

**COVID-19 UPDATE PRESS CONFERENCE: WEDNESDAY, 18 AUGUST 2021
HANSARD TRANSCRIPT**

PM: Good afternoon. Can I, firstly, apologise; we never like to be tardy for these 1 p.m. updates, but we literally want to ensure that we're giving people the most up-to-date information that we have available to us. Can I start with a huge thankyou to everyone. I know how difficult the movement into lockdown can be, but I know, for the most part, people really know and understand why it's so important and are doing what they can to play their part. There are four pieces of information we want to share with you today. One is around the work we are doing to identify where the case we discovered yesterday came from. The second is what we have learned overnight and this morning about the current outbreak and any new cases or locations of interest. The third is the rule around mask wearing. And, finally, we'll finish up with an update on when we'll be restarting vaccinations.

Firstly, you'll all know how important it is to try as much as possible to confirm where an outbreak actually started. One of the reasons we are all in lockdown, and not just Auckland or the Coromandel—those places of interest—is because we haven't yet answered that question of where it started. Overnight, we undertook what is called "genome sequencing" of the positive case we have. The reason that's important is because every case we have that comes through our managed isolation facilities we put through that same process, which means that, if we have a case in the community, we can potentially use genome sequencing to match it and, hopefully, find the chain. The results that have come back from our case yesterday tell us two things: first, that we are dealing with the Delta variant; the second thing it tells us is that it is linked to the current genome sequencing of cases in the New South Wales outbreak. Our case has originated in Australia. And now the job we have is to work through how and when it got here.

The natural place to start is to look at our managed isolation facilities. We have had three positive cases from Sydney in our managed isolation facilities since 1 July: one detected on 9 August, on their day one test; and two on 14 August, on their day three test. Positive cases from our managed isolation facilities are, as a matter of course, batched and then we genome sequence them weekly. So these cases are currently being genome sequenced as we speak, and we expect the results later tonight to tell us if they are a match or not a match. I can confirm that, for every other case we have had at the border which is sequenced already, there are no matches to this case. We have also started other lines of inquiry.

Just to recap: we closed the border to Australia on 23 July; every passenger had requirements on them before they entered New Zealand in the one-week window we gave New Zealanders to return. As you'll remember, New South Wales had to stay put until we could bring people into our managed isolation facilities. Travellers from Victoria had to have two tests: one before they departed and one after three days in isolation when they returned. I can report that everyone was compliant with those requirements. And, for everyone else, from other parts of Australia, they had to have a negative test, and we had 100 percent compliance of that during the week that people returned to New Zealand. Now, despite that, we are drawing down the list of all travellers from Australia into New Zealand through that period in preparation to contact them again should we find that this case is not linked to the current cases that we have at our managed isolation facilities.

That, of course, is on top of the normal contact tracing we undertake around our cases. I can, of course, confirm that, for instance, the family members of current cases will be tested, including any who indicate that they have travelled to Australia.

As you can hear, there is more work to be done to help piece together this puzzle. Our hope is we will have more information to share when we report back tomorrow, but, as you can hear already, we have really important information, and our ability to narrow down that this is a case that is linked to the New South Wales outbreak gives us a lot of leads to

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So some further information building on what the PM has said. Further to the five cases reported earlier today, there are now a further two cases of COVID-19 to report in the community. Our total now being seven cases, all of whom are—or are in the process of—being transferred safely to the Auckland quarantine facility under strict infection prevention control procedures. Separately, in our managed isolation facility, there are a further three cases to report today, and the details of them will be in today's statement from the ministry.

Turning further now to the community cases, our first case—we will call “case A”—that was announced yesterday. The other four cases, announced earlier today, include a work colleague of our original case, that's a 20-year-old male. There are three flatmates of that case, a 21-year-old female who is a fully vaccinated health professional that works at Auckland City Hospital and has been working in recent days. As you'll be aware, there are measures under way to respond to that. There is a 25-year-old female teacher from an Auckland high school, that is Avondale College—and that college has been contacted, and the community there will be receiving specific information about what to do to follow up testing and isolation, of course, for anyone who may have been in contact with that person. The other flatmate is a 29-year-old male.

There are two further cases that I'm just announcing: a 21-year-old female and a 19-year-old male, both of whom live in Auckland and both who are linked to the current cases as friends and who have spent time with one or the other of those other cases. So, in total, we have these seven cases that are all linked.

We are, of course, as I mentioned, concerned about the healthcare worker who worked four shifts while unknowingly potentially infectious. Auckland City Hospital was on to this last evening and took immediate actions in response, including preventing unnecessary movement of staff between wards, extensive testing of staff and of patients on the ward where this person worked, and, of course, preventing staff members who worked the same shift from coming in to work—and they are isolating and being tested.

The wife of our original case, as reported yesterday, and who is fully vaccinated, has returned a second negative test at this point.

On contact tracing, our public health teams around the country are supporting rapid interview of cases, identifying close contacts, tracing those contacts to ensure they are in isolation and getting tested. Isolation, when in alert level 4, means isolating separately from other household members, so they are being supported to do that.

As at 11 a.m., Auckland Regional Public Health, our ARPH service, has identified 16 close contacts, 14 of them have already been contacted and the other two are being tracked down. Just talking to the clinical director of the public health unit in the last hour or so, no issues with compliance—people are easily contactable and are already doing what would be expected of them in alert level 4.

Those who have been contacted are isolating, and testing being arranged at the appropriate time. Four of those contacts, it is known, are fully vaccinated. Three have had one dose of the vaccine, and the remainder are unvaccinated, reflecting that we have a group of individuals here who are under 30 and, therefore, would not have been part of the wider roll-out of the vaccination programme as yet.

We've activated our planned additional capacity for contact tracing, including our national investigation and tracing centre here at the ministry, and all the public health units are supporting Auckland Regional Public Health with case and contact follow-up.

On locations of interest, as I said, most of the cases identified so far are in their 20s, they've been out and about a lot and I am flagging that there will be large numbers of locations of interest. It is very important that everybody keeps an eye on these. We endeavour always to notify locations of interest or premises ahead of making this information public; however, speed is of the essence and we may not always be able to do that. There are two locations of interest I don't have the details on, but I want to signal these locations because they are

important and they have just come to our notice. One is the Auckland central Church of Christ that meets in Freemans Bay, from this last Sunday, so please look out for the time that you may have been there, if you've been at that location. And the other is the Skycity Casino. I understand that was Saturday evening, perhaps early hours of Sunday morning. Again, if you were in either of those locations, look out, but I'm asking everybody to regularly check the locations of interest that will be updated as more information comes to hand.

