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HANSARD TRANSCRIPT

PM: Kia ora koutou katoa. Good afternoon everyone. Before we begin with COVID-related updates and information, I'll look briefly to the week ahead. Tomorrow, myself and Minister Little will have an announcement to make about the review of Pharmac we committed to during the election campaign. On Wednesday, I'll be part of the Local Government New Zealand housing meeting via Zoom. On Friday, I have Cabinet and Cabinet committee meetings in Wellington, with a press conference in the afternoon, where we will update everyone on decisions relating to COVID alert levels.

As we enter our second full day of alert level restrictions, I know many continue to feel upset and frustrated and angry about the multiple rule breaches that we have seen in recent days that have ultimately led to our current position. I have two things I just briefly want to comment on that are relevant to that. The first is, to just give some context, this is not the first time we as a nation have faced this issue. In fact, unfortunately, every time we've had community outbreaks—so back in March and April of last year, and again in August of last year—we have had breaches, and we have recovered from them.

We have built a COVID management system with many layers and protections for this very reason. We make contact with those who are at risk. We place testing requirements on them. For close contacts, we have symptom and isolation checks, including in-person checks, primarily for welfare needs but also to ensure compliance. We also use wider restrictions as an extra layer of protection. But we also ask people to follow the rules, to play their part, and we have always done that. Quite simply, we cannot do this alone.

The second thing I want to say is this: even with the full understanding of human fallibility, it is not appropriate and it is not OK for members of the team of 5 million to let the rest of us down. Prosecution is a matter for police, not politicians, but it's always been my view that New Zealanders' success in beating this virus has been based on high rates of compliance and low rates of tolerance for rule breaking, because we all understand what is required of us. I think this is because we appreciate, as I said yesterday, that this virus can mean life or death; it is a virus that kills.

Our plan is for short and sharp restrictions in order to break the chain of transmission, but rule breaking can prolong that plan. So that is why I'm asking everyone, now more than ever, to continue to back and support one another, and if that means calling a family member or work colleague out for not following the rules, then we should do that. Do it with kindness, but do it. Families and communities need to help people do the right thing. On a small scale, this means perhaps offering someone a mask on a bus if you see they're not wearing one. But on a larger scale, it's saying to a family member who you know should be isolating, "Don't go out.", or saying to a colleague who turns up to work when they should be isolating or awaiting a COVID test result, "Go home. Return when it's safe for you, for your workmates, and the team of 5 million."

I want to reiterate that there are support payments in place for people who isolating, even if the area they live or work in is not at alert level 3 or 4. If you are told to self-isolate and you cannot work from home, your employer, or you, if you're self-employed, should be applying for the Leave Support Scheme. The Leave Support Scheme is a lump-sum payment calculated to cover two weeks. Your employer can reapply for you if you still qualify after two weeks. No one should feel pressured to go to work if they've been told to self-isolate.

I've also been advised that when someone is identified as being at risk as part of the contact tracing system and is told to self-isolate, we do conduct a welfare check, and that includes checking that people have the financial support and means to ensure that they stay at home, and we can bring in the support of MSD if that is an issue.

To reiterate: we have set up systems to help keep New Zealanders safe from the virus but also safe from financial hardship. If friends or family members are doing it tough, reach out;

help them access the support they need. We'll keep doing our bit, but we ask you to help us in ensuring everyone does theirs.

I'd like to now move on to decisions taken by Cabinet today in regard to the next group of New Zealanders who'll be vaccinated as part of our nationwide vaccination programme. This will be a rolling decision-making programme. As you know, we are receiving shipments of vaccine that enables us to approve cohorts that, then, are brought in as the next group that we target. As you know, the first group has been border workers, managed isolation workers, and then we will be moving into household contacts, and we anticipate doing that this week. Household members of border workers is a significant group which will add about 50,000 extra eligible people to that vaccination programme.

Cabinet today confirmed that the next group after border workers and their families will be front-line, non-border health workers; those who will potentially be exposed to COVID while providing care. We've chosen this group of New Zealanders on the basis they are mostly likely to pick up the virus through work, but also because it will help to protect against onward spread to other vulnerable community members that they work with. Now, this group comprises around 57,000 people and includes only staff who are at the front line interacting directly with patients, so those involved in COVID testing; those administering COVID vaccinations; ambulance services; emergency department front-line workers; emergency response diagnostics; community midwives and Well Child workers who are working in people's homes; general practice front-line workforce—that includes GPs, nurses, and the receptionists who are dealing with patients—pharmacy front-line workforce; NGOs, including Whānau Ora who are providing first response personal health services; urgent care clinics and accident and emergency frontline staff; and those contact tracing personnel, in particular, who are dealing with those who may be at risk.

