

**POST-CABINET PRESS CONFERENCE: WEDNESDAY, 17 FEBRUARY 2021
HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa. Good afternoon, everybody. We're now at day three of our COVID response plan, following the emergence of new community cases in Auckland on Sunday. Cabinet met after question time this afternoon to review our current alert settings, and I'll share that review with you shortly, but first I will hand over to Dr Bloomfield to provide the very latest numbers that we have.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. As you would have seen in our 1 o'clock statement today, we've confirmed two new cases in the community, and in addition there was one new case in managed isolation overnight. Both of those new cases are linked to our existing cases that we identified over the weekend. In this scenario, and as we continue to investigate the source of transmission for these cases, we should be encouraged that all five of our cases remain in a tight configuration with clear epidemiological linkages.

Both of the new cases are students at Papatoetoe High School. Case D is a classmate of the original case A, which was the 13-year-old girl who attends Papatoetoe High School, had already been identified as a close contact because she was in the same class, and as such was in isolation, and case E is that new case's sibling from the same household.

Both these two new cases continue to undergo case interviews at home and strict self-isolation, and, as those interviews continue, we have identified a number of locations of interest that will be loaded on to the Ministry of Health website. We will also send out a media advisory with these locations of interest as that information is confirmed this afternoon.

I can just now also confirm that a further member of the household of cases D and E has tested positive this afternoon, while the other two members of the household—of which there are five members in total—have tested negative, one on Monday and one today. Scoping of any additional locations of interest is under way. I should point out that the latest positive test of a member of this household—this person has been in isolation during their infectious period.

It's also worth pointing out that the two cases D and E that we spoke about earlier today were asymptomatic when tested on Monday and therefore had a lower risk of transmitting the virus on to anybody else during their infectious period. I recognise that these additional cases may cause concern for the school community, and, indeed, across the wider community, but it is reassuring that they are all linked and were identified through the testing that was put in place specifically for this purpose.

I really want to thank Papatoetoe High School, its leaders, staff, students, and the wider community for the brilliant way they have responded to this week's developments. Their prompt actions and willingness to be tested means our system has been able to kick in as it should have and identify these cases.

Just a reminder: of course, COVID-19 is an unwanted visitor. No one at the high school invited it in, and this situation demonstrates just how the virus can exploit any chance that it's given. However, the possibility of finding new cases was something that we are prepared for, and the system continues to follow up, as we would expect.

I'm sure there will be interest in what's happening around the high school around its reopening. So our original case's last possible date of exposure at the school was 10 February, now seven days ago, and cases D and E, the ones we announced earlier today, were not at school during their infectious period. We are confident that contact tracing and testing of any school-related contacts has been robust; however, to provide all possible reassurance to the community, the high school will remain closed for the rest of this week and reopen on Monday, 22 February. I can confirm that all students and staff will be expected

to have had a negative test result before returning to school, and, indeed, most have already done so.

Staff, students, and their households are being asked to work from home or stay at home for the rest of this week and to avoid large gatherings and inviting visitors around. Any close contacts of our existing cases, including the other students in the class who were identified as close contacts, need to remain and will remain in isolation for 14 days and will have a subsequent test before they are released. Testing is going to be available again at the school on Saturday and Sunday for any students who haven't had a test yet and for any others of the community who would like to have a test. Of course, anyone who is symptomatic should promptly get a test as well.

Our case investigation and contact tracing for these two additional cases is well under way, and if we think back on our original two cases, as at 3 o'clock this afternoon, the 31 close contacts from Case A and the 1,523 casual plus contacts were identified at the school. All the close contacts bar the one we announced today have returned negative results, which is very encouraging.

In terms of the other students in the class, nearly 80 percent—that is, 1,159—have returned negative results, and there are still 363 outstanding. I can also say there were over 17,000 swabs taken around the country yesterday, many across Auckland. So this is very helpful in terms of us being able to rule out wider chains of transmission, along with our wastewater testing by ESR in Auckland, which has shown negative results. This is reassuring.

