

**ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 7 JULY 2021
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou, everybody. Good afternoon. Let's start again with the good news today, as we always do around our vaccine roll-out programme. As of late yesterday afternoon, we have reached another milestone in our roll-out of the COVID-19 Pfizer vaccine. Half a million New Zealanders have now received their second shot of the vaccine, meaning that they are fully vaccinated as part of our campaign. It's a significant milestone towards our work to ensure that everybody here in New Zealand is protected. It is tangible evidence of the progress that we're making to get the vaccine rolled out. A month ago, we'd fully vaccinated around a quarter of a million New Zealanders, so doubling that number demonstrates how the roll-out has been gathering pace.

Another piece of good news I am happy to share today is that the Janssen vaccination has now been approved by Medsafe. It's been granted its provisional approval for individuals aged 18 years and over. I'll expand a little bit more on that shortly.

And, of course, earlier this week, we did receive the biggest delivery that we have had to date of the Pfizer vaccine—150,000 doses arriving in New Zealand as part of our big deliveries that we're expecting through the month of July. So all of this means that I am confident, the Government is confident, and indeed New Zealanders can be confident that our vaccine roll-out is ramping up and gaining pace.

That confidence continues to be reflected in the weekly figures that are being released on the Ministry of Health website right about now. So as of midnight last night, more than 1.27 million doses of the vaccine have been administered across New Zealand, an increase of more than 120,000 doses on last week. Within the overall total, more than 760,000 New Zealanders have now received at least one dose of the vaccine and half a million have received their second dose.

We're making good progress in group 3. In the last seven days, we've administered 49,000 group 3 vaccinations. Overall, DHBs track about 6 percent ahead of planned, slightly down on where they had been before. I'm consistently mindful that, as I know they are on tight delivery schedules, as more vaccines start to arrive in bigger quantities, they will be able to scale up more smoothly.

For a little bit more context on the Janssen vaccine approval, we had previously announced that we have secured 2 million doses of that vaccine through our advanced purchase agreement last year. At that time, we purchased a portfolio of vaccine options to provide us with flexibility, so today's Medsafe approval is very welcome news. Formal gazetting of the Janssen approval took place about half an hour ago, and it follows Medsafe's very rigorous assessment process, which has been informed by the most up-to-date medical and scientific data. Approval has been carefully considered with safety as the key priority here. Provisional approval is just the first step in the process, however. Cabinet will now weigh up all of the options on the best use of the Janssen vaccine as part of our nationwide programme following further advice from our team of officials. So we can expect a Cabinet decision—or the decision to use should be expected time in August.

Many New Zealanders might be asking what the Janssen vaccine approval means for the existing roll-out of the Pfizer vaccine that's currently under way. The medical evidence shows that Janssen is a very safe and very effective vaccine and that therefore it is a good vaccine to add to our options, but our plans remains to ramp up and roll up the Pfizer vaccine from here, recognising that we have an additional option of the Janssen vaccine, which will increase our choices and our flexibility in the future, once it has arrived in New Zealand, should we need to do that. As a single-dose vaccine, it may be useful for hard-to-reach locations, for emergency situations where we need to scale up our vaccine delivery in a particular area very quickly, and also for those who cannot have the Pfizer vaccine, which could be a very small number of people, it will be there as an option.

Before I hand over to the director-general for today's update, a couple of other quick issues. In terms of district health boards' plans, the next few weeks of DHB plans for the vaccine roll-out are being added to the Ministry of Health website today, and we are just finalising the model for the next few months, and we will release that once that has been finalised.

The Prime Minister spoke last month about the measures that we're putting in place to ensure that we reach all those we need to in a timely way, and that includes workplace vaccinations. By the end of this week, the Ministry of Health will be seeking expressions of interest from employers who have large workforces and they want to do some onsite vaccinations for their workers. That process has already been set out for them and the expressions of interest will start coming in this week.

Some of New Zealand's biggest companies have already expressed a keen interest to be involved in that, and I really want to thank them for backing that programme. Supporting their most valued assets, which are their people, to get vaccinated is certainly something that we welcome.