We expect to begin vaccinating that group this month. But I should add, you'll be aware that as part of our vaccine programme, in order to make sure we have zero wastage, if, at the end of a vaccine day, we have additional vaccine to distribute, we do access our health workforce and vaccinate them to make sure that there is no wastage once we've taken vials out of the ultra-cold storage. So some of that group are already part of our vaccination programme as part of that plan.

Finally, early evidence looks very promising in terms of the Pfizer vaccine's ability not only to protect individuals from the disease but also to reduce its transmission. So with vaccination of border staff under way, we are in a stronger position. With that first group better protected, we're ultimately all better off.

So, as a reminder, one year on from New Zealand's first COVID case, that in relation to the rest of the world we are also far better off. But for now, today, and this week, we need to push on, do what we have done so well, squash this outbreak, get back to normal life with zero complacency, kindness, and teamwork.

I'm now going to hand over to Dr Bloomfield for an update.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So just a few highlights from the media release that went out earlier this afternoon around our community cases and the status of them. So there are no new community cases to report today. As you know, yesterday evening we did report one new case in the community, and that case—case O—is a household contact of cases I, J, K, and L, and has been in the Auckland quarantine facility since 23 February as a precautionary measure anyway. Therefore, for their infectious period, they were in quarantine. So there is no further risk to the wider community and no further exposure events. Genome sequencing is expected on that case tomorrow rather than today, because the CT value of the test was quite high, so it needs to go through the longer process because there's less viral material in the sample.

There is also one new case of COVID-19 in managed isolation to report today. Yesterday evening, we did also report the preliminary whole genome sequencing result for case N—that is the mother of case M—and it shows that it is a similar genomic sequence and therefore

linked to the current outbreak, as well. Contact tracing for both those cases continues to be a focus for our public health staff in Auckland, and all other household members have actually now been transferred to the Auckland quarantine facility for observation. The dates and times of potential exposure events are on the ministry's website, at the locations-of-interest page. That page has specific advice for people who were at, in particular—at all those locations but, in particular, the Manukau Institute of Technology campus.

And I've just got an update on the follow-up of people from that setting and from the gym. So there are 21 close contacts identified as classmates or a teacher of case N. All have been contacted. They go, and remain, in self-isolation for 14 days. They are on testing twice during that time, and daily contact to check for symptoms and to ensure, of course, that they are in isolation and have all the support they need to remain so. There are 21 casual plus contacts identified, and all have been contacted. This is from the student centre or the cafeteria on the days in question. All, as I say, have been contacted and are required to get a test and isolate until that test comes back. Again, if MIT students and staff can check our website for the dates and times that are pertinent, then they will be able to see if they were in the student centre or the cafeteria at that time and should identify themselves through calling Healthline.

There is also a number of casual plus contacts for case M from the gym that was attended last Friday. There are 154 of these people. All have been contacted, and they are advised to get a test and isolate until such time as it comes back negative. The remainder of people from the Manukau Institute of Technology are deemed as casual contacts and they, of course, are under the same restrictions on movement as the rest of Auckland under alert level 3 and are asked to monitor for symptoms and immediately seek advice about getting a test should they develop any. I can also confirm that there are no close contacts of case M who have left Auckland since the exposure event that they may have been part of. And I can say that our public health units do use both finder services and the police to support them to find people who cannot be contacted. So far, that has not been a problem, and likewise our Māori and Pasifika and community-based providers are already visiting homes of people isolating, where they may need support, and making sure they have everything they need to remain safely isolated. I can tell you that our first three cases—A, B, and C—have now been deemed to have recovered from their infection and have now left the Auckland quarantine facility.