Finally, just a message to Aucklanders who need to access health services. Under alert level 3, health services are open and you should attend any health appointments you have, and certainly if you have urgent health needs, do not delay seeking medical attention. All hospitals, pharmacies, GPs, and urgent care clinics are fully open to provide care to people. And, of course, anywhere in the country, if you're unwell with the symptoms of COVID-19, please call Healthline to arrange a test. If you are in Auckland and have symptoms, then you should call the hospital or clinic before going to an appointment. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. Before I begin today, I want to say a word of thanks to everyone. When we were here on Sunday and shared the news that we would be changing our alert levels, I know everyone would have felt gutted, but everyone has put a huge amount of work in since. Between midnight Sunday and 10 a.m. this morning, I think it's a total, now, of over 23,000 tests that have gone through. We've also carried out wastewater testing in Auckland, and so far the results we have have been negative. Since Sunday, 213,000 more New Zealanders have turned on the Bluetooth function on their COVID Tracer app, and on Monday alone, there were just under 1.5 million QR code scans, because we all remember Bluetooth isn't enough; you need to keep scanning. And, of course, Aucklanders moved back into their bubbles, at a time when, I'm told, the weather was pretty miserable.

While the re-emergence of COVID in our community is something no one wanted, it is something that we have planned for. When the source of a case is unknown, that plan is to move quickly and with caution, as we did on Sunday. However, it is also our plan to avoid using the alert level system to manage cases once we have a good handle on them. On that note, Cabinet has this afternoon reviewed the current alert levels. Based on our usual criteria, the Director-General of Health has recommended to Cabinet, and Cabinet has agreed, that as of midnight tonight, Auckland will drop down to alert level 2. As you've heard, there will be some exceptions—for those who are connected to the Papatoetoe High School community, which I'll go into in more detail shortly. The remainder of New Zealand will move to level 1 at midnight tonight.

Just a reminder, the definition of alert level 2 is that COVID is contained but there is a risk of community transmission. The situation in Auckland more appropriately fits this level. These restrictions will remain in place until Monday, when they will be reviewed by Cabinet. My expectation is that if we have a similar situation to what we have now, where we have cases that have already been identified as close contacts, for instance, then we should be in a position to move alert levels again. I want to stress to everyone that this is good news. Apart

from the cases which have emerged today, all results of close contacts of the initial three cases have come back negative. What this tells us is that we don't have a widespread outbreak, but, rather a small chain of transmission which is manageable via our normal contact tracing and testing procedures.

In terms of level 2 restrictions in Auckland, as I said, the one exception will be Papatoetoe High School, where we're asking students and the school community to do things a little differently. Students at this school, along with their families, are being asked to stay at home, and they will need to return a negative test before they can return to school on Monday.

A quick reminder of what alert level 2 means for the rest of Auckland: schools will re-open; you're able to travel to other regions; you must, of course, still wear face coverings on all public transport; there can be no more than 100 people at social gatherings, including weddings, birthdays, funerals, tangi, and church services. Businesses can reopen but must follow public health rules, including physical distancing, record keeping and the usual cap of 100 people. Hospitality businesses can open but must apply the three "S"s: people must be seated to prevent spread, there must be social distancing between people and tables, and each table must have just one person serving it.

As long as all public health measures, such as basic hygiene and contact tracing, are met, weekend sports can proceed. But, as ever, if you are sick, please stay home; this continues to be one of our most important messages. What we are, of course, trying to do with these restrictions is minimise the risk of any transmission and be able to rapidly track and isolate any cases, just in case. There is every chance we will find further cases. While our expectation is that these will be linked to our current cases, we still need Aucklanders to follow the level 2 rules—especially over the weekend—so that we can get the extra assurance we need to get back to level 1 as soon as possible next week.

I appreciate that for some, level 2 over a weekend feels like an imposition, but what we know, and what we've learnt the hard way, is that mass gatherings—which tend to happen over that period of time—pose the greatest risks when there is COVID in the community. Things like church and social gatherings have often seen the most significant spread. It has always been our approach to move down one alert level at a time in order to test the decision we've made and ensure it is safe to go further. And while we believe this to be a small, contained outbreak with the evidence that we have to date, we also know that there is, of course, the risk, with it being the new variant, of it being more transmissible. And so we're adding that to our cautionary approach. But, again, the biggest urge I have is to tell everyone in Auckland, and across the country, if you're sick, get a test and stay home.