So, in closing, I want to acknowledge last Friday's announcement around the expansion of New Zealand's vaccinator workforce. We have changed the medicines regulations to allow more health workers to be trained to give vaccinations, to lend a hand, as we do what is the biggest vaccination programme we've ever done in New Zealand's history. So a thankyou and a welcome to our retired nurses, people who have trained overseas but aren't yet registered here, our kaiāwhina workforce, and those others in the healthcare assistant workforce who are signing up to contribute to our vaccination efforts. A big thank you to them. Particularly acknowledge the contributions of Māori and Pacific vaccinators, who are going to be joining the programme. We know just how important that is. This influx of health workers will boost both these numbers and, of course, the diversity of the workforce, and we very much welcome that.

So I want to hand over to the director-general, and then we'll open up for questions.

Dr Ashley Bloomfield: Thank you, Minister. Kia ora koutou katoa. So an update on the latest progress with the roll-out of the vaccination programme, a brief update also on the mariner situation, and also a comment on the work of our Healthline teams across the motu, is what I'll focus on today.

But, first, just to report there are no positive COVID-19 cases in the community. There are five cases associated with the border, three in recent returnees in managed isolation facilities, and two, which you are aware of, who are isolating on board a ship offshore. Yesterday, there was 7,255 tests, and all our other regularly reported numbers will be in today's statement from the ministry.

So as the programme scales up, as the Minister has said, so too does the workforce behind it, and a huge amount of work has gone in behind the scenes. We are now approaching around 9,000 trained vaccinators to support the programme across the country. These people obviously play a crucial role in ensuring the vaccine continues to move swiftly from our cool stores, as it were, into the arms of New Zealanders. It's been very encouraging to see people from a huge range of both registered professions and also in, now, those unregistered professions, or people who have left the workforce who are able, under the change to the medicines regulations, to vaccinate as well.

I'm pleased to also report that all DHBs are now using the Book My Vaccine tool to manage their vaccination bookings. And there are already more than 325,000 future bookings in the system, at more than 100 vaccination centres around the motu. The tool will go live for people in group 4 from 28 July, with the eligibility to book phased over time, according to age bands, as has already been publicised. Once someone's eligible, they will be able to book an appointment at any time.

An update on our mariners: today, I can confirm that all three close contacts of those two mariners who tested positive for COVID-19 after arriving in New Zealand on Monday are fully vaccinated—that is, the three contacts. They are the bus driver who drove the crew of nine

from Auckland to New Plymouth—a port, pilot, and a customs officer. All three were wearing appropriate PPE when they interacted with the mariners. In the case of the bus driver, that person wore an N95 mask for the entire journey. The bus driver has gone into an Auckland managed isolation facility to undergo the 14-day period of isolation, while the port, pilot, and customs officer are self-isolating. They are being tested today.

Now, the mariners arrived aboard a “red flight”, which means everyone else on that flight is in fact in a managed isolation facility for 14 days. All those people from that flight have tested negative already, and as part of their process in a managed isolation facility, they will, of course, receive day 3 and day 12 tests. The remaining seven of the nine mariners, who were also on board the vessel, have returned negative results, and all of them—all nine, of course—complied with full infection prevention control protocols, including wearing masks during their transport from Auckland Airport to New Plymouth port. We’re doing whole genome sequencing just to get an idea of what variant the two infected people have. The ship has been at sea, and I understand it is now returning to the port at Taranaki, and my understanding is that all crew on board will be moved to a managed isolation facility and will remain there and be tested as part of the usual protocols.

As has been said before, we continue to regard this situation as a low risk to public health. There are very strict protocols around these transfers, and I asked the team to check. Since November last year, over 1,100 mariners have been moved through the airport and off to ports around the country and on to vessels through this very strict protocol. So that was the same protocol that was being followed in this place.

And finally, I would just like to give a shout-out to our Healthline teams across the motu. Last week, they received their 2 millionth call since February 2020, and 97 percent of those calls were answered within 10 minutes—an extraordinary achievement. The Healthline service has been serving New Zealanders for more than two decades now, and through the pandemic—that includes through the pandemic, the Christchurch terror attack, other national disasters, and of course the increase in demand we see with the annual flu season. It’s proven how vital it is as part of our country’s healthcare system.