What to do if you've recently been in Auckland? Overall, everyone should, of course, follow the alert level guidance for where they are staying. Auckland is currently at alert level 3; the rest of New Zealand, at alert level 2. For those who may have been in Auckland recently, just check the ministry's website to make sure you are not caught up in one of the locations of interest. If you have been, then please follow the instructions on the website. Anyone around the country should, of course, be alert to symptoms of COVID-19, including this more recently prominent symptom of muscle aches, and also just general fatigue and tiredness. Keep a record of where you have been, wherever you are in the motu, and use the COVID tracer app. The important thing about alert level 3: it is designed to restrict movement and restrict interaction between people; that is an incredibly helpful and important tool in us getting around this outbreak.

For testing, there are 10 testing stations in Auckland today. There are waits at some of them—at 12.30, I understand, the ones in South Auckland may have had around a 1½-hour wait. I'm expecting that will improve during the day. What I would say also is that about 60 percent of our swabbing in Auckland happens through general practices and urgent care clinics—actually, most of the testing, or the majority—so please, people, do know that you can go and get a test at your GP or at an urgent care clinic. And, wherever you get a test, it is free, of course.

Finally, I do know people will be finding this tough, particularly in Auckland. Some people will be anxious; some people will be at home alone. If you do need support, don't forget that we do have the 1737 helpline, and there is a range of other supports available on the Ministry of Health website. I did say it was my final comment, but I also just want to say that our vaccine programme continues to roll out without missing a beat, and we're keeping in close touch

with the Auckland DHBs and the team during the roll-out there to make sure that they have everything they need to keep vaccinating our border workforce, and we are so far on target for being where we anticipated we would be. Thanks, Prime Minister.

PM: Thanks, Dr Bloomfield, and I understand that we'll be giving a vaccine update, as we've said, weekly. So that will be happening on Wednesday. Now, I'll open for questions.

Media: Prime Minister, with the numbers that we've been getting out—today, we've had the 154 contacts at the gym, for example, and MIT—what does that tell us about how widespread this could be? Are those numbers larger or smaller than expected?

PM: We always anticipated that, with someone who had an entire week of exposure events—and the nature, even before we've dug down into close contacts, the nature of those venues would mean that there would be larger numbers of people involved. We anticipated that, and that is why we are in this current seven-day time frame, because we knew the scale would be larger than, perhaps, previous contact tracing events where we haven't always had large education institutes and so on.

Media: Can you also outline why it took so long to figure out that case N, the mother, was linked to that second family?

PM: Happy to run through the time line. Jump in, Dr Bloomfield, if I miss a detail here. So, of course, on Sunday we were, of course advised—sorry, Saturday, advised of that first case. We then immediately go in and test the other family members, so in that tranche of family members we then identified that the mother was also infected. We then go in and contact trace. You will have heard that initial suggestion yesterday, so on Sunday, that we'd, at that point, identified a potential link between the families. And then late yesterday afternoon we confirmed the time line that that has been what has occurred, because we got the details of the contact, the time frames, symptom onset, and the genome sequencing which confirmed it. So it actually happened in reasonably short order.

Media: Why did you not know about the contact though?

PM: Why did we not know about the contact?

Media: Yeah, why wasn't that listed initially with those families?

PM: So from the first family that was infected, it was not disclosed. So with that first—any time anyone is positive, our contact tracers sit down and undertake a comprehensive interview of that individual about all of the contact they've had. That will often happen across multiple interviews, to help someone spend a bit of time reflecting on what they've done, go through their records, look at their EFTPOS data, their phone records, to identify their movements.

With that first household, remember it was a classmate and then family members, and it was one of the family members who then tested positive. They were interviewed but did not disclose the contact with this follow-up family.

Media: Why did the Cabinet not decide to go with any further enforcement or deterrent measures given the breaches that happen to this lockdown?

PM: Yeah. So, look, first thing I would say is that no one in Cabinet, no Minister, no politician, none of us that I've spoken to, think that this is tolerable. You know, what has happened here has been a clear breach, and everyone is frustrated by it. The distinction we've simply made is that politicians aren't the ones that determine enforcement, and that's rightly so. But the provisions exist, so if the question is why isn't it—the provisions do exist. So people are able to be—

Media: Are you sending a message to the police that, you know, you would like to see these breaches followed up with penalties?

PM: No. Look, just as it's never for me to, you know, if something is before the courts or there's a question mark over whether someone should be arrested or prosecuted, we,

rightly so, have the independence between politicians and police, and I need to maintain that. But no one is accepting here that these breaches are OK, they were not. Plainly, everyone is paying the price.