Ultimately, it is because cases A and B got tested that we are able to move down alert levels today, and we want to thank them for their actions. I'd also note that, as a result of the decision to place Auckland into alert level 2 until Monday, all Auckland businesses who meet the criteria will be eligible for the new COVID resurgence support payment, passed under urgency in Parliament this week. As a quick reminder, the payment is available for businesses who've experienced a 30 percent drop in revenue over a seven-day period. More details are available at [COVID19.govt.nz](https://www.covid19.govt.nz).

And so finally, once again, thank you everyone for all of your work to date—we just ask you to keep up your enormous efforts. We're happy to take questions.

Media: Prime Minister, with so many outstanding test results, particularly from the school, how are you so confident that this is contained?

PM: Keep in mind we have completed the testing of those close contacts, and that's where we've seen that extra positive result from that classmate today. The remainder are what we call casual contacts, and so those are people we don't have, at this stage, any reason to believe are likely to produce a positive result. But even then, all of that group have been asked to stay at home, and so despite this alert level change, will not be leaving their homes.

Media: Do you think that this would have spread a lot if we hadn't gone into the level 3 lockdown? Was the level 3 lockdown necessary?

PM: Yes it was. Look, we absolutely stand by—even with the information we have today—the decision to move to alert level 3. We were dealing with a scenario where we weren't clear on the origin of the original case. We also have learnt that it was the more transmissible virus, so we wanted to make sure that we took a cautious approach because it's much, much better than getting it wrong and having a large-scale community outbreak and a long lockdown.

Media: Given the shift down alert levels, can you guarantee that we're not going to end up yo-yoing back into higher alert levels next week?

PM: Look, the reason we've taken the decision to move to alert level 2 is because it has still a level of precaution in it. We do worry about mass gatherings, and so that's restricted here. It still asks hospitality to keep precautions in place, and I believe the reason that Dr Bloomfield has recommended that we do this is because it still gives us a period where we can just reassure ourselves with a few extra precautions in place.

Media: Should other regions in the country be concerned about Aucklanders travelling into their areas?

PM: We've always asked Aucklanders to think about their behaviour when they move out—to take their level with them, and we still ask them to do that.

Media: Are students at Papatoetoe High School being tested a second time or being asked to come back for retesting? There's a Facebook post from the school that suggests that.

Dr Ashley Bloomfield: So the ones who will be retested as part of the protocol are those who are the close contacts—so the classmates of the original case, and the teachers that interacted with that class. So they have a 14-day isolation period. Every student will have had to have had at least one negative test result, remembering that the testing for the students started from day five after the exposure event, which was last Wednesday. So that's reassuring. So we're quite comfortable with all the negative test results we have. Anyone who develops symptoms or who wants a second test can do so over the weekend, and every student and staff member will need at least one negative test before they return to school Monday.

Media: And how much stock, or how much, I suppose, reassurance has been given by the waste-water testing in terms of the regional signals that it gives you?

Dr Ashley Bloomfield: So it's one element of the reassurance—not just the testing this week, but previous testing as well, which provided us with, perhaps, some confidence that there wasn't widespread community transmission. If there was any transmission, it might have been more local. I should say that there's an extra testing site that is just covering the Papatoetoe community, and that result is due back either later tonight or in the morning. So, again, that will provide us with some further information.

PM: That was a testing site that was specifically added just for the purposes of this particular outbreak.

Media: Was there any thought to dropping down to an alert level 2.5 or something in between where we are now and level 2?

PM: As part of the order that is being prepared, we will be asking the rest of the country to keep up the mask use on public transport. So I should add that; that is an additional element. Otherwise we're moving to a straight level 2. But, keeping in mind, in previous iterations when we've had a 2.5, it's often been the addition of something like mask use, which we've now added in the orders already. Now, in Auckland, we are using them as a matter of course. Look, actually, the debate was less so around whether the level 2 settings were right—because by and large people felt comfortable with that—it was the length of time

and whether or not we could afford to move further, but we chose the balanced and cautious approach.