Healthline is again playing a major role, has increased its workforce, has many people on duty, with, as anticipated, a big increase in calls—more than 2,000 since midnight last night, on track to become the highest call volume this year. Please do restrict calls to Healthline just for advice about testing. You can find information about where to get tested on the Healthpoint website—that's healthpoint.co.nz.

In terms of testing centres, in Auckland all centres are up and operating again today with extended hours, and that's through to 8 p.m. There has been high demand on one or two of those centres. There is pastoral care in place, with management of the queues, provision of water, and some people are being diverted off to nearby testing centres that are not quite so busy, so that's being actively managed. Testing is under way in Thames and Coromandel towns, and that includes two pop-up testing sites, and additional testing centres are being stood up right across the district. All DHBs right around the motu are ensuring that there is good access to testing over these coming days, which will be important.

Can I reiterate it's important that the right people access testing at this point in the outbreak—that is, anyone who is symptomatic or who has been at a location of interest. Otherwise, the most important thing you can do is stay at home in your bubble.

Just on waste-water testing, the most recent results of waste-water testing samples taken at Rosedale on Auckland's North Shore are expected later today, and we will provide an update when they come through. There is daily testing now being taken from that site and sites across Auckland. Composite sampling of Whitianga and Coromandel town is being set up today, with further samples in Coromandel at Pāuanui, Tairoa, and Whangamata, and the sampling at Thames gets under way tomorrow, as well. The first results of that sampling will be due through on Friday. There is waste-water testing at 26 other sites already under way across New Zealand, and that will continue.

Two other comments, quickly: it is very important that if you need acute medical care, you seek that. Hospitals are open. If it's an emergency, dial 111, or go straight to the emergency department at your nearest hospital. GPs and Healthline are also working, and so you should seek advice from them in the first instance. Ring your GP ahead to get advice. And also a reminder that pharmacies are, of course, open during alert level 4.

Finally, I just want to thank both the New Zealand Nurses Organisation and MERAS, one of the midwife unions, for acting quickly to withdraw strike action that was planned for tomorrow. Over the last 18 months, both nurses and midwives have been instrumental in our overall response, and nurses are often the first port of call for anyone accessing health services. I want to thank both professions for the hard work they have put in and will continue to support the efforts, I know, over coming days. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. As you can hear, we have a number of high-risk events already as part of this outbreak, including a school, casino, and medical facility. That is why following the rules for level 4 is just so important. So far, as you will have heard from Dr Bloomfield, our contact tracers are reporting that when they are calling people who have been exposed, they are at home. I need everyone to think about what it would be like to receive that call. If you do, we need you to be at home, not out putting others at risk. We, very unfortunately, need only to look at New South Wales, who today have reported 633 cases; 92 were active in the community while infected. Level 4 restrictions are there to protect everyone and to make this lockdown as short as possible.

For our essential workers, it is really critical that if you are sick, you stay home, and that you get a test. And we will be making sure that we highlight this message to your employers also so they can support you to do just that.

Let me come, then, to decisions that have been made to provide extra protection for those who are working during level 4. Earlier this week, Cabinet had made decisions on mask use. Ministers with power to act met again this morning to confirm those decisions and ensure they had the coverage we would expect. From 11.50 p.m. tonight, it will be mandatory for everyone aged 12 and over to wear a mask when they are visiting any of the essential services that are currently open, including supermarkets, pharmacies, and service stations. It will also be a requirement for staff who work in those places to wear a mask also. This is about ensuring those workers are protected and ensuring those who visit them are too. As you'll know, it's already a requirement to wear a mask on public transport and planes, and that will now include places like bus terminals and also taxis. Simply put, at level 4, if you're in a place that is allowed to be open to provide services to people or transport, you must wear a mask.

That, then, brings me to the next area I wanted to cover in the briefing today, and that is vaccinations. First, some good news. A bright spot: 55,688 doses were given out yesterday—a new daily record for our vaccination programme. You'll know, though, that yesterday we paused vaccinations. That was to allow DHBs to implement their contingency plans for level 4. All DHBs had plans in place to continue the vaccination roll-out during alert level 4, and those are now being activated. Some vaccination in limited sites will restart this afternoon. The most important message is that from 8 a.m. tomorrow, the vaccination programme will resume throughout New Zealand.

This will look a bit different, though. Vaccination sites will be operating under alert level 4 conditions, and that means, in some cases, they won't necessarily have as many people coming through as they may have prior. That is to enable social distancing and safety. If you're one of the bookings that we need to move to ensure that we have a bit more space, you will receive notification. Otherwise, the message is simple: if you're booked for a vaccine tomorrow or the next day or the next day and you haven't heard anything, please go. As you can hear, for the most part, we are intending to continue our roll-out as planned. That means continuing to open up age bands for bookings. So, from today, as we had previously planned, those aged 40-plus can visit bookmyvaccine.co.nz to make their bookings. And if you're in that group, I encourage you to do so—that's Book My Vaccine.

Finally, one of the questions I've been asked in recent times is, "Do vaccines make a difference?" The answer is yes, an enormous one. To put it bluntly: if you've had the vaccine, you are less likely to catch COVID-19 and much less likely to get sick or die if you do. In fact, the risk of infection, according to the CDC, is reduced threefold in vaccinated people. But a few people do still get infected. We call those breakthrough infections. And people with breakthrough infections can transmit the virus. That's why we do still ask everyone to be cautious, no matter what your vaccine status is.

To conclude, a reminder that we are asking people who might not have been at home when lockdown began to move to the place where they will be for the remainder of lockdown as soon as possible. If you have flights booked for today and tomorrow that you are no longer able to use, please cancel them. We've had reports from Air New Zealand of high numbers of no-shows for flights, which is understandable. Some of those bookings will be, perhaps, for holidays people won't be able to take or for work that they can't undertake. But by cancelling them, you enable someone who may need to get home to take that seat.

Otherwise, I'll finish where I started with a thankyou. When I asked Commissioner Coster on our call this morning how it was looking in terms of people doing the right thing, the response was, "Pretty good." And Commissioner Coster will be here to speak to that shortly. But if we turn "pretty good" into "great", that will end this outbreak more quickly. I know Delta is making people feel anxious and more afraid, and it is true that we will see

more cases, but we can get on top of this, just like we have every other time, if we do it together. We're now happy to take your questions.

Media: Prime Minister, can we anticipate any further high-risk events, and what is the increased risk with them? Is there any modelling about how many more cases we might see?

PM: No. Look, I haven't received any modelling at this time, but usually there are those who, once we are a little further along in outbreaks, generally do start producing some estimates. I think, from the experience of what we've seen overseas, we are absolutely anticipating more cases, but, as our contact tracers made it clear to us today, they said, "Thank you, everyone, for going into level 4." It makes their job that much easier. It means we're in a much less risky position as we identify high-risk events. Dr Bloomfield.