In addition to the usual Healthline service, there are three key new services that support the overall Government COVID-19 response. There is the COVID-19 Healthline, the COVID-19 welfare team, and shortly there is going to be, of course, the dedicated COVID-19 vaccination Healthline, which will have over 1,000 people trained to support it. And in the past year, of course, the Healthline teams have needed to respond at times to a number of significant spikes in demand—particularly when we have a community case, they are continually planning, modelling, and forecasting to ensure they can have the right workforce available at the right time. I do want to thank that workforce again, and I think we are very fortunate as a country to have them supporting us. Back to you, Minister.

Hon Chris Hipkins: Thank you. We’ll open up.

Media: In terms of the Janssen vaccine, what do you say to New Zealanders who may be a little bit hesitant about that vaccine?

Hon Chris Hipkins: At this point, we haven’t made a decision whether to use that vaccine or when to use that vaccine, so there are further steps in the process. The Medsafe approval, as I said, is the first step in the process. They’ve certified that it is a safe and effective vaccine. Whether and how we use it is still a decision that is yet to be made.

Media: The World Health Organization says that Pfizer has a 95 percent effectiveness when it comes to COVID-19 and Janssen is 66.9 percent effective. What you make of that comparison?

Hon Chris Hipkins: I think one of the key things to remember here is that we’re not always talking about like-for-like comparisons. So each of the vaccines have been through a different set of trials, typically run by the people who have developed those vaccines, and so they’re not replicating exactly the same conditions for each of those trials. Some vaccines are weighed against different variants of the virus, for example, and in different circumstances,

different population cohorts, etc. We know it's an effective vaccine. We know that Pfizer is an incredibly effective vaccine, and so we are continuing to roll out the Pfizer vaccine. As I've indicated, we have not yet made any decisions about when we would use the Janssen vaccine.

Media: You've talked about this portfolio of vaccines, and we now know we've got the Janssen and the Pfizer. What other vaccines were in this portfolio that you've been talking about?

Hon Chris Hipkins: So we've had—I think it's well-known, they were publicly released last year. We've also got AstraZeneca, and that's still in its approval process, and we will be donating a significant portion of our AstraZeneca purchase to other countries, particularly around the Pacific, who have asked New Zealand for that particular vaccine. So you can expect to see us taking delivery and shipping out, almost straight away, good quantities of AstraZeneca to those countries where we can assist them. We've also got another one called Novavax, which has not yet been approved for use in New Zealand. It's a further way off. We're not expecting that now until next year at the earliest.

Media: How much did you pay for Novavax?

Hon Chris Hipkins: We haven't released how much we've paid for any of them.

Media: Are you donating AstraZeneca basically because it's like the poor cousin of the vaccines—there's problems with blood clotting?

Hon Chris Hipkins: Not at all. We are working with countries to try and help supply them with the vaccines that they are using and that they are asking for. So Fiji, for example, are well down the road to rolling out the AstraZeneca vaccine, as are Samoa and Tonga, I believe. They're already using that particular vaccine. The Cook Islands and Niue and Tokelau, who we've been working with, have indicated that they'd prefer to use the Pfizer vaccine, so we are working with them to get supplies of the Pfizer vaccines.

Media: On the Janssen one, there seems to be some indication that it's less effective on the Delta variant, and might—you know, there's a lot of talk overseas about using the Pfizer or Moderna to boost the usefulness of the vaccine. Do you have any, did you receive any, preliminary evidence of that? How is that factoring into what you're thinking?

Dr Ashley Bloomfield: So there are studies under way on all vaccines to look at what their responsiveness is to the Delta variant, both lab studies but also gathering of data about the efficacy—or the effectiveness, actually—in countries where they've been rolled out quite extensively. What I would say is very promising data around the Pfizer vaccine—so the figure I saw was about 88 percent efficacy against the Delta variant. There's no doubt there is a difference from the trials in the efficacy across the different vaccines, and one thing seems to be clear: that the mRNA vaccines—so the Pfizer and the Moderna vaccines—seem to have the best efficacy profile, and that's been borne out, I think, in the real-world data from countries, hence our sticking with our existing programme. But these are the sorts of issues we will be asking the technical advisory group for advice around, which is, effectively, under what sort of circumstances would they recommend that the Janssen vaccine, or indeed the AstraZeneca and, in time, the Novavax vaccine, would be appropriate to use those in the New Zealand setting. That advice will be what, I think, will inform Cabinet's decision.