Media: Just on that length of time: was there a specific order made to have that over that seven day period, as opposed to the night before, so businesses could get that subsidy that the Government's—

PM: Primarily, we wanted to make sure that we had enough time at a cautious level to give us a bit of extra reassurance. The second reason, of course—it's a natural decision-making point for us is the Cabinet process. Thirdly, if we want to take a cautious approach, we should do it over a period where there are generally larger gatherings in Auckland over a weekend—and so those featured. We were also mindful, of course, that if we were getting right close to the cusp, we would rather have people eligible for the payment than not.

Media: Prime Minister, you were saying you would still make the level 3 decision on Sunday, even with the information you have now. Are you absolutely confident [*Inaudible*], because this shows appearance of being a case of leakage no wider than the outbreak?

PM: Ah, you've been speaking with Rodney Jones—and I respect the analysis we've had from Rodney has always been excellent. So Rodney's descriptions there are an outbreak being more like what we saw in August; leakage is, of course, his way of defining the idea that you've had something that's relatively contained and we've caught it in close proximity to the time at which it's occurred. So do I believe we've made the right decision? Absolutely. On the information we had: absolutely. I'm pleased we did it. And now I believe, with the information we have, we're ready to move to 2.

Media: Would level 3 change anything about what's happened in the last couple days? All these people in the high school would have been self-isolated anyway, the tests would have been done—

PM: I guess the point is at the time you make the decision, and keep in mind the information we had at that time was we had someone who was deemed to be, yes, working in a border area, but a low risk environment, where it was seen as less likely to have been able to pick up COVID through their place of work. So it was really incumbent on us to make sure that they hadn't picked it up through some other community channel and that it hadn't been circulating for some time. I think everyone would agree: much better to have 72 hours than make wrong call and have 72 hours of a community outbreak unchecked.

Media: So mask use on public transport will now be mandated across New Zealand?

PM: For now. We're keeping it in for now. We haven't made a decision about whether or not that's going to be a long-term decision, but for now we would like just to keep it up in other parts of the country for now.

Media: Dr Bloomfield, can you just clarify the locations of interest for case D and E. I mean, are there many of them? And I thought you said they weren't infectious when they went to them.

PM: They were asymptomatic.

Dr Ashley Bloomfield: So the infectious period—so cases D and E were tested on Monday as part of the testing for the high school community. So their infectious period, or potential infectious period, is categorised as the 48 hours before their test was taken, so that does include the weekend. There is a handful of locations of interest. The details of those and the timing that they were there is just being finalised, and will be available at any time this afternoon, we will get that up.

Media: But how many, and I mean—

Dr Ashley Bloomfield: A handful, as far as I'm aware.

PM: Audrey, I think the reason that Dr Bloomfield has given that context of while we're of course releasing those places of interest, the point that's been made to us by those who

are experts in the area is, if you are asymptomatic, the likelihood of transmission is, of course, much, much lower.

Media: On the nationwide masking on public transport, that's been something that's been bubbling away for some time now. What would your thinking be if you were to remove it now, given that it's been widely—

PM: Look, at this point—we've obviously always made the decision that we would have it in place for Auckland. At this present point in time, the decision was that we would keep that consistency for a time, out of that abundance of caution. I don't want to pre-empt a decision. A longer decision over whether or not we'd keep it in long term wasn't had. It's likely that we'll have that down the track and potentially at the same time that we discuss QR code use, because that's something that Cabinet also wants to discuss later.

Media: You mentioned in the House that Cabinet would discuss mandatory QR code scanning. Is there a time line for that?

PM: I imagine once we receive advice. I mean, I think the issues have been pretty well traversed. The thing that I think we all accept is that, if we do go down that track, enforcement's going to be tricky. So we're always cautious about bringing in things that, you know—we say we're mandating something but we're really relying on people just to do the right thing. And so we've got to think through all of that, because people, if they know it's compulsory, you really want to see the uptake high at that point as well.

Media: Have you heard whether one of today's cases works at McDonald's in South Auckland; and, if so, what risk that poses?

