at the woman's workplace are not considered close contacts, recalling that she wasn't actually at work during her infectious period. They've been tested as part of the source investigation.

Media: Back on the saliva testing matter, I mean, Auckland Airport seems to be working with a private firm that the ministry had some conversations with in the past—is that right? Why not also work with this private firm? Why not consider nudging them, you know, a bit of money to go work in Christchurch Airport as well, where two flights landed this morning from overseas? What's the thinking there?

PM: Sorry, is the suggestion to saliva test the workers in that airport, do you mean?

Media: Well, yeah—I mean, Auckland Airport must be using them for good reason, right?

Dr Ashley Bloomfield: I understand Air New Zealand is using them, and that's an arrangement they've come to as part of their own sort of safety and testing of their own workforce. What we're really interested in doing is making sure that any testing is part of our overall public health effort and our elimination strategy. We have indeed talked to the company, and to Air New Zealand, just to see what role, if any, their saliva testing might play in the overall response in New Zealand. And we know there is interest from some private employers in doing saliva testing of their workforce, so we're providing advice to the Minister about what role that might play without compromising our public health response.

Media: You don't see a role for them directly, like, in your response, basically?

Dr Ashley Bloomfield: There may be in the future—

PM: Oh, keep in mind, we are already using saliva testing, so there seems to be a suggestion here that we're closed off to the idea. Absolutely not.

Media: We have lab testing to test [*Inaudible*] of the border, or is it—

PM: I understand it takes the same amount of time to process.

Dr Ashley Bloomfield: Yes, in some—depending on how the sample's done, it can actually be fiddlier to process than the nasal swab, so that is one of the things. Every test, of course, does require an administrative process as well as the reagents and the testing on the machine.

Media: Yes or no: you do have capacity or you don't?

PM: Well, we've got capacity for over 30,000 tests a day but, as I've said, there's always opportunity costs. But, again, there seems to be an attempt here to build a case for our opposition to saliva testing. There isn't one. But there's of course a view that we need to make sure we integrate it, that we've got the right capacity to do it safely, and that we're not compromising other parts of the system, and I think that's all fair.

Media: Can I ask a follow-up question on those without visas, Prime Minister, in terms of the vaccine—

PM: Yes.

Media: Just in terms of those who don't hold visas and getting a vaccine. I mean, what sort of work—are you commissioning any sort of work to be done in terms of how those people might be gotten in touch with or how they might be able to come forward if they are worried? You know, are they going to just go to the doctors and that's going to be OK, or will you—

PM: And I think the point we need to make is no matter where you access it, it will be OK. You know, we, actually, we've already had some experience with this before. There was a concern that in order to get a test that you might be required to provide immigration status. That is not the case. We need to make this as easy and as safe for everyone, because it's in our best interests to do so. I think there would be a concern, you know—it's, you know, essentially, the idea that we would send letters to people saying we know about your questionable visa status but we want you to be vaccinated; I don't think that would be an appropriate way to deal with it. We just need to get the public health messaging out in the right channels and in the right way. Just trying to keep an eye on—could you voluntarily offer up if you've not yet had a question? Trying to keep them—Audrey.

Media: How many border workers have been saliva tested or are part of that ongoing programme?

PM: So Jet Park—

Dr Ashley Bloomfield: Look, I'll come back to you with the numbers—

PM: Yeah.

Dr Ashley Bloomfield: It would be—it's voluntary at the moment, so I think we would be talking about maybe the hundreds, but I will come back to you with the number. We started at the Jet Park facility in Auckland, then it's been those who are working in the quarantine facility in Christchurch and rolling out within the next week also to include the Wellington facility, which has quarantine capacity as well. But we can come back with the numbers.

Media: Would you consider making it compulsory, like the other testing is?

Dr Ashley Bloomfield: We're rolling it out just to see what role it might—we just want to assess what role, what value it adds, what role it might play, and / or whether it's an option for using it alongside the PCR nasal swab or even in the future—if we're confident about it, that it could replace it. But we're testing it at the moment.

PM: If I can just give a general—and I'm going to channel Minister Hipkins here, and this is actually not relevant, particularly, to the saliva testing issue but to the border workforce. We are mandating PCR testing, and if anyone has had a nasal swab, they'll know that that is not a comfortable process, and we are doing that to people every week. We, of course, are currently, unfortunately, living in an environment where people are being isolated from their usual community groups and activities because it's known that they are in the border workforce. Some children in school are being bullied and isolated because people know that their families work at the border. Every decision we make to add extra layers of testing and reassurance, we give careful consideration to, in terms of our mandated requirements both in terms of the safety but also we need to keep people working there. A lot of people wouldn't put up their hand for these jobs right now, and yet we ask people to show up every single day under those circumstances. So that is in our minds as well.