Dr Ashley Bloomfield: Just two comments there. As I pointed out, most of the people who are cases already are in their 20s, so we're expecting a large number of other events. And if those include bars and hospitality places, it's that close-contact, crowded, confined spaces where the risk is highest. The second is, just, I did see some numbers earlier today from Shaun Hendy and his group, and confirmed from some other modelling, that depending on whether this is a second- or third-generation case, we could expect somewhere between already 50 and 120 cases. The key thing, of course, is finding those cases as quickly as possible. And the other thing is that we are looking for them in a situation and an alert level 4 where people are not moving around. It's very, very important that people restrict their movement and, if they have any symptoms or are a close contact, they isolate and get tested.

PM: Keeping in mind, our outbreak last year had over 100 cases, so we do expect more, but we want to expect those extra cases while we're in the safety of our homes.

Media: Last night, we saw a lot of people out partying, taking advantages of the last few moments of freedom before level 4. Could you have moved us into level 2 or 3 instantly to have kind of prevented that in order to just stop people anticipating that move?

PM: Look, what you will have seen yesterday is, actually, in the past, what we've tended to do is make the decisions around alert level changes and communicate those all at once alongside case information. Yesterday, we made the decision to actually get that case out there as soon as possible. That meant that we hadn't necessarily gone through the process, all of the legal steps, because, remember, when we go into an alert level, we don't just do it with guidance; we put orders in place. That legal framework means that we are able, if we need to, and we always hope not to—it means we can take legal action against those who might act outside those orders. So there are some limitations of how quickly we can move. We always want people to act in the spirit of which we're issuing the guidance at the time, but the legal enforcement we, of course, brought in at 11.59. And I do want to just acknowledge that, for the most part, people do try and do their best, and I would hate to bring down everyone who was doing their best by those who chose to make decisions that were counter to that.

Media: Is it a possibility that the infection originated in a hospital? For example, have there been any COVID cases treated there? And can you give us a bit of information about the staff, potentially, levels of vaccination? And, also, if nurses are working in different hospitals around Auckland?

PM: Maybe if I pick up the first, and then I hand over for the healthcare workers to Dr Bloomfield. We have been discussing, this morning, any contact with COVID cases across our hospitals. We have not had a New South Wales case, and, of course, remember, we are looking for a New South Wales link. We've not had a New South Wales COVID case at Auckland Hospital. We have had one in hospital, but not that one. And, also, there's some details there around the timing of those infections as well, but we, again, chase down every potential avenue when we're looking at—

Media: Is there a potential link to that other hospital with the New South Wales case and Auckland Hospital?

PM: Some of the time frames don't quite work there. So we did have a New South Wales case admitted to hospital, but the proximity to that admission to hospital and the cases we have now is very, very close together. And, Dr Bloomfield, you can confirm that would, essentially, I believe, rule that out.

Dr Ashley Bloomfield: Yeah, so we mentioned last week—well, actually, earlier this week, a case that had been transferred from Jet Park, actually, to Middlemore Hospital that was one of the people who had travelled from New South Wales. It doesn't fit with the time frames. There's nothing to suggest that our case here who works at Auckland Hospital works in any other facility—so just in that facility—and we can get the data on vaccination rates at Auckland DHB. As you know, not all DHBs have been able to provide that information, but they are now required to, and those that haven't say, "We will find that out." And just to reiterate, from this afternoon, anyone at the DHB, particularly Auckland Hospital, who hasn't yet had either their first or second vaccination if they're due for the second or haven't had the first, there will be the opportunity to do that.

PM: As there always has been.

Media: Do you also know how long the teacher was at Avondale College potentially infectious?

Dr Ashley Bloomfield: I don't have that information yet; that's still being gathered.

PM: But, of course, as is always the case through the infectious period, we list every location of interest that they've been in contact with throughout that period.

Media: Given all we know about the Delta and all that we've said, how transmissible it is, I don't know if the word "relieved" is probably appropriate, but to only see two cases after having this scare and putting the country into lockdown, is that a good first sign, or is that, I don't know, a calm before something a little bit more intense?

PM: We're expecting more, particularly the age group and demographic, particularly the likelihood of frequenting environments where you might be in close contact with others. We are expecting more, but, again, the best place to be when you're expecting more is the highest alert level possible. Some of things I'm finding encouraging, of course, is that we're finding these cases and that means our contact tracings are going out and finding them in good time. But we are now moving to locations of interest that are much larger, where there will be people who won't be identified by the people we're interviewing, because they'll just be alongside strangers. So we need people to identify if they themselves have been at those locations of interest. So I really want to encourage the public there.

Media: Dr Bloomfield, could you just elaborate back on what you said about the—you said you were anticipating between 50 and 120 cases?

Dr Ashley Bloomfield: Not that I'm anticipating those, but we did have some modelling done that uses a large range of assumptions against the range there. But, broadly speaking, two different modelling exercises have suggested picking up a case like this, which isn't directly linked to the border, and putting in a number of other assumptions, there could be between 50 and 120. So that's just giving people the sense of the scale here, and that is specifically with the Delta variant considered in there. Obviously, our job now is to find any and every case and then do that contact tracing. Everybody's job is to sit tight and stay in their bubble.

PM: And one of the variations in that modelling will be people's level of compliance. As I say, with New South Wales, I can only imagine how gutting it is for the team over there, that when they identify 633 cases, they're still finding almost a hundred that were active in the community, because that just means it keeps dragging.

Media: You're expecting the case numbers to go up, but given we've had cases at Avondale College and an Auckland church and at the casino, are you worried that this could really balloon quite quickly?

PM: Two things to say there: one of the unknowns at the moment is that one of the individuals in question for these high-risk sites is also a vaccinated individual, so we don't yet know the impact that their vaccination status will have on their level of infectiousness. We assume the worst because that's the safest place to be when we're out contact tracing, but we don't yet know. So we need everyone to play their part. Again, these are, as we say, high-risk sites, another reason for us all to be vigilant, and all throughout the country I don't want anyone to believe they are unnecessarily in lockdown. When you have this many sites and when you are in regions where people do move about, such as the Coromandel, we need everyone to assume that they may potentially be in contact with someone that might be picked up.

Media: You've moved today to mandate mask use. How will that be enforced, and, secondly, why not on QR code scanning?

PM: I will provide a further update on record-keeping, because when we made decisions on mask use at Cabinet recently, we also made decisions on record-keeping. Some of the work that needs to be done around the legal framework for that is a bit more complex, and I also just wanted to be really clear on masks and not to confuse it with record-keeping for today. So I will come back to you once we have a bit more of the legal work done, in order to confirm what we will be requiring around record-keeping in the future. Forgive me; I gave such a long answer, I've neglected to recall—

Media: The enforcement for mask use.