Dr Ashley Bloomfield: Yes, one of today's cases does work at a McDonald's, and we're just confirming the details of exactly when that case worked there, and, of course, the nature of the role that the person had will relate to the potential risk. What I'll just emphasise is what the Prime Minister said and I said earlier on—in fact, this case has not had any symptoms throughout. It was asymptomatic when tested and indeed was asymptomatic during the weekend period.

Media: But given the potential for so much person-to-person contact working at a McDonald's, did that have any bearing on your decision today?

Dr Ashley Bloomfield: We certainly knew that information—that this case worked at a McDonald's, but the early information we had about the length of time that the person was at work and the nature of the role there was something that we took into account as well.

PM: All of this featured in our thinking. And just remember, of course, level 2 is designed to have situations where we are contact tracing individuals who are casual contacts or close contacts in the community in an environment where people are not staying put full-time. Level 2 is built for that. It is built with the idea that you may be having to contain cases at that level.

Media: Which McDonald's is it in South Auckland?

Dr Ashley Bloomfield: I don't know exactly, actually.

PM: All of that detail, I imagine, will be out in fairly short order. I imagine well before you go to broadcast, we'll have that information with you.

Media: One of the suggestions to reduce New Zealand's risk profile during this most risky period is to reduce the number of international arrivals overall—Australia has done this. So a couple of questions: do you have any appetite to explore this, beyond a few tweaks? And, second of all, would have a legal basis to do that without breaching the bill of rights?

PM: What has been raised with me every time the issue of reducing the risk profile by having a smaller number of booking spaces, has been that we would run the risk of being challenged over whether or not we were impinging people's ability to get home. And so that is a factor that we think about. It is already pretty tough. They book out quite quickly and people are having to book a long period in advance.

One of the things that's reducing the risk profile in New Zealand is the fact that we do have a significant number of Australian returnees where the risk profile is much lower. And so previously—I haven't looked at recent numbers—they were sitting at about 40 percent of those who were in our facilities. So again, that makes a difference to the overall risk. Another thing that's reducing the risk profile is that the testing pre-departure—we've seen a steady decline in the overall rate of infections coming in. I believe I saw analysis that's saying that since September it's really started dipping back a bit, and that's in line with some of the transmission patterns we're seeing overseas.

Media: So no goals to reduce the number?

PM: Not at this stage—no.

Media: Dr Bloomfield, just to follow up on the McDonald's question, when you said "the nature of their role", do you mean that they didn't have a front-facing, public-facing role? Is that what you meant?

Dr Ashley Bloomfield: Look, all the details will be released, but we have some information about the nature of the role that was helpful in terms of the decision—but we will release that information. What I do want to say—and I make no apologies for this—is it is important that we have had the opportunity to talk with the employer, because they need to make arrangements for other staff members and ensure that that is all in train before we make a public announcement about anything like that.

PM: Of course, we're talking a matter of hours, but I think what is most important is, of course, we had this information at 3.30 p.m., when we made the decision.

Media: You said that the Ministry of Health and Dr Bloomfield had advised and you agreed to moving down to level 2 and level 1 respectively. Was the advice about the time frame—was that accepted as well, in terms of most?

PM: Yes—yes.

Media: So it was basically a blanket agreement?

PM: Perfectly aligned.

Media: Was there any discussion in Cabinet? Any disagreement?

PM: Oh, as I've indicated, some of the discussion was when the review period for level 2—pretty solid consensus about the movement, but a bit of a discussion over, you know, were we confident enough to move a little further and when should we have the review period. You know, these are good discussions that we have as a team, and I think it means that we really traverse all of the issues, but, overall, everyone totally comfortable with this outcome—yes.

Media: Minister Hipkins directly criticised some of the country's leading media epidemiologists yesterday in general debate. He said they should stop talking about border failures because this made it harder for them to hire and retain staff at the border. Do you endorse those comments?