Media: But you haven't received any advice about the Delta variant and the Janssen vaccine specifically so far?

Dr Ashley Bloomfield: That will be—the technical advisory group will gather up all the relevant published data in making its recommendations about, again, the circumstances if or when we would use that vaccine.

Media: Dr Bloomfield, but is the Ministry of Health concerned about the sharp surge in RSV cases overwhelming hospitals?

Dr Ashley Bloomfield: Well, we're certainly concerned about the sharp surge in RSV cases. This is a nasty illness, and for young babies it's very debilitating and it makes them very sick. It is a classic thing that happens every winter, a bit like the flu peak. Now, once again this year, as happened last year, we're not seeing that rise in flu cases. However, we had very little RSV last year, and this year we are seeing the usual increase that we had seen previously, and there's some speculation that that may partly be exacerbated by the fact we didn't have any last year, and so there is a bigger pool of children who are susceptible to it. It is always a challenge for our hospitals to deal with this in winter.

Media: Parents are telling us they had no idea about that virus. Is there enough information about it?

Dr Ashley Bloomfield: Look, I think babies and children suffer from a whole range of illnesses, and often there's not discussion about a particular virus, but certainly RSV is one that's common. It's more common that Māori and Pasifika children get sick with RSV during the winter. So if there is a sense that perhaps there should be more information out there, we'd be happy to do that. I dare say that if parents ring Healthline or PlunketLine they will get very good advice about what to do if they have a sick child.

Media: And what advice are you giving hospitals to prevent the spread of RSV?

Dr Ashley Bloomfield: I'm not personally giving them advice; they have very good infection prevention control processes in place that they will be employing, even as they do get a lot of cases.

Media: Why is the vaccine roll-out so slow in Canterbury? It seems that group 4 has been pushed right back till September.

Hon Chris Hipkins: We'll be working with Canterbury over the next few days as we finalise the roll-out plan for the next quarter, or for this quarter, if you like, now that we've got some more certainty as to sort of what kind of quantities of vaccine we're expecting to be delivered. We'll be working with all of the DHBs to refine the plan, but our expectation is that DHBs will be rolling out the vaccine as part of a nationwide roll-out of the vaccine. That does mean that we'll be working with DHBs to ensure that they are aligning their timing when it comes to the priority groups.

Media: So have they been overcautious in what they've been saying so far?

Hon Chris Hipkins: Look, like I said, the teams will be working with each of the DHBs to make sure that they are working to a nationally consistent plan. We want everyone across the country—all of the DHBs across the country—to be working to a nationally consistent plan so that New Zealanders know what to expect. We'll be working with each of those DHBs in the next few weeks—or the next few days, really—to sort of lock down that schedule for the next couple of months.

Media: Cantabrians won't have to wait longer than anyone else?

Hon Chris Hipkins: Look, like I said, we'll be working to a nationally consistent plan, and that includes Canterbury. Canterbury is still part of New Zealand.

Media: On the mariner situation, is it time to review the policy where the Ports of Auckland don't allow mariners to sign into their own port and instead drive them across the country? Does this incident show that that's quite risky?

Hon Chris Hipkins: So we've got some pretty robust infection prevention and control measures to allow for speedy crew changes for those foreign-flagged vessels that might be in port in New Zealand doing a quick crew change and then leaving again where 14 days in managed isolation or quarantine in New Zealand simply isn't a practical option. We are simply being the port, if you like, the airport that they are coming through, in order to arrive here, get on the ship, and leave again. As the director-general has outlined, we've got some pretty robust measures in place to make sure that that bubble that they are in during that transit period is very tight, and so that if anything does happen, as we've seen in the last two days,

we know exactly who they've been in contact with. We've put as much of a layer of protection around that as possible. All of the workers concerned here were fully vaccinated, which, again, helps. And then we can do contact tracing if we need to.

Previously, and you may recall going back a wee while now, this was happening without necessarily keeping as good a records of the movement of these people, because they literally are just, you know, they're in and then they're straight out again. We are now testing them routinely so that we can pick up cases like this. Again, we're one of the only places that is being that rigorous, where someone who barely even sets foot in New Zealand is being tested on their way through, just because it adds that extra layer of protection to us. It means we've got that extra layer of assurance, that extra layer of information if we need it. We'll come down the front here.