PM: So, enforcement for mask use, we are asking, of course, people, first of all, to comply for the safety of others. But there, of course, we do ask the police to support us in enforcement around mask use. Of course, they can't be everywhere at all times, so to people, please take responsibility for yourself and show care to others. Wearing a mask is an act of service to the people around you.

Media: Prime Minister, could you, please, run us through the essential services list again? We've had workers getting in contact with us from the likes of the Warehouse Group who have been asked to go into work.

PM: And MBIE have been in contact to clarify the expectations there. So you will recall that very, very limited in a level 4 scenario. So, as we've said, supermarkets, dairies, pharmacies, those who are providing medical care that need to keep running, and testing stations—essentially, that's broadly speaking, that's it for people's interaction with those services. Then, there's those that need to keep running in order to supply those services. So, broadly speaking, if you see it stocked in a supermarket, by and large, those people who produce those products are able to produce them and deliver them.

There are then some things that we consider essential in order to maintain people's basic ability to reside in their homes. To keep them warm—so if, for instance, people do need to order essential goods to keep them warm, such as heating, for instance, they're able to do that online, but, again, they're not allowed to have contact in accessing them. And that, essentially, is the limit. You are also, if you, for instance, have a major breakdown at your home in some regard, then you're able to make contact with people, for instance, if you have a major plumbing disaster or so on. Broadly speaking, that's the limitations.

Media: There's an anti-lockdown protest of at least 100 people including Billy Te Kahika—

PM: Yes.

Media: —in Auckland today—no masks, no social distancing. What do you make of that?

PM: You know, actually, the first thing I'd say is that I actually don't want to let the actions of what have been relatively small numbers, when you consider the whole team of 5 million—to have relatively small numbers actually characterise everyone, because that's just not the case. So, where we have had small numbers—and Commissioner Coster will speak to this directly after me—we have seen people disperse; where they haven't, the police have taken action. It is disappointing that some choose to put others at risk, but, for the most part, the team of 5 million are doing their bit.

Media: Prime Minister, given that, you know, you're pulling all the flight manifests to work out who came back from Australia in the, kind of, seven days after the border was closed, how long—if it is the case that a case has come over via that route [*Inaudible*] MIQ, how long could it have been in the community? And, secondly—and this is either for you or Dr Bloomfield—is there a possibility that a case could've come over slightly prior to that, when not everyone was getting pre-departure tests, and they will have been checked on arrival?

PM: Yeah, and, of course, remember—and I'd have to track back to the dates we put in the pre-departure testing, but keeping in mind, of course, that we moved very early on in the New South Wales outbreak. Even when they had, you know, quite small numbers, we were moving on the bubble at that point. So, look, I think what we'll do is we're going to move through these once we receive the information, but we're preparing. Customs is already drawing down manifests, and, actually, I think there is good wisdom in us going back beyond just when we had those red-zone flights returning. So we're drawing those down in preparation. Once we get the genome sequencing that gets back that'll either tell us we've got a link to a case in isolation or not, then we can immediately move. Do keep in mind that a number of those peoples at various points were subsequently contacted for other reasons. If there were additional locations of interest, we often did make contact with them. What I might do is track back through those different occasions, when we already contacted those travellers, to give you a bit of a sense of all the requirements they've had on them.

Dr Ashley Bloomfield: Yes, just to add to that, I mean, it could be a couple of weeks, but we hadn't picked up anything through reasonable rates of community testing, nor through the waste-water testing.

Media: So nothing was picked up in waste-water testing at all until, I think you said, the 11th, was it, yesterday?

Dr Ashley Bloomfield: The most recent test on the North Shore was the 11th. We do routinely pick it up in the South Western Interceptor in Auckland that drains the Jet Park's waste water. There had been a couple of positive results in Christchurch a couple of weeks ago, which were put down to and explained by very active, high viral load cases in the quarantine facility in Christchurch, and it fitted there. But other than that, everything's been negative. The results from the more recent testing will be helpful, and we'll have those through later today.

Media: So, based on the fact that it could've been a couple of weeks, as of today is there any modelling that suggests how many other cases there could be as of today, as a result of that?

Dr Ashley Bloomfield: Just the modelling I referred to earlier that Shaun Hendy's team has done, which has taken into account that time interval, the Delta variant, the rates of testing that there have been in the community, and put those into the model, and it has come up with somewhere between 50 and 120. But other than that, we don't know.

PM: Keeping in mind, you would expect that if that were the case, that it'd been in the community for that period of time, you would expect that we would've seen it come through in community testing, waste water—or, indeed, remember it's a protocol within our hospitals that if people have upper respiratory tract illness, that they are routinely tested for COVID, as well. And so that's another point at which you would potentially pick up cases. However,

that won't stop us leaving no stone unturned in trying to identify the source of what is, essentially, a case that at some point has originated in Australia.

Media: Prime Minister, just in terms of vaccines, are you happy with the level of vaccinations for Māori and Pasifika?

PM: Look, Maiki, the last time I received a report where we—so the most accurate way, I guess, with the roll-out as it's been tracking for us to see whether we're keeping up in a proportionate way is by looking at the age bands that we've rolled out. When you look at the 65-plus, for instance, very similar percentage of Māori vaccinated as we're seeing in the general population. What will be critical, because we have a lower number of older Māori in the population, is seeing that same equitable distribution through every single age band. Now, we're not waiting for that; we've already had a real focus from our vaccination programme around what we can do to lift rates as we move through, targeting particular events, targeting particular rural communities, and so on, and we will absolutely continue with that.

Media: In terms of the majority of the new cases today being young people, has there been any thought given to shifting the goal posts in terms of age for vaccinations for that younger demographic?

PM: Of course, for us, as you will have heard me say last week, that when we are looking at measures of success for the vaccine programme, and when we've got enough people vaccinated to start varying up other elements of daily life, one of the things we'll look at is our young adults and the take-up rate of vaccination there. Because they have been identified, in Australia in particular, as being a pivot point for transmission. But we also have to weigh that up against those at most risk, and those tend to be older people, which is why we moved through in the cohorting that we have. Keep in mind, we are a matter of days away from opening up to everybody—everybody—and then it will be up to everybody to go out and get vaccinated.

Media: Firstly to Dr Bloomfield, given the Jet Park investigation showing Delta's transmissibility, how will the MIQ facilities be tightened? And, then, Prime Minister, what's your message to South Islanders, given that the cases are in the North Island?