PM: Yeah, just to be fair to Minister Hipkins, I think what he's trying to say is when we have an issue at the border, you know, that's often a result, of course, of the fact that ultimately it is very, very hard not to have any circumstance—and you see other countries, Australia, experiencing the same—where the virus never, ever emerges. And so I think the point that he was trying to make is that we have humans involved here, who are doing their best every single day. We try and put layers and layers and layers of filters to try and pick up if there are any issues, but we are very careful not to try and lay the idea of failure or blame at the feet of individuals. So I think he was pointing to that language being a bit tough on those who do a very hard job.

Media: We've seen some kind of leak from the border, or seeming leak in the border in this case, every month or so for quite a while now. Is that kind of just going to be the case going forwards—that you never have a perfectly watertight system?

PM: I think it is absolutely fair to say that with a virus, perfection is very, very difficult, but what we can have are these layers. I mean, at the moment when you think about the hypothesis for what has happened here, given we haven't traced anything beyond the place of work, that place of work was deemed to be low risk, and yet here we have this case. And so I think, again, it just demonstrates that this is a tricky, tricky virus and people are doing the very best they can.

Media: Are you worried that there might be quite a lot of complacency after people get vaccinated, especially with the first dose—

PM: That's going to be something we have to be careful about. All of the comms I've seen to our frontline workforce are very clear: this vaccine now means that we are protecting you as a person; it does not mean that you will not be able to pass COVID on, so all of the other protections need to stay in place.

Media: Will people in the high school community be subject to a public health order instructing them to isolate, or is this sort of a nice ask?

Dr Ashley Bloomfield: So we contemplated that, and it's certainly a tool we could use. However, what I would say is—as I said in my comments—the school has been incredibly supportive and cooperative around the measures to date, and with the expectation that students require a negative test before going back on Monday, and with the support that can go into support that school community—we didn't feel that an order was necessary to achieve what we wanted to achieve. And so we'll be working closely with that school community to achieve the outcome we're after without an order.

Media: Given the Marist College cluster was the second largest we've seen in the country, does that give you any pause, or does that inform how you respond here?

PM: Yeah, of course, keeping in mind there were a number of factors there around events and so on that really exacerbated the spread within that community and the length of time we had, so the circumstances there were quite different. Even then, if you look at the approach we're applying, it's still very rigorous. The school will have been shut down for a week, everyone has been required to be tested, even if there's no suggestion they've been in contact with the students in question—two tests for those that are considered close contacts from the classroom. And so, of course, applying a really cautious approach, and we're asking those families to stay in isolation longer than others.

Media: New Zealand's experienced now the UK and the South African variants. What have we learnt from it, and is it counter to the experience of other countries—you know, obviously, transmissibility being the main one—and has it changed the way we deal with anything?

PM: Yeah, so on whether or not it's changed the way we deal with anything, absolutely, but at the same time we have evolved our approach generally. But off the back of these variants and since these variants, things like the pre-departure testing, day zero testing in our managed isolation facilities, and now, essentially, someone who comes through is getting tested four times, people aren't able to leave their room till they return a negative test; once they go into the tail end of their isolation and have their final test pre-release, they then can't leave their room. And so all of that's been put in place—additional analysis of some of the ventilation systems, booking systems in some of our MIQs for people who previously may have moved a little more freely for exercise. All of that is part of our tightening up of our regime and from learning things. As for this case, I'm not the one to comment on that, so I'll have Dr Bloomfield offer up—

Dr Ashley Bloomfield: I think there are two things, of course, that we know about—well, one we know for sure about these two variants. One is that they are more transmissible, and that absolutely informed our initial advice to use a level 3 approach in Auckland. The

other thing which is, I guess, modifying our response is the suggestion that they may have a shorter incubation period, and so it really demands us to get in quickly with identifying contacts, isolating and then subsequently testing them. So that's, I guess—you know, I think our contact tracing has continued to improve, and we've seen again in this instance our ability to identify and isolate people and then follow up and get the testing done at the right time has been really good. So—

Media: Has it been surprising, though, that the two instances haven't been more infectious or created bigger outbreaks?

PM: Well, I mean, this is actually an interesting point that Dr Verrall has made in one of our meetings: because of New Zealand's environment, we're seeing, basically, the R value in single households or single clusters, whereas, of course, overseas you amplify that by a large outbreak—you know, an R value and its perception of that infectious is much larger. So Dr Bloomfield will have to remind me, but it might mean that you're going from average of passing it on to one to maybe passing it on to three with a more infectious strain. I forget the numbers, though.