Media: In the past, there have been systemic failures, and one of them was, you know, managed isolation when the police were supposed to be checking up on people, and the Government responded to that. Is this not a situation where you can respond, not through penalties through the police, but through stepped-up enforcement? A message that you will be checked on, or something that people know there will be consequences?

PM: This is something I want to correct, and I'll have Dr Bloomfield—this notion that people were not checked on is just wrong. So let's take, for example, the case that we have with, you know, the initial family that, really, the chain of transmission ultimately started with. We identified an outbreak on 14 February. Immediately, the school was identified as a place where there were close contacts. Those close contacts, of which there were 31, those families were contacted on that day and told they needed to self-isolate. Now, the very next morning, contact occurred between these two families. So yes, we have people who go in and do welfare checks on people who are self-isolating. So they get daily symptom checks, and then we have in-person checks. But literally, the short space of time between these two, the idea that somehow all responsibility sits in one place—these checks happen. In this case we had a clear breach.

Dr Bloomfield—I'll just let him comment as well.

Dr Ashley Bloomfield: I think I can hopefully add some value to this. Because, clearly, it's really important that people are expected to, and who we need to have isolating, are isolating. That's why there is the daily phone call, that is to check on symptoms, have they got the support they need, and, of course, to check that they are where they are expected to be. If we cannot contact them, then we have a team that goes around. Usually, it's the local provider, Māori or Pacific provider or one of our community providers, or the public health team will go around. If they need support from police because they can't find people, then we absolutely involve the police—in fact, I just talked to Commissioner Coster before I came down about this particular thing. So we have worked closely with the police right throughout. If we cannot find someone who we need to find, then we don't hesitate to involve and call on the police.

Media: I suppose it's people who are acting outside of when they're in a managed situation, like case M, for example—you know, I mean, they're not, obviously, being actively managed by the officials, but they're breaking the rules that they should know, and what message is there for people like that there may be consequences, if that's the deterrent?

PM: If there is any question mark right now over there being consequences—you know, those individuals are facing the full judgment of the entire nation. You know, there are consequences, undoubtedly, but whether or not a decision is made to fine or prosecute, that decision sits with the police.

Media: Case L, the KFC worker, has told us that she's upset that you criticised her for not isolating and the only information that she ever received was that she and her household members did not need to isolate—we've seen that advice. Have you got your facts wrong?

PM: Oh, I don't believe—I would have to go back and check on that. Forgive me, the references to Ls and Ms and Ns—

Media: It was the KFC worker.

PM: Yes. So I don't believe that I have done that, so let me go back and check my transcripts. What I'm speaking directly to here are where there have been very clear instructions between these two families, where they were a close contact, and so the instructions with the close contacts were very clear.

Media: The KFC worker says that you should apologise to her and her family for your comments.

PM: I am happy to go back and look at the context of any questions I've answered relevant to that family, but here I'm talking about the very clear distinction here between a family that was required to self-isolate and we had level 3 restrictions. So that's a very different set of circumstances.

Media: Do you need to be sure that the information that is going out to these families is clear, because it is a little confusing with all of the different—close contacts, plus, casual plus—

PM: When we go back—and before I come down and answer your questions, I go back and look at the information, for instance that went via schools, to check what did we say, when did we say it, and were we being clear enough in our information. And, you know, as the point that I would make is not only in this case did we have an instruction around a close contact to self-isolate; we had level 3. There's also the guidelines to stay home when you're sick, and so the case here that we're dealing with, there were multiple issues that happened.

Media: Have that first family given any indication as to why they didn't disclose this next chain of transmission?

Bloomfield: They haven't given any indication—I'm not personally involved in the interviews. What I would say is that our contact tracing teams are incredibly good at building up trust over time and eliciting information that often in the first interview, or even the first two or three interviews, has not been forthcoming. Now, part of this is because, as you can imagine, there is not only the shock of being diagnosed with COVID-19, but, really, your life's tipped upside down. You're in quarantine; everything you've been doing for the last however long a period is out there for the public to see. So, sometimes, it is people genuinely don't recall every single interaction they have had. They may recall it but not think it is material and so they don't disclose it, or they may be fearful, and, of course, we want to avoid that. We want people to feel confident about going to be tested and confident that it is important and appropriate for them to divulge all information.