Dr Ashley Bloomfield: So, we've had Delta in our MI facilities and quarantine facilities for several months, really, and I think the fact that we haven't seen any border-related cases—and we were up to nearly 170 days since the last community case before yesterday's case—shows the procedures are very good. There was an immediate investigation of, and changes in, protocol in the Jet Park, and this was the first time we had seen in-facility transmission in the Jet Park. Of course, the changes to protocols there are also translated over into what they might do in managed isolation. In particular, just this incredibly highly-attuned radar for any potential for airborne transmission, which is not just about things like making sure doors are not opened within a time period of each other but good ventilation is really critical, and a lot of work has been going on to improve ventilation across all our managed isolation facilities. It reinforces the importance of that.

PM: Coming to your question around the South Island, so long as we are yet to pinpoint the exact source of this case, I cannot hand-on-heart tell you that the South Island isn't implicated. So I would rather have more information in order to assure ourselves of that before we treat the South Island any differently. I'm also aware, for instance, that already we are identifying people at our locations of interest who may be in the South Island. So that's another good reason why we, at this stage, all need to be in it together at level 4.

Media: Are we hearing about potentially a suspect case in Wānaka that may have been airlifted out, and do you have any follow up?

PM: Keep in mind, during this period we'll often hear a lot of reporting of this nature. We always chase those queries down, but not all of them come to fruition.

Media: And that one hasn't come to fruition?

PM: That is not something we've been advised of, but we would be happy to follow through. You'll remember this often occurred in the past as well.

Media: Can you please clarify the situation for employers to employees—can employers force people to take leave during the lockdown, rather than have them on their normal paid rates? I know employers take into account the Government support.

PM: So, can they force someone to take holiday leave or so on?

Media: Can they say we're in three days' lockdown, you can't really work productively, I want you to take leave rather than—

PM: So, my recollection is, of course, most businesses will be in the position where they'll be able to take the wage subsidy, and so our expectation is that the wage subsidy is used to pay an employee rather than, of course, having them use up their leave allocation as a substitute. So I want to go and just double-check, because I am going back to my recollection of the legal positioning for that, but certainly that was our expectation when we created the wage subsidy, as to prevent that exact scenario.

Media: There are people outside of Auckland and Coromandel who are kind of stuck and can't get home past the 48 hours. If the lockdown is extended in the rest of the country, will there be another opportunity for them to get home?

PM: Generally, you know, often people will advise the circumstances there, as they apply, and, for the most part, 48 hours generally enables people to get back to where they need to be. If we end up in a position where we are in a longer level 4, then I'll come back and just remind people of some of the circumstances where we have enabled or supported people if they do need to move, for exceptional circumstances. But, at this point, move to where you need to be; you have 48 hours.

Media: Prime Minister, with the cases coming from Australia to New Zealand and the growing number of cases of this being expected, are you concerned that the spread could grow over to the Cook Islands at all?

PM: Mm, and so, of course, as you'll understand, the Cook Islands have their protocols in place to stop people coming into the Cook Islands. I spoke with Prime Minister Brown, gave him a call yesterday evening, after our press conference, just to check that he was comfortable with the information he needed to make their decisions. He advised me that they were going through their own processes to contact anyone who may have come into the Cook Islands and potentially been in a location of interest. They had their own testing regime in place, and they have very, very good protocols built up around that now. They are happy for people to stay, but they're not happy for people to keep coming in. So—lucky them!

Media: A couple of questions. One is what should parents and students of Avondale College be doing? And, secondly, we've been told that a close relative of one of the cases had recently come back from Australia [*Inaudible*] symptom-free [*Inaudible*]

PM: Yeah. So we checked on that before we came down, and the advice we were given is that it actually wasn't that recent. The month they come back was—

Dr Ashley Bloomfield: Two trips, but the most recent was May.

PM: Yeah, so you wouldn't assume, given we were talking about their family member being infected, May doesn't really line up. On Avondale.

Dr Ashley Bloomfield: On Avondale College, the information on our website and the information going out through the school to the community will tell those people exactly what to do. I don't have the detail now, but the information was about to go up, so I wanted to alert people to that.

Media: Yeah, just on Avondale College and, I guess, the churches are all quite varied—there's a lot of people there. When did the ministry learn about those places as locations of interest, and are you satisfied with how long it took to publicise that information?

Dr Ashley Bloomfield: Well, I'll say when we learnt, and the PM can let you know if she was satisfied about that—

PM: I wasn't sure who you were checking the satisfaction of—forgive me.

Dr Ashley Bloomfield: Right, so Avondale College: this information came through when we learnt about the cases late last night—that one of them was a teacher at Avondale College, and so, of course, through the morning, the regional public health service and the local education—Ministry of Education—staff have been working with the college, first of all, to let them know to work with them on how to get that information out to the community. So following a proper process there. The important thing is when you let a community know, that you tell them what to do about it. So that's the time frame there.

The other information we just learnt about, really, within the last hour or so, and I'm not even sure that those other places I mentioned have been notified yet, hence I caveated my talking about them with that we may not be able to let everybody know—that's the aim. But because they're venues that could have had a large number of people, I wanted people to be aware and to be looking out for the exact information and the instructions on what to do. So that information is still to be finalised, but I was giving an early heads-up that—

Media: And, I guess, the time it's taken to publicise that, I guess, Prime Minister—are you satisfied with that?

PM: Look, you know, the most important thing, as Dr Bloomfield has said, is that we're actually identifying those locations of interest, getting the notifications out to those affected as quickly as possible. We have all agreed that because we are so focused on getting that information out as quickly as possible, we won't always be in a position to even notify a business owner or operator before the information goes out, and our general practice, our preference, has been to do that. You can imagine if you suddenly see your place of business on a location of interest that you would want to know first, but we are having to prioritise speed. So that is a slight change in the way that we're operating now.

Media: And has any thought been given to prioritising vaccinating vaccinations for essential workers not in group 2?

PM: Yes, and so, actually, even before this situation, we had already, as you will have noticed, started workplace vaccinations at sites that would be essential services and are part of our supply chain—the likes of Mainfreight, Fonterra—and we had started conversations with our supermarket chains. As a team, we were speaking with the vaccination team this morning; they're continuing that work. So I'll look to give you an update on that tomorrow, but that is a workforce that we are particularly mindful of.

Media: Prime Minister, what message do you send to Aucklanders who reportedly took their boats and bikes and things and headed towards Northland; and, secondly to that, what can you do around check points and perhaps the Police Commissioner might be able to speak more to that. But, also in regards to that, I guess, now that people are potentially in Northland, is your advice that they stay put there or should they be coming back too?