Media: Why has Canterbury indicated that it's not part of this nationally consistent plan?

Hon Chris Hipkins: Look, DHBs have from time to time departed from the national messages that they have been asked to use around the vaccine roll-out, and we'll be working with them to ensure that they stick to a nationally consistent framework.

Media: This message is planned, though, right? They're basically saying here that they're not going to be able to meet the time frames that you are setting out here at the podium, correct?

Hon Chris Hipkins: Look, I'm not going to get into every one of those discussions with each individual DHB. I'm not the one having those discussions. The Government's expectation is that all of the DHBs will be working to a nationally consistent plan in the roll-out of the vaccine.

Media: Why are you having to go back to them and talk to them about this?

Hon Chris Hipkins: Look, some of the messages that Canterbury are putting out have not been aligned with the plan, and that's why we are continuing to talk to them about that.

Media: Can you explain on what basis you said yesterday that worker reluctance might be behind the low uptake of the saliva testing option? Because we've gone to people in the unions who say that they were quite surprised to hear that.

Hon Chris Hipkins: Yeah. So what we've seen in sites where it is available—and it is only a limited number of sites where it is available—the uptake has not been particularly great, and the numbers will bear that out. Having said that, that doesn't mean that those numbers are going to stay that way as the number of sites that it's available at expands, and I want to see the number of sites that it's available at expanding quite rapidly. And so I've been working with the Ministry of Health team to make sure that that expectation is clear, and I hope to have more to say about that soon.

Media: But on what basis did you say it was reluctance?

Hon Chris Hipkins: Because that's the feedback that we've been getting from the teams who are rolling it out.

Media: A question for Dr Bloomfield, if I could: there are 27 new cases in New South Wales today. Nine of those have yet to be linked to the [*Inaudible*] cluster. Is this situation deteriorating? And what is a realistic time frame that you would recommend for going back to the green zone with New South Wales?

Dr Ashley Bloomfield: Well, I can't really comment on the latter. I don't think the situation is deteriorating, but I think it's still very much in play, and that will be what's behind the extension of their current restrictions on movement and other sort of expectations of their population. It's quite clear that there has been quite a lot of spread, but what is also clear is that they are identifying—they know who the close contacts are, they've got those people in isolation, and they're identifying new cases quickly, because they've still got high rates of testing, and then they're able to isolate those.

Media: Can I also ask you about the UK's move to remove restrictions, with the Health Secretary saying that they could be up to 100,000 new cases a day? Are you fearful of that? Do you fear it could lead to new variants and ramifications for New Zealand?

Dr Ashley Bloomfield: Well, I think we, like everyone, will be watching very closely, and what it will also mean, of course, is it will, if they do get an increase in cases, we will be keeping a close eye on what that means for the risk of people travelling from the UK, and that will inform our decisions here around how we might deal with travellers coming from the UK.

Media: Are you suggesting they could be put on the same block list that India previously has been?

Dr Ashley Bloomfield: We actually review the risk status of all countries each week, so clearly if there is an increase in the number of cases, that's one of things we'd be watching very closely.

Media: There's 1,000 rooms that are currently empty in MIQ for various reasons, and there are zero available vouchers for the next four months. Is that an acceptable situation?

Hon Chris Hipkins: So if you look at MIQ, we have a contingency that we have to maintain. We've also then got a larger contingency that we put in place for the trans-Tasman bubble. We're in the process of reviewing that now as to whether or not, as we understand more about how the trans-Tasman bubble operates and how we manage any disruption to the bubble, we're looking at whether we need to have that 500-room contingency there available, and I hope to have more to say on that by early next week. And if we can re-release those rooms back into the system, then that's something that we will consider. We also have had a couple of facilities, the Grand Millennium and the Grand Mercure, that've been out of circulation because we've been doing some more intensive work, particularly around their ventilation systems, but also they've been used pretty intensively for over a year now, and hotels do reach that point where they need to have a bit of maintenance work done on them. So that maintenance work has been being done. So we are releasing the vouchers that are available.