Media: Just going back to the communication point, is this a problem, and take, for example, over recent days you had health experts, the likes of Siouxsie Wiles, talking about people needing to take their bubble with them if they're leaving Auckland, which is contrary to the advice that Healthline is giving when people are ringing in asking that. Is there mixed messages on top of what is already quite a confusing and a massive heap of information for people to take on board?

PM: Yeah, look, I think the first thing I'd say is that advice and guidance we've given in this level 3 for the way people behave if they have been to Auckland is actually no different than we have the entire way through. So that's the same. The only area in which there's been variation—and, look, we stand by this. We're dealing with a different variant, so the only thing that we have changed is to be more cautious in the way that we have treated some casual contacts. And that's the information that we are giving directly to people, and that's where we're being very prescriptive about what we expect. We've always had to adapt to new situations as we learn and as there have been variants, and I think that's the right thing to do.

Media: Just to be clear on that, and when you talk about that advice, what you're saying is that if someone, say, who lives in Wellington who was in Auckland over the weekend and has come back to Wellington, they come back to a level 2 situation. They are not in a level 3 situation.

PM: Dr Bloomfield just commented on that, so I'll hand him back.

Dr Ashley Bloomfield: That's correct. So if you're outside of Auckland, have been there, then you should absolutely keep a watch out for symptoms and isolate and get a test if you develop symptoms, but everyone who's been in Auckland up until Sunday doesn't need to isolate at home as if they were in Auckland.

Media: Prime Minister, you've talked about how the people at the centre of this outbreak are facing the judgment of the entire nation, but there could be an argument to be said that

the Government should have had a more heavy-handed approach into making sure that they were following the rules rather than just expecting that. Does the Government face any blame for this?

PM: I think I've really set out, probably, already in probably quite a lengthy way, what we undertake when we have someone who's in isolation because they're a close contact. So if you're a close contact, a public health unit is making contact with you and setting out what the expectations are. We also undertake welfare checks, and so that means that there is that chance for us to check that you are at home and doing what you need to be doing, and we also have daily symptom checks.

What I'm really reiterating today is that, on top of that, we expect people to also follow the rules. We don't leave it to chance and we don't solely leave it to trust. Some of what's been reported is actually around those people who are these casual contacts, and they can often range into the thousands. Even then, we'd actually started upping the amount of contact we had with them as well. But it goes both ways. We'll do our bit but we expect people to do theirs as well.

Media: Prime Minister, with reports some employers aren't paying staff full pay during the alert level restrictions, is the Government considering paying the wage subsidy potentially directly to employees as opposed to employers?

PM: No. We haven't discussed changing that. We do, though, have that expectation. The wage subsidy we make easily available is a high-trust model and to the nearest fortnight. The guidance, of course, is we require you to keep your staff on, and, of course, that expectation is that we want people to be paid at their full rate. Certainly if they're working from home, absolutely should that be the case.

Media: What's the message to those employers?

PM: Look after the team. You know, these are your team members who are doing the right thing. We have now the Resurgence Support Payment. We have the leave payment. We have a payment if someone has to stay home for testing. We have the wage subsidy. We are doing all of that so we make it easier for you as the employer to do the right thing.

Media: Do we know for sure that his GP told him to self-isolate after getting a test?

PM: Yeah. We've asked the question. I don't know if—

Dr Ashley Bloomfield: I can't second-guess exactly what he was told by his GP—actually, it was the nurse in the practice that would have done the test. However, the advice is really clear and has been for some time. And it's the same around the country—and just to emphasise that. It may not have been what we did originally, but now, if you have a test, then isolate at home until you receive the result.

PM: And I will just reiterate again, this was an individual who had gone through managed isolation. We drum in that messaging around the dangers of COVID pretty diligently for a full two-week period of sustained propaganda.

Media: Is there an issue of COVID denial or COVID scepticism with this cluster?

PM: No, I don't think so. They ultimately did get a test.

Media: Prime Minister, on the COVID leave support payment, do you see no case for increasing the payment level? When it was designed it was March last year. The Government was worried it was going to be hundreds of thousands of people taking it up, which would be a significant fiscal risk. They've actually only spent $19 million on it, which is a drop in the bucket compared to the cost of the lockdown. There was a suggestion at the start, the Ministry of Health said, to make it the minimum wage, which it's significantly less than now. Can you not see a case for increasing the payment, as it's a relatively small amount of money?