PM: Yeah, I'm just asking everyone to just follow the rules. You know, we reflect on the fact yesterday that anyone who moved between Auckland and Coromandel, which they should not have done, would, essentially, be covered by the same requirements. You know, we're talking about seven days potentially for both. And so I'd just ask everyone, even if you have another place you could possibly be, we want to limit movement and we also want to limit the exposure that other parts of the country might have to higher-risk parts of the country. So just think about others in everything that you do.

Media: This is just a quick follow-up on Jo's. Are those people that are moving outside of their—or not following the rules, risking putting us in lockdown for longer?

PM: Look, anyone who is breaking the rules, which we very clearly articulate, may potentially put others at risk. At this point in the outbreak, it's very hard to know exactly where the lines of inquiry may end up, and people may tend to think "It won't affect me." Look how quickly we've expanded the reach of this outbreak in 24 hours. It may affect you and just think about how you would feel if you were in the wrong place at the wrong time when you get a call from that contact tracer.

Media: Prime Minister, given the high transmissibility and the speed with which the Delta variant can be transferred, is any thought being given to a greater use of saliva testing in this outbreak? And, secondly, is the nationally available saliva testing service rolled out as yet?

Dr Ashley Bloomfield: I can speak to that. So just to reiterate that saliva testing we are using here is still PCR testing; it's just a different sampling method. So it, effectively, still uses the same laboratory process to process the test. We have got saliva testing rolling out to a number of our border sites, ports, and airports, and also in managed isolation facilities. We have several private providers of saliva-based PCR testing and we will be talking with them to just see if we need additional surge capacity, recalling that our labs are able to surge up to between, at the moment, 30,000 and 400,000 PCR tests a day using the nasopharyngeal swabbing—so if we needed to use some additional capacity for saliva-based PCR testing, we will be able to tap into that, I'm sure. So we've got those conversations—we're just considering starting those conversations now.

Media: Just on testing, we've heard reports of people that have gone to testing stations today—

PM: Long waits.

Media: The long waits—

PM: They are.

Media: —the long waits; they've had to turn away. Is there plans at this stage to bring more pop-up testing into communities, especially Auckland?

PM: So I'll have Dr Bloomfield speak to additional capacity, but as you will recall, every time we move into lockdown, we do see a rush towards testing. It might be people who've been feeling a bit unwell for a few days, so we do get an initial surge. And thank you, everyone, for doing that. If you're symptomatic, we want you to go. We have said to people, we do have a wait time in some places. There's queue management going on. People are being provided with water and there are welfare checks, and if there is a nearby site that has less congestion people are being directed to those sites. But we do suggest to people: please, do still go but take a few provisions, take some food, some water, and just be prepared that there may, depending on where you are, be a bit of a wait for this time; we do expect it to lessen.

Dr Ashley Bloomfield: Yes, there was some congestion at one particular site this morning and there were some information system issues at the start. But I checked in with the chief executive up there, Dale Bramley, and everything was in place for the pastoral care and the queues were easing now. The important thing is people going to get tested if they have symptoms. There is, across the Auckland region, a large number of places where people can be tested so they should check on the Healthpoint website.

Media: Dr Bloomfield, with these new cases, were any good users of contact tracing, including the Bluetooth functionality, and do you have any plans to send out the Bluetooth cohorts?

Dr Ashley Bloomfield: I don't have any information other than our original case, who we knew was an assiduous user of the app, which is good, but that's something we will find out from each case. If they have had Bluetooth turned on, then we use that to send out the anonymous alerts to people.

Media: In terms of these cases who were vaccinated, have they shown any symptoms?

Dr Ashley Bloomfield: I don't have that level of detail just with me now, but we will make sure that is part of our reporting on each of the case—on the vaccination status of contacts and cases and whether they were symptomatic or not. Just in response to an earlier query around vaccination rates at Auckland District Health Board, 88 percent of staff are fully vaccinated and 91 percent have had at least the first dose.

Media: Just back to the potential sort of manifests coming out of Australia, do we have an idea of how many people we're talking about?

PM: Look, sorry, Luke. Depending on the time frame that you're talking about, I have had those numbers in the past; I just don't have them in front of me now. But we will work through that.

Media: And there is a possibility around this—right?—that someone who has been in New South Wales has gone interstate and lied about it to authorities, and, I mean, is there a possibility, really, that it was a failure of the pre-departure testing system—

PM: So the issue there is there's multiple hypotheticals there. What we'll be able to do over the next 24 hours is knock out some possible sources, and in doing so we'll narrow down a list of possibilities. So we know it's come from Australia; the question is how and when. We might get further clues on the when and the how. Once we knock out or confirm managed isolation, then we start looking at the wider passenger manifests and the potential of it having been someone who avoided the number of controls that were in place. The example you've given would have required someone to get around the border controls that were in place in Australia. It would have required them to get past both immigration and customs controls and, of course, the testing we had on departure and on arrival—checking of testing. As I said, for the red flights, it was 100 percent, so a lot of hypotheticals in there. But we will run them all down because it's important for us to discover what has happened and how.

Media: Dr Bloomfield, why have some visitors who've scanned into Ward 65 at Auckland Hospital yesterday not been contacted by health authorities?

Dr Ashley Bloomfield: Oh, I can't answer that question, but rest assured that the DHB started last night initially with staff, of course, and started testing quite widely last night patients who were on affected wards where the case we know had worked, and also reached out to colleagues who may have worked at the same time to make sure they were staying home. Then, of course, we'll move further outwards to people who were either with visitors or whānau members and others who may have been discharged. So it's a matter of starting with those who were most likely to be at risk, and then moving outwards.

Media: I just wanted to follow up on behalf of supermarket workers. How far along are those conversations in terms of upping them up the priority list in terms of vaccines, and is it a shame that we haven't prioritised them sooner?

PM: So they had already started—so before this outbreak, I remember having a discussion about this in one of our regular vaccine calls, around workplace vaccinations being organised for those in supply in front of house for supermarkets, and keep in mind the other workplaces that we had undertaken are also considered to be essential workers. So we had started them; now we're seeing whether we can expedite that work, and I imagine I'll have something more to say—firmer—on that tomorrow.

Media: On vaccination rates—just touching on the vaccination rates for Māori [*Inaudible*] Given the transmissibility of the Delta strain with Māori co-morbidity, should Māori be prioritised more in terms of the vaccination roll-out, and, secondly, should more resources be put into Māori health organisations to try and boost those [*Inaudible*]?

PM: I've visited some of our Māori health providers who are involved in the vaccine roll-out and have been so impressed by the initiatives they're undertaking. So, yes, they're often running facilities where people are booking to come in but they're also proactively

going out into their community and accessing their patients to do what they can to, then, encourage and literally bring people in for vaccinations. They're also targeting different events in places where we're more likely to see people out and about in their everyday activities, and making it as easy as possible to access a vaccine. So they're being supported to do that, and we will continue to do so, because although we've had relatively good rates for the age cohorts we've already undertaken, we know we have more Māori within those younger cohorts.