Dr Ashley Bloomfield: Yeah, R value is generally about 2.5 with the older variants, and they think, if it's 50 percent higher, that would go up to 3.75. But the key point here: it's an average, and as we've seen here, and if you look at even the original studies, most people don't pass it on to anybody else, even in a household. And we saw this in the Northland case where even the very close household contacts didn't get infected, whereas there are some individuals who seem to infect other people without even having been in the same room as them. So this is what pushes the average up to maybe three or four, but there are some individuals that will infect literally dozens or even hundreds of people.

PM: But on average we're talking one person infecting three. So even though it's more infectious, or more transmissible, that's the kind of on-average numbers, I think, that we're talking about. The one other thing that we're looking to change, as we've said—we're going through the order, and because the assessment was made over the likelihood of someone being at risk based on human-to-human contact with those who might be returnees or airside. Given this latest situation, we're now looking at even those less likely, lower risk scenarios of someone who's not even near someone at high risk, but might be just near items.

Media: So fomite.

PM: Fomite. And so in this case, you know, as much as it's been described as unlikely, we're now looking at orders that would cover, for instance, laundry or those who might be in the same workplace as others who are part of an order. So we're—

Media: What would that mean in terms of changes to what people would need to do? Is the extension of testing to areas like that or is that other specific?

PM: The order would cover testing, but, actually, it would also mean we were picking up those groups for vaccinations as well, nice and early on.

Media: Yeah, can you please reassure people that they do not have to give their immigration status before getting a test and that, once it's taken, their details are not passed on to any immigration authority.

PM: Thank you for the question. When someone is tested, we absolutely do not check your immigration status. We do not check your legal status. That is not information we're interested in. We do ask for a health number, but we have ways of dealing with it if that is something you do not possess. We need testing to be as accessible as possible, and so I want no one to have any fear that there will be any repercussions for them, other than gratitude, if they go off and get a test. The same case will apply for vaccines.

Media: Compared to the other alert level decisions that you and the Cabinet have had to make, how much did this one weigh on you? Does it get any easier as you go along?

PM: Oh, actually, there are some where, you know, particularly if you've been in an alert level for a long period of time where you've had multiple outbreaks, where some of the decision around the edges around limitations on gatherings, 2.5, things like that, just getting those settings right; but, actually, the more often you deal with cases, the more assurance you get that the system is working, that the contact tracing is working. Things become not predictable, but there is, you know, an order to almost the way we use our alert levels. And so all of New Zealand's getting a bit more used to it, and so, no, this decision, to me, felt like absolutely the right one.

Media: Can you just confirm something you said in the House? Was it the three initial cases, none of them were using the COVID tracer app?

PM: No, sorry, what I was trying to say was that my understanding was they had not scanned. So you've heard Dr Bloomfield talk—I think he may have talked before about some of the other functionality, but my understanding is that they did not use the QR code for scanning. But we were still able to compile the places that they had been, obviously, without those scans.

Media: And how can you be so confident that you've picked up everywhere that they've been, if they haven't been—

PM: Scanning. Because we use other information as well. So, for instance, people are very forthcoming in providing details from their bank transactions, which are actually a really helpful prompt for when people have visited supermarkets and, you know, trade stores. We can see from those details, we can see from people's work records where they have been. So we have a range of prompts we can use that help remind people where they've been.

Dr Ashley Bloomfield: Yes, I think the other thing here is even though they hadn't been using the app—actually, one of them had the app and had the Bluetooth turned on, so that was helpful, and we were able to identify some people from that—but once we knew the venues they had been, we were able to send out a notification to other people who had scanned in, using the app, who were there at that same time. So it's helpful for everybody to scan in, even if the original case hasn't been scanning in.

Media: So what about these two new cases, have they been scanning?

Dr Ashley Bloomfield: Still looking for that information.

Media: With the human rights report that came out today, showing that tangata whenua, Chinese, Pasifika, and Asians have been discriminated against during COVID-19 outbreaks, what statement would you like to make as a Government with regards to that?