Media: In terms of establishing who's high-risk and border staff, with a second outbreak with someone who's sort of tangentially working near the airport, what kind of work is ongoing to establish risk, how that risk is, and are those judgments changing, especially with people who work with linen? I mean, obviously the index case is a bit of a moving target, but that would be maybe an obvious area?

PM: If you see the commentary that the idea of it being surface transmission is considered unlikely, but we haven't ruled it out. But it is fair to say that, even in an unlikely scenario, we are regardless reviewing all of our settings. So, as I've already said, we're looking at our order for testing to see whether or not it needs to increase in frequency and whether or not it needs to increase in coverage to not just those who are airside and having person-to-person contact. It's all part of the adjustments we make every time we learn something.

Dr Ashley Bloomfield: Thanks, Prime Minister. So in our source investigation, we're looking at—the important thing is to be really open minded about who got infected first, and how, and that how is both where they got infected and the transmission means. We know, from all the evidence, the most likely transmission means is person to person. The second most likely probably now—there's increasing evidence around aerosolised transmission. Fomite transmission is way down the list and you'll see a lot of the commentators confirming that. So that's the order in which we're considering the route of transmission. What we're also trying to find out, of course, is the place where that transmission might have occurred.

PM: I am fascinated, though, that of course in an environment like ours we can't rule out that less likely scenarios may play out here, and that's why we keep such an open mind. I think I read—correct me if I'm wrong—that the WHO is even encouraging greater investigation to frozen food and frozen products as sources, so, you know. We keep an open mind in New Zealand.

Media: While neither of you are obviously front-line border workers, would either of you consider or be planning to get the vaccine early to overcome vaccine hesitancy?

PM: Dr Bloomfield?

Dr Ashley Bloomfield: Well, let me answer the first part of your question. I am definitely planning to have the vaccine, and I think this is just an issue I'm sort of grappling with. I would happily have the vaccine as soon as it was available if that would encourage people and provide reassurance to people about the safety and increase their trust and confidence in the vaccine. However, I'm not one of the front-line workers and I don't want to be seen to be, as it were, queue jumping. So we're just thinking about that.

PM: Yeah, and I think I'd say the exact same answer. We're both mindful of making sure that we are demonstrating our support and, of course, our view that we need to be a part of that, and I'm very happy to role model that. And, equally, I have an expectation that my family will be doing the same. But we also need to prioritise our front-line workers as well.

Media: How would you come to that decision of whether you will front up and get the vaccine in order to lead from the front, so to speak?

PM: I have a personal view that people will be looking to those who have the greatest knowledge and understanding. They'll also be looking to their community leaders. I personally see Dr Bloomfield as being amongst that mix, and so I think people would probably understand if somewhere in the mix, relatively early on he was amongst those being vaccinated. I recognise that I'm now putting him on the spot, because that's not a conversation that we've concluded, but that would certainly be my instinct. Otherwise, though, I think we are very mindful that we, actually, genuinely want every vaccine to protect those at most risk. That's top of our mind and that's why it's going there first.

Media: In the August cluster, after 2.5 days, or 17 cases, and they were spread out over a number of different regions of the country, which kind of made the call for a fortnight easier in retrospect.

PM: Absolutely.

Media: In this case, there's encouraging signs. Are you considering the possibility of another three-day extension, to have more certainty, or—

PM: I can, hand on heart, tell you we have not had any conversations at this stage around the future of our alert settings on Wednesday, because we literally make sure that we use up-to-the-minute advice, and so at this stage we have not considered or discussed the possibility of an extension.

Media: Just going to confirm with economic support, should Auckland stay at level 3 for more than seven days, only businesses in Auckland would be eligible for the wage subsidy?

PM: Correct. So the wage subsidy applies based on alert level, but the resurgence payment is more generally available.

Media: And that's for level 2 and above?

PM: Yeah, yeah, so that is more generally available than one, yes, and has greater flexibility in its use. It's not attached to requiring to be used for wages, so the resurgence payment has more flexibility, and quite deliberately so.

Media: Can I just ask Dr Bloomfield if the fact that Skychef is a private company, does that actually make it a bit more difficult for you to find out what was going on there, what standards they had, to investigate this outbreak?

Dr Ashley Bloomfield: Actually, I'm pleased to say that hasn't been a problem at all. They've been incredibly helpful right from the start, and today, as I said, at 1.00 today some people have gone in to do an infection prevention control audit of their laundering process and they were very open to that. So no, they've been really fantastic and they've—you know, the business is effectively closed for the next day or two. They've made their facility available for staff and their whānau to be tested today. There's a team out there. So I am really grateful for their cooperation and support.

PM: OK, thank you everyone. We'll see you tomorrow.

conclusion of press conference