Media: Just in terms of essential workers who are parents, has there been a change from last level 4 lockdowns? Because those children used to be able to go to school during lockdown.

PM: So we did put on special OSCAR provision, and, of course, that was stood up partway through level 4. So, as I indicated yesterday, that's not something we'll be in a position to activate straightaway, and so that is something that we'll look for the Minister of Education to give you a bit of an update on next week. So, for clarity, people aren't able to go into facilities or drop their children into facilities. They're not able to go into schools. Essential workers are able to have someone who supports care within their bubble, but that's the limit of it, unfortunately.

Media: And you said that Delta is something that a lot of people might find—

PM: Scary, yeah.

Media: —scary and make them anxious. Does it make you anxious?

PM: No, it doesn't, because I have access to so much information, and I have access to the tools that we need to get on top of Delta. Delta is still a variant of COVID, and there is so much more we know about COVID this year than we did last year. What I just ask everyone to do is to help us. We will get on top of this if everyone plays their part. Our team of 5 million has before; I'm just asking them to do it again.

Media: The Deputy Prime Minister last week said that our contact tracing is going to find it really difficult to keep up with Delta. Therefore—

PM: If you don't have restrictions, that is true.

Media: Therefore, do you anticipate this lockdown is going to have to last a while?

PM: I'm not making any judgments, at this early stage in an outbreak, as to where it will track and how it will track, but it's not just up to chance; actually, all of us have a part of play in reducing down potentially how long it may last. What the Minister was indicating was that restrictions do play a part in helping our contact tracers when you have lots of high-risk contacts and when you are still trying to identify your source. OK, I'll look to finish up if you don't mind.

Media: On the mandatory masking, are there any changes to the mask requirements at levels 1, 2, and 3 as well, or is this—

PM: Yeah. So, look, Mark, what I'll—of course, the decisions that we've made there filter down all the way through. But what I might do is I wanted to give absolute clarity for level 4, so I'll expand on those other levels in future updates, if I may.

Media: Two. One is: have you ruled out any link with the Wallabies' visit? And the second one is on vaccinations: are there any plans or are you looking at any surge vaccinations for Auckland in particular?

PM: There has been some discussion about whether or not we can bring in extra capacity and additional ways of doing things. So, look, whilst DHBs actually get their vaccine programmes in their level 4 contingency, we'll let them do that, but when I bring in that update on essential workers, I'll bring an update on how we're progressing and the potential for extra surge capacity while we have a captive audience where one of the few activities they can undertake is going out to get a vaccination. On the Wallabies, they were

not in New South Wales before they travelled to New Zealand; they had been in Queensland, which, of course, as we know, has had far fewer issues than New South Wales, and my understanding is they had been there for some time. You'll see, at a safe distance, the Minister of Sport is sitting behind you, and I'm sure he'd be happy to elaborate on that question, which he has already fielded today. OK, look, thank you very much, everyone. I'm now going to hand over to Commissioner Coster to expand on a couple of the questions that you had around enforcement. We'll be back at 1 o'clock tomorrow.

Andrew Coster: Kia ora koutou. Police mobilised quickly last night as we moved into the alert level 4 lockdown. Overall, we were really pleased with how the community responded and the compliance that we had. However, there was some significant traffic in and around Auckland last night, particularly prior to the commencement of the lockdown, and not all of that relating to people returning home. We have turned around a large number of vehicles, people appearing to be travelling to holiday destinations. Our people have dealt with that effectively, I believe.

We have attended protest activity in Nelson, Tauranga, and Auckland today. In Nelson, a group of about 20 people gathered outside the Nelson police station. That group was quickly dispersed by police staff. In Tauranga, we arrested four people following an anti-lockdown protest outside the Tauranga police station. There was a group of about 20 and four declined to move on; the balance dispersed. In Auckland, in the last hour, we have arrested four people at a protest relating to lockdowns, and the balance of that crowd has dispersed.

We have a low tolerance for unlawful gatherings, particularly in the context of a Delta variant outbreak. People can expect we will move more quickly to enforcement action given that context.

Today, our staff will be out and about, conducting reassurance visits in places like supermarkets and other places where critical services are accessed. We know, from previous experience, that New Zealanders—the vast majority of New Zealanders—comply with restrictions and will do the right thing to get us through this situation. We do need compliance in order to stay safe.

We will have more detailed enforcement data for you tomorrow, but, for now, I'm happy to take any questions.

Media: Why was Billy Te Kahika arrested?

Commissioner Andrew Coster: I'm not going to speak on individual circumstances, but we gave plenty of opportunity for that crowd to disperse, and, when that did not occur, we began arresting people until it did disperse.

Media: Some of these protesters, they're protesting outside police stations. I mean, they're making it pretty easy for you, aren't they?

Commissioner Andrew Coster: I'm not going to comment on motivations. But, clearly, people who gather in that way put us all at risk, and police will act where required.

Media: So what's your message to anybody that's still thinking, despite the fact that you stood up here and said that you will be punished, not to do this, what's your message to people who are still thinking of flaunting the rules?

Commissioner Andrew Coster: They can expect enforcement action. The vast majority of people are doing the right thing. I think it's important not to be distracted by a very small number who seem to be determined to do something else. We will deal with them.

Media: What have you seen in the way of community roadblocks, and what's your message to people who are setting them up?

Commissioner Andrew Coster: We had one situation that I was aware of down near Coromandel. We responded to that, and those people have dispersed. Police did run a

checkpoint in that location and we were able to turn around a large number of vehicles. So: police is out there, we've got this, and the best place for the community is safe at home.

Media: Community leaders in Tai Tokerau who are asking for help, given that Aucklanders are seen to be going to Northland. What can you do in that situation, and are you going to answer those calls?

Commissioner Andrew Coster: We've been really active on our roading network, responding to what looks like traffic that shouldn't be going there. Clearly, there is a period for people to return home. But going to the holiday home is not returning home, and we have turned around a large number of vehicles. We'll continue to do that and we'll continue to talk to the communities that have those concerns.

Media: Given that message doesn't seem to get through and it continues to happen every time, at what point can you take more dramatic action and actually—I don't know—fine, infringe these people so that the message gets through?

Commissioner Andrew Coster: I think that's a really fair question, and one that we will certainly be assessing as we debrief the commencement of this lockdown. Obviously, there's a period of grace allowed before the lockdown starts, and that's with good reason, to allow people to be ready to work from home and those kinds of things. It's just really unfortunate that a small group of people choose to flaunt that and do something different.