I do want to say there are a couple of things here that complicate this picture a little bit more. One is the nature of short-term, no-show cancellations. Often, by the time people don't show up, if they've made a booking, it's too late to then release that room to make it available for someone else, because it may only have, say, you know, 13 days of the 14 required days left before someone else is booked in to occupy that space. And so that creates a bit of a challenge for us, and we do see that. Short-notice flight cancellations can particularly exacerbate that, and anyone who's following international airline schedules around the world will see that schedules are changing really rapidly at very short notice, and that does disrupt MIQ bookings. So we're seeing about 5 to 7 percent of rooms where there's some disruption to the people who had been planning to occupy them because of those other international factors that are beyond New Zealand's control. So we will look at whether we can increase the number of vouchers available, potentially nudging into the contingency, at a very modest level, if we got a higher uptake rate than we had anticipated.

So those are all the sorts of bits of modelling that we're doing. Ultimately, I don't want us to have rooms empty that could be being occupied by people, but we have seen the demand pattern shift really dramatically in the last couple of weeks. So we went from a period where there were rooms available to anyone who wanted them to a point where, now, bookings are very tight; there is high demand.

Media: Is part of this, though, by design? And I look back at the data: around Christmas, we had about 7,500 people in MIQ at any time, right? Now we're down to about 2,900 filled rooms; 4,000 rooms in total. Did the Government go a little too far by taking facilities offline?

Hon Chris Hipkins: No, they've only been temporarily taken offline. Very few, or none that we've announced so far, other than the Ramada, have come offline completely. Others are having work done on them and so on, and we did want to do that during the quiet period, and we were quite open about the fact that while there was a quieter period, we would take the

opportunity to do that—far rather do that when there's less demand than when demand is at its peak. So we have done that. We have made other changes that, though, have impacted on room allocation. Cohorting builds in an inefficiency into the system in terms of maximising room usage, but, actually, for the public health benefits, it's been a trade-off that's been worth making.

Media: On the mariners, were there any unscheduled stops along the way from Auckland to New Plymouth? Did the driver stop to refuel, or anything like that?

Dr Ashley Bloomfield: No, there was one scheduled stop, a toilet stop, and that's at a dedicated facility in Hamilton that only those who are in transit either to ports or to the MI facility in Rotorua can use. Members of the public can't use that facility, and it's deep cleaned between each group that uses it.

Media: Just a quick follow-up on Ben's question before about the UK's decision, what was your reaction when you heard the Prime Minister of the UK saying that we're going to have to accept some more deaths over here?

Dr Ashley Bloomfield: Well, look, I think, right from the start of the pandemic, countries have chosen a pathway, and New Zealand chose its pathway and other countries chose a similar pathway. Countries have taken a range of approaches based on their view of the scientific evidence, what their current circumstances are, and one of the things we've always remained open to is seeing what is happening in other countries that are taking different approaches so that we can learn from that.

Media: Just in honour of our absent friend, is there any update on that tail end of border workers who remained unvaccinated? I think it was around 1,600 still to go last week.

Hon Chris Hipkins: Yes. Further work's being done on that. There's still some NHI matching issues there, as we've gone through, sort of, line by line, person by person, to investigate whether or not they've been vaccinated. Some have been vaccinated but their vaccination record hasn't been pulled through into the system. I can get you the actual numbers; I just don't have them with me. But progress is being made there. There's still a group that we're still chasing down, but data matching does appear to be a bit of an issue there for some of them.

Media: Just on behalf of a colleague, given it's such a big team, does the Government have any concerns about sending our athletes to the Olympics when there could be an outbreak?

Hon Chris Hipkins: Look, it's ultimately not something that I have considered in the last, you know, few days. I know that there's a lot of very rigorous protection measures being put in place for the Olympics and around those who are travelling to and from the Olympics as well. But I'm not in a position to give a more detailed comment on that at the moment.

Media: Is there a contingency plan in place?

Hon Chris Hipkins: All of our Olympians, when they return back to New Zealand, will do the full two weeks in managed isolation to ensure that if they have at some point been exposed to COVID-19, they're not bringing it back into the country with them. But there is an element, as there is for anyone leaving New Zealand at the moment, for any port travel to anywhere, there has to be an element of "traveller beware" here. The world is not as safe as New Zealand is at the moment, when it comes to COVID-19.