PM: Yeah, one of the debates we have, of course, is we have a system in place that says, you know, when a worker is sick or needs to stay home, there are some obligations

there on an employer. We accepted that these were circumstances where we didn't want there to be any reason for someone not to stay home. So quite unusual, of course, for the Government to step in and start paying what would usually be a function of an employer and essentially paying sick pay, but we've subsidised that. It was never meant to be full entitlement, just like the wage subsidy. It was a subsidy, though, at the same level. But what I would say and, Henry, what I said this morning was that if we have the sustained feedback from employers that there are issues with that scheme and the way it's working, then, of course we keep an open mind. But we haven't on a sustained basis had that raised with us. I note the CTU have raised it, but it's not something that has come through strongly from employers. But, as I say, we review all of our settings.

Media: Can I ask some questions—just two questions for other reporters. In terms of your communication when you were talking about trying to get the message out as widely as you could, why not use Facebook, because when we had a look, the Ministry of Health and the Unite against COVID-19 Facebook pages didn't have any ads about the level 3 changes, and wouldn't that be a good tool if you're trying to target people who perhaps aren't necessarily watching the news or having the COVID tracer app?

PM: Oh, and, you know, look, we do. I mean, one of the things that we're particularly—I'm on a group of MPs where we look at have we done the translation of the alert level changes, have we got it in multiple languages, across social media sites, and so we do, in earnest, make sure that we're not just utilising mainstream media and nor are we just communicating in English. So that's something we've been very conscious of. We use the Ministry for Pacific Peoples, we have the support of TPK, and Office of Ethnic Communities to make sure we get those messages out. We also use things like civil defence emergency notifications to let people know what we're expecting of them.

And, of course, people spread the word themselves as well, and so we try and use our team as social and community leaders to spread that message, and ask others to do the same.

Media: On the issue of wasting vaccines, you laid out a plan that said if there are extra vaccines, that you'll have a list of people on standby. That seems to have not been happening over the last few days, and people who weren't meant to be getting the vaccines are. Why did the plan go out the window?

PM: I would disagree with that. So I'll let Dr Bloomfield comment on the way that we've been operating to make sure we have no wastage.

Dr Ashley Bloomfield: So just a couple of points: first of all, remember this was the first week of the vaccination campaign, and two things about the volume of vaccine that went out. First of all, we had anticipated getting five doses out of each vile. In fact, our nurses have been able to get six doses, so 20 percent increase in the amount that was available. Secondly, there were some additional vaccines sent out to locations in cases where there were breakages or wastage. That wasn't required for that purpose, and so we found in all our locations that there was going to be vaccine that would expire, because it needs to be used within five days.

So I spoke with the chief executive of Waitematā District Health Board on Thursday morning. We agreed rather than having that vaccine expire over the weekend, we would bring forward the vaccination for some of those front-line health workers who weren't due to start till later this month, and get them started, rather than having the vaccine go to wastage. In fact, around 1,500 have been able to be vaccinated over the last few days, and that process wasn't all locked in, because it happened sooner than we thought it would. But we got many, many front-line health workers, from both within our DHBs and from the community. Some people turned up without a booking, and more people turned up than vaccine that was available, so some people didn't get vaccinated then, but they will be vaccinated next.

PM: So just for a little bit of context, because the complexity of this is rather, you know, challenging. You know, everyone knows about the requirement to store the vaccine at minus 70 degrees. They might not know that within each vial are six doses. Those doses, once

they're out of cool-store, have to be stored at negative two to negative eight degrees, and we get a five-day window there, but that then has to be diluted, and once it's diluted, its shelf life reduces again.

We have to, and we have been, in order to ensure that we don't lose anything—some countries have used their ingenuity to instead of getting five doses, getting six. To get that sixth dose, you have to use a different syringe. So that is the complexity of delivering what would otherwise seem like a straightforward process. Now, when we send out our vaccines in order to do an allocated lot of front-line workers, we have a back-up plan where if we've got some left over, we've been really good at getting six out of the vial—we've got some extras diluted; let's have some people on standby so we don't waste a drop, and that's what we do with our front-line workers.

Now, we picked that up from other countries. By talking to them, they said, "Make sure you have people on standby that you can use your vaccine on so you waste nothing at the end of the day.", and we've been doing that.