Media: What was your message to those people who had the roadblock in the Coromandel, and will you allow any further community roadblocks during this lockdown period?

Commissioner Andrew Coster: Our message for communities at the moment is: we've got this, we are really focused on making sure that only essential travel occurs, and the safest place for communities to be is at home.

Media: How much risk are those who coordinate those anti-lockdown protests and attend them—how much risk are they putting other people at?

Commissioner Andrew Coster: That's probably more of a public health question. But, clearly, the restrictions are there for a reason, and that's to keep everyone safe. Where we're gathering in large numbers, we create a risk, and we've seen in New South Wales what happens when you get large protests, and they can become spreading events. We don't want to be here any longer than we need to be.

Media: They put your guys at risk, as well, don't they?

Commissioner Andrew Coster: Our people wear protective equipment and they're out there, in the community, when many are able to stay safe at home. I want to thank our police staff for what they do. They do take a risk; it's our job and we'll do it.

Media: The head of the Police Association has said that it's unacceptable that all front-line police weren't given at least a full vaccination before this lockdown. What's your response to that in light of those comments that you just made?

Commissioner Andrew Coster: We've got 4,000 of our front-line staff vaccinated, and we focused particularly on those at greatest risk around MIQ facilities and the like. We're moving as fast as we can to vaccinate our people as vaccine becomes available to do that. We have a provider working, dedicated for police to be vaccinated.

Media: So that's 4,000 out of how many?

Commissioner Andrew Coster: Out of 10,000 officers.

Media: Right, so that's less than half. So, I mean, would—some people might be saying that, in a lockdown like this, when the police are there to do this face-to-face dispersion of crowds, that they should be 80 to 90 percent of the way there. I mean, is this good enough?

Commissioner Andrew Coster: We'd love to be at 100 percent, clearly. And our people are wearing masks, not only out there dealing with the public but in the workplace as

well, and that's because of how much is unknown about the spread of this virus. So as soon as we're able to get people vaccinated, we will be.

Media: The Government's brought in, you know, new mask measures today—want the public wearing masks in more different places. Is that something that the police have a role in enforcing, or do you guys just sort of not get involved in that?

Commissioner Andrew Coster: Clearly, we can't be everywhere at all times. And so, with all of these things, we rely on the public to do the right thing. Our enforcement approach with masks would probably be similar to road policing, which is we'll be out there, we'll be looking, and when we see something we'll do something, which may include enforcement action.

Media: Do you have the ability to fine people, or—

Commissioner Andrew Coster: Yes, we do have the ability to issue infringements for that kind of offence.

Media: Would you go as far as arresting someone for not wearing a mask?

Commissioner Andrew Coster: I'd need to check whether that's an option. Probably what would occur would be a fine for not wearing a mask, and then if there's a direction to wear a mask and there's no reason why they're allowed to decline, and they fail to follow that direction, an arrest is theoretically possible. But we don't want to end up there; we actually want people to understand why we're doing this and do the right thing.

Media: Can you remind us how much that fine can be?

Commissioner Andrew Coster: I'd need to check that, but it's likely to be in the region of a few hundred dollars. I'd need to confirm.

Media: Regarding the protests and the approach to them this morning, that's quite different from both the original lockdown and also the approach to protests in August and September during the Auckland lockdown. Why the shift in strategy there?

Commissioner Andrew Coster: This variant has shown itself to be highly transmissible, including in settings where it wasn't being transmitted in the first outbreak. So all of our enforcement approach is around the situation that's in front of us, what's the risk and what action is required, and this is what we're judging is necessary with Delta.

Media: Is there a sense, as well, that, you know, certainly for the first lockdown it was a sort of educate-first approach, but we've done this before, people shouldn't need that education at first?

Commissioner Andrew Coster: People know the rules. I mean, there's some room for confusion around the edges, but there's basic things about stay home, only access critical services—straightforward, and people know what they are.

Media: Given we're dealing with the Delta variant, are you treating this lockdown level 4 as a slightly more souped-up version than last year's one?

Commissioner Andrew Coster: Absolutely. We see how desperate the situation has become in other places and we know that the actions that people take in breach of rules are one of the biggest areas of risk, so, yep, we'll be really focused on it.

Media: Just back on the police vaccination, the Police Association's been talking about it for some months and quite a few police were affected in the last lockdown. Did you ever go to the Government and ask them for police to be prioritised for vaccines?

Commissioner Andrew Coster: It's not really for me to comment on the conversations that we've had with Ministers. But suffice it to say, we're keen to get our workforce vaccinated, and we're working as hard as we can to achieve that.

Media: You won't say whether or not you've tried to get your own police officers vaccinated as a priority?

Commissioner Andrew Coster: It's not for me to discuss the advice that we've provided to Ministers. But, as I say, it is a top priority for us.

Media: Do you have any concerns that the arrests this morning might have the opposite effect of inspiring more people to turn out in protest?

Commissioner Andrew Coster: It's always the balance with enforcement action is knowing whether enforcement action will provoke. And so we have tried to take a very measured approach throughout this whole situation to enforcement and make sure that we take people on the journey. We know that, with Delta, the risks are higher, and that's why we've leaned towards enforcement more than we did in the earlier lockdowns, and we'll monitor how that's going.

Media: Do you have any issues within the Police in terms of, I guess, vaccine hesitancy and even with masks and now, obviously, that becoming mandatory—police officers, who, you know, don't think that that is necessary and might have concerns about that?

Commissioner Andrew Coster: I'm aware of very few instances where police officers are concerned about vaccines, and where that's occurred, at least as far as I'm aware, we've worked through with people to a successful outcome. So I don't believe we've got any significant issue there.

Media: What about on the masks?

Commissioner Andrew Coster: Likewise—likewise.

Media: On Marc's question, you know, someone who goes to protests on lockdown at a police station is pretty much asking for an arrest, in a way. Does it make you uncomfortable that you had to do these things this morning, potentially giving these people exactly what they wanted?

Commissioner Andrew Coster: Look, it's always a balance: what's the downside of taking the enforcement action versus the downside of not? And what we've assessed today is, actually, we just can't have crowds of people gathering in this context. And so that's why we've leaned towards the enforcement option.

Media: Aside from the protests, is there anywhere else in the country where you're having significant problems enforcing the current lockdown regime?

Commissioner Andrew Coster: Look, around the country, people have been really good, and this is consistently how the New Zealand public has responded to these situations. Whilst a lot of focus will go on to the very small number of people who are choosing to do something different, that really is not representative of where our people are at as a country. So we should be really pleased with the way we are. Thank you very much.

conclusion of press conference