Media: When you talk about the Janssen vaccine possibly being used in an emergency situation, where we needed to scale up, can you just give us an idea of what that situation might look like and when you would hit the go button on that?

Hon Chris Hipkins: Look, I mean, I think if we were dealing with a large-scale outbreak, for example, or an outbreak that was accelerating in size, where we wanted to really scale up our vaccination in a particular area, then having an extra option is a handy thing to have. But, at this point, it's kind of a hypothetical. It's just—it is an extra layer of assurance, an extra

layer of comfort for us to know that we've got choices there in the event that we needed to use them. But I'll invite the director-general to comment on that as well.

Dr Ashley Bloomfield: I think the two situations where it might be particularly useful are that one, where we really want to vaccinate a lot of people urgently. The second is, we're still—it's good to have an insurance policy in case there is some sort of disruption to the manufacture of Pfizer and there's a big disruption to that supply, and to have a second vaccine available would be very helpful.

Media: Have you thought about how you'd approach resistance, perhaps, you know, from people who look at the Janssen vaccine and say, "Look, I want the gold standard. I want Pfizer; I don't want Janssen."? Have you thought about how you'd approach that if people were sort of holding out and not wanting the Janssen if it did come on to the floor?

Dr Ashley Bloomfield: Well, I think that would be an issue we would need to deal with. One of the things I would say is that all three of the vaccines that have either been provisionally approved here, or are in the process—and we don't yet have all the final data from the Novavax trials, but the early data are very promising, efficacy up at around 90 percent. So, personally, I would be happy to have any of those three vaccines. They are comparatively very effective and very safe vaccines. If we needed to deploy the Janssen vaccine, we would, of course, make sure we were doing so with really good information available to people about the benefits and risks profile, so that people could make that choice for themselves. At the moment, we're in the very good position where we have a Pfizer-based programme and higher level of confidence in the supply of that vaccine.

Hon Chris Hipkins: OK, we will start to wrap up soon.

Media: Have you provided advice to Cabinet yet on Pfizer use for 12- to 15-year-olds?

Dr Ashley Bloomfield: We have got the approval from Medsafe, obviously, for that, and I'm just getting the final technical advice from our technical advisory group, in particular just to look at if there are any issues emerging from the use of this vaccines, not just in the 12- to 15-year age group, but in younger age groups around the world, and that will form our advice to Cabinet, which will be probably later this month.

Media: Have any concerns arisen? It seems to be rolling out overseas fine.

Dr Ashley Bloomfield: Yes, a number of countries are rolling it out. I dare say, one of the things that countries that have used this in younger people have found—and I would say Israel and the US have found some reports of myocarditis, particularly in young men under 30. It tends to be mild and self-limiting, but that's emergent evidence and we're in a position where we can afford to have a good look at that evidence so that if Cabinet makes a decision to roll it out here, we can make sure there is appropriate information for people to make a good decision.

Media: Where have you gotten on pre-departure tests for the trans-Tasman bubble? Is that looking like it's going to be a permanent feature?

Hon Chris Hipkins: It's certainly in place for the foreseeable future. We'll keep that under review, but those who are planning to travel from Australia to New Zealand in the foreseeable future should plan to get a pre-departure test.

Media: By the end of the year?

Hon Chris Hipkins: Oh, look, I wouldn't go that far ahead, at this point. We'll keep it under review. But certainly in the immediate future, people should be thinking about planning to get their pre-departure test before they travel.

Media: On those tests, what do you think a reasonable price to pay to travel would be?

Hon Chris Hipkins: Most people should be able to get a test for a couple of hundred dollars.

Media: And do you think that's reasonable for holidaymakers, or families that are separated, to spend?

Hon Chris Hipkins: I think the reality is that travelling around the world at the moment, wherever you're travelling, is more expensive and more uncertain than it ever has been in any of our lifetimes, and that is just one of the realities of the way the world is at the moment.

Media: Can I just ask Dr Bloomfield what nationality the mariners are?

Dr Ashley Bloomfield: My understanding is that the shipping company has described them as from South-East Asia and so I'll stick with that description, thank you.