Media: But shouldn't we be organised enough to have those people on standby—actually, the front-line workers, so those 1,500—

PM: So we do have a full—so keeping in mind the border workforce—these are people we're bringing out of their workplace, from out of, you know, managed isolation facilities. We work through our booking system on them, but we may have overflow from lack of wastage, getting those extra doses out. We may have, for some reason, individuals that haven't made an appointment. So then we do a mop-up with additional staff. Sorry it was long, but I thought maybe helpful.

Media: It does appear that a common denominator here is staffing issues across the board. Chris Hipkins told Parliament you can't find enough staff to work, you have trouble retaining staff in the MIQ workforce. Does this extend to other areas like translators or communicators, culturally appropriate workforce? Because as Henry said before, this lockdown's cost a quarter of a billion dollars a week. It feels like a no-brainer to upsize staff.

PM: Yeah, look, ultimately what has led to us here is the multiple layers of protection that we have put in place, including level 3, including contact with individuals who needed to stay at home, including one year's worth of ongoing advice that when you're sick, stay home. All of those multiple layers, unfortunately, were not followed, and that one case has demonstrated what the ramifications can be if we don't have that followed. Now, we will of course always look at what more could we have done, but we also have to accept that people need to take responsibility for their actions as well.

But, on the staffing question, look, no, as I've said the family in this situation were contacted, we have PHUs, whenever we have an incident we bring in the other public health units from around the country, we use Healthline, we use other community providers for welfare checks. It's not my view that what we've seen here has been a staffing issue.

Media: Is it time to stop relying on such a high-trust model and introduce the likes of managed isolation domestically?

PM: I don't want to be too repetitive, but again I would say that our system actually doesn't just rely on high trust. We do come in and check in on people. Ultimately, we have multiple layers to protect against that. This is not the first time we've experienced, though, breaches, and we have the ability to come and pull back from that—and we will. But when you have people flout the rules multiple times, and particularly within a short space of time, you can see the consequences. Look, on quarantine and isolation, the family here did go into quarantine, but in the small window of 24 hours, when they were at level 3, they broke a rule, never told us about it, and we've seen the consequences.

Media: Does the Government take no blame for this? Is it purely on this family?

PM: Look, we always go back and look at what could we, or should we, have done to prevent the situation, and you can imagine that no one does that more than myself and Dr

Bloomfield. Going back, we were at the right alert level to try and protect against contact, we had instructions that were given out, but we'll always look at what more could we have done that might have prevented it. But, equally, we will keep asking people to abide by the rules as well.

Media: You've asked people to nark to call each other out, what kind of message do you think that sends to communities, especially ones who already have a bit of a questionable relationship with police—

PM: That's actually not what I did. You might have noticed that I didn't say go and tell authorities, I said go and talk to your friend or colleague. If they're sick, tell them to go home. If you see someone on a bus who's without a mask and you have a spare one, share it. I'm not asking people to do anything that they feel uncomfortable with, but I think we should all encourage one another to follow the rules. Family members will know if other family members are meant to be self-isolating, so encourage them to do that, make sure they do that, we'll come in with extra layers of support, but we've all got roles we can play to help make sure this works.

Media: Just in terms of crafting standby lists on these expiring vaccines, people have—the New Zealand Medical Association is upset that the people who are actually swabbing for COVID-19 were not considered, and that an orthopaedic surgeon, for example, got it instead. Was there a lot of guidance on what priority should be given there?

Dr Ashley Bloomfield: So I can make a couple of comments. First of all, different centres use different approaches. For example, down in Canterbury to be prepared for this sort of situation, they actually overbook the appointments, so that they've got people who they can notify them as the day goes by if they are not going to get their vaccination that day. In Auckland, the plan is, as they have done, to have a standby list of people. Now, I have a different view from the NZMA on this because, actually, many of the people who came in and were vaccinated were from the community and are actually people who are doing the front-line swabbing, and that included some GPs and, yes, some hospital-based clinicians. For anyone who's ever seen orthopaedic surgery it actually does expose you quite a bit, they can be doing high-risk procedures. In so saying, there is now a very clear process in place, given that it was only the first week, and so there will be a list. As the Prime Minister has outlined, all front-line health staff are the next in the queue, and they will start to be coming through formally this month.

Media: Dr Bloomfield, can you describe the nature of the contact between those two families that shouldn't have been seeing each other?

Dr Ashley Bloomfield: Yes. The two mothers in the families went for a walk together.