PM: I couldn't speak to any of the specifics, unfortunately. The Cabinet and the House, that's not something that I've had too much close contact with. However, we were very mindful throughout the lockdown in particular of, a, the disproportionate effects that COVID-19—and unfortunately has been proven to have on our Māori and Pacific communities. And so that's one of the reasons overall we've taken this strategy as a country is to protect the health and wellbeing of all New Zealanders, including our Pasifika and Māori communities.

The other thing that we've done is try and work really closely with, you know, community leaders to identify where there's been need for social support for those who might be rural and isolated—whether or not it's been Whānau Ora providing care packs and hygiene packs or working with marae, or simply iwi and hāpu who had the means to reach into communities but just needed an extra bit of support to do it.

So right from the beginning, we have been trying to do that. We won't have been perfect, and I think, in an emergency situation, there will always be things you can improve, but it always has been top of our mind.

Media: But scanning seems very problematic because memories are fallible. So can you rule out there not being a whole raft of other places that these people visited that aren't on the list?

PM: When you say “these people”, do you mean—

Media: The people who haven’t been—the cases who have—

PM: The case A and B? Look, you can actually see—obviously, when you travel somewhere specifically for the purposes of having a bit of family time together, you can see that there’s an order to things, with their car trip and their visits and so on, and then with some of the others, we’ve used EFTPOS transactions. So you can see why there’s quite a bit of precision, and we add an extra half an hour either side, I think it was—we add a bit of time either side in case there’s a failure in memory, just to have an extra bit of buffer. Look, this is—

Media: So you’re totally confident you know where all of these cases have worked together—

PM: Oh look, we never—we never entirely want to rely on memory and we never entirely want to rely on bank cards. That’s why we ask people to use the app. It’s why we ask them to turn on the Bluetooth and keep scanning—it’s really important.

Media: The Ministry of Health identified 128 close contacts of the cases A, B, and C—the original three cases. How many of those test results have not come back yet?

PM: Of the close contacts?

Media: Of the 128.

Dr Ashley Bloomfield: Yes, the only ones that are not back yet was—there were some people who were in the waiting room at the same time as case C, who is the father in that family. Most of those are back; there are some who are not, but, actually, this is an interesting one because the initial positive test result on that case—case C—has subsequently come back negative two times, and the first result was a very, very weak positive. It’s still being treated as a case—it’s still being followed up as if it was a case. But we believe the risk here, and, indeed, because it was right at the far—right near the beginning, if even captured by his infectious period, the risk to be very low. But those are the outstanding results. They will come through.

PM: He also had negative serology as well, so he baffled us for a while.

Media: Thank you—yeah, it’s about serology. So what percentage of case B’s workmates actually have undergone serology testing?

PM: All of the close contacts.

Dr Ashley Bloomfield: Case B works in the laundry section of the employer—of Sky Chef—with nine others. They have all tested negative on a PCR test and have had negative serology. They haven’t done serology on the others in the workplace, but all the others have been tested and, again, the majority of those results are back and continue to come in.

PM: They weren’t considered to be close contacts either, as I understand.

Dr Ashley Bloomfield: No, none of them were close contacts because, actually, she hadn’t been there while she was infectious. It was really just looking to see: was there any other person in the workplace that was currently infected or may have been infected in the past?

Media: Prime Minister, if the last Auckland lockdown had looked like this—the August one; if the cases had come back looking like this—would you have made the same decision, or are you getting to know the virus more and getting more comfortable with the systems that manage it?

PM: I will never be comfortable with COVID-19. There is an indescribable anxiety that comes with the daily grind of managing a pandemic, and I think we all feel it. But you do learn things—undoubtedly, you learn things. With that first outbreak, though, in many ways it was vastly different. I mean, the first part of it came at an alternate workplace where we even found that those index cases really were. So a very different scenario, and you can see that

by the different stages we're at now with this one. We make the best decisions we can with the information we've got and with the best advice that I can imagine having, so the decision we've made today still has a level of caution in it, and that gives me a level of comfort.

Thanks, everyone.

conclusion of press conference