Media: Just on the AstraZeneca vaccine, have you considered changing the policy so that you can just make that available to the Pacific now, before it's approved in New Zealand? Because the time that Fiji needs it would be right now.

Hon Chris Hipkins: Unfortunately, that's not our decision to make. So, ultimately, the manufacturer still requires that we have approved it before they will deliver any to us in order to allow us to deliver it to the Pacific. What I can say is we're working closely with Australia, who have AstraZeneca approved, and so they have been helping to keep particularly Fiji stocked with vaccines while we finish our approval process here so that we can then forward on our donations. But Australia and New Zealand have been working very closely together in our support for Fiji, recognising the very difficult position that they find themselves in at the moment, and our thoughts are obviously with everyone in Fiji. It is a really difficult time for them.

Media: Couldn't you just send it to Australia and have them take—

Hon Chris Hipkins: Again, unfortunately, we have looked at all of those options. We want to get out the vaccines up to Fiji as fast as we can. Unfortunately, the constraints are not at the New Zealand end; I'll be really clear about that. So the constraints are in terms of the conditions that AstraZeneca place on deliveries, and so we're working really hard to find every way that we possibly can to speed up deliveries. The fastest way we've got at the moment is to work with other countries that have got approval, particularly Australia, and have them helping to plug the gap in the meantime, which they are. And I acknowledge Australia for their work there, because of course Australia are not just supporting Fiji; they're supporting a number of other countries in the Pacific as well. We will wrap up shortly, so we'll sort of come a bit of a loop just to finish up.

Media: What was the hold-up with getting approval for the AstraZeneca, and is it disappointing that Janssen has, you know, moved faster in the process?

Dr Ashley Bloomfield: So the key hold-up is with manufacturing data, which Medsafe is still waiting for. They are pushing hard for that and expecting to have it in time for a meeting of the Medicines Assessment Committee next week, and we've made sure that all our processes, following that consideration—if a decision is made for provisional approval, all our processes after that are lined up ready to go so that we can get advice through to Cabinet quickly on that.

Media: So it could be approved as early as next week?

Dr Ashley Bloomfield: It could receive the provisional approval from Medsafe as early as next week, and then there would be a number of other things we would need to do, but once that provisional approval is there, then the manufacturer can give us an indication of when it can be delivered.

Hon Chris Hipkins: Third to last question here, and then we'll finish with you two up there.

Media: Just in the sense of talking about speed and urgency here, I mean, when do you think—like the soonest that Janssen could be [*Inaudible*] and do you not feel a sense of urgency about getting a decision out the door sooner than August on this?

Hon Chris Hipkins: At this point, I don't have a confirmed delivery date for when we could expect to receive some deliveries. That's typically not confirmed until after approval has been confirmed. So now that approval is there we'll get a bit more of an indication of when we might be able to receive some vaccines. But I wouldn't be expecting them to arrive until at

least sort of late August at the absolute earliest, but if that was to happen sooner, then we could move sooner, if there was a need to.

Media: I just have another question about RSV, so forgive me, if I misunderstood you, but I think you said it was perhaps more prevalent this year because more children may be more susceptible to it. Is that because they haven't been exposed to viruses? Look, could you maybe explain why?

Dr Ashley Bloomfield: Yes, so there's been some speculation that there may be a bigger pool of susceptible children, because last year the group of children generally under three years of age who get sick with RSV—it's particularly bad in young babies—that group was spared it because of the lockdowns. We had a number of viruses where we didn't see those usual winter peaks. Interestingly, this year we have got that winter peak and there is some speculation that because there's a bigger pool of children that there might be higher rates of it this year, but the size of the surge and peak in our hospitals is about what we see each year.

Media: I just wanted to ask Dr Bloomfield, the Queensland numbers—one new case, in home isolation the entire time, Alpha variant. Is that enough to open the bubble?

Dr Ashley Bloomfield: I'm expecting advice from my team this afternoon, which I'll be looking at and then passing through to the Minister to make decisions about that.

Hon Chris Hipkins: We will let you know before the close of play today. It will probably be quite late in the day, but we will let you know decisions around Queensland.

Media: It's promising, isn't it?

Hon Chris Hipkins: We'll let you know later in the day. Thanks, everybody.

conclusion of press conference