Media: And the bloke who went to the gym—is there any evidence he went anywhere else on that Friday night?

Dr Ashley Bloomfield: No, we haven't got any further evidence of that.

Media: On the vaccine roll-out, with so little COVID in the community, we're still pursuing a risk-based distribution. Is there a faster way to do it that—do we need to treat health workers first, with so little COVID in the community? Can we do it faster by just doing the general population all at once?

PM: Yeah, a really good question. I mean, what we've prioritised is making sure that we do still go to those high-risk areas because we have a limited number. So with the limited number of vaccines that we have available to us, it still makes sense for us to be relatively targeted to those at the highest risk of exposure and therefore the highest risk of transmission to others. Certainly, what we as a Cabinet have been discussing—as we move through and we have a higher number of vaccines available, at what point do we just start using quite open criteria so that we can improve the efficiency? So that's what we're working through at the moment. We haven't been forced to make those decisions just yet, though.

Dr Ashley Bloomfield: Just a follow-up comment there. The important thing is to remember this year New Zealand is still in an elimination strategy, and that is that we will not tolerate community transmission of the virus. Therefore, the important thing is not when people get vaccinated; it's the fact that they get vaccinated, and the more people that get vaccinated, the better. So that's the aim of this year. In the meantime, we are in an elimination strategy, and the most important thing is that we vaccinate as many people as possible.

Media: Dr Bloomfield, you said before that you had spoken to the police commissioner before you came here. Can you tell us what your conversation was about?

Dr Ashley Bloomfield: We were talking about this very thing—about what's our shared approach to ensuring that we can get compliance and assure that there is compliance with expectations of people that they are isolating and being tested. Now, you heard me go through the fact that we've been able to contact, for example, the MIT and the gym people who were exposed. All have been contacted. They know they should be isolating. They get daily follow-up calls. If we can't contact them and if we need to, then we involve the police. So that's just an important part of their support for us.

Media: I just want to ask about that, actually. So last week you were telling us that the third family, the ones who have cases L, I, J, K, and O—that family, if I remember correctly, you'd said that contact tracers had tried to reach out to them about 15 times. They weren't able to reach them. Cops weren't brought in. We eventually found out that case I only got tested after she had lost her sense of smell. So at what point do you bring in police?

Dr Ashley Bloomfield: Well, we don't go straight to the police. The first thing is, of course—and virtually all our visits we do do not require police support; our providers in the community go out, and our providers in the community were going out to a number of families, with a priority on the ones who were the close contacts and who may have needed support. We had a family there that was a casual plus contact, and repeated efforts were being made, including using different phone numbers, and we had reached the point, really, where—remembering also no student was allowed to go back to school unless they had the negative test, so that was our safety net at that point. But we were down to a smallish number. That is exactly when we would have started to use [*Inaudible*]—

PM: And that was amongst a cohort of 1,100 casual contacts at that point.

Media: Are you aware that no one has actually received a $300 fine for not wearing a mask on public transport at this stage, and does that surprise you?

PM: In the first lockdowns, I asked for daily updates on what kind of enforcement action was taking place. I haven't had a breakdown of that in recent times. So, no, that's not a split I've seen. But we've always said that, actually, we haven't expected, for instance, those who are most commonly seen where the mask use is in place to be enforcing, and that's drivers. We've always wanted to ensure there was encouragement, but, ultimately, the enforcement action is still left to the police there.

Media: Can I just ask quickly about—the contacts for KFC Botany. We know that there were 11 workers, I think. Do you have a sense of how many people that were customers or members of the public who entered the KFC, because that hasn't appeared in any of the releases?

Dr Ashley Bloomfield: Look, I don't have that information to hand, but we will include it in the next release we do.

Media: With the ability to get six doses out of a vial instead of five, does that mean we could theoretically vaccinate up to 900,000 people with the Pfizer order we've put in?

PM: If we have the right syringes at the right time.

Dr Ashley Bloomfield: We've got—in fact, our teams have been able to get those out, even with ordinary needles and syringes, because they're so good. Actually, Pfizer—given that now, routinely around the globe, people are getting six doses out of the five-dose vials,

especially with these low residual volume needles and syringes—they have factored that into the volumes they are providing, so there's not a bonus there.

PM: A quirk in the system that they cottoned on to. All right, I called last question so best stick to it. Thanks everyone.

conclusion of press conference