

**ALL-OF-GOVERNMENT PRESS CONFERENCE: THURSDAY, 26 AUGUST
HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa. Good afternoon, everyone. Before I hand over to Dr McElnay, I thought I'd share some good news. Yesterday was another record day for the vaccination programme, with 87,772 doses administered. We also hit another key milestone, with now more than 3 million doses having been administered since our vaccination campaign began. And yesterday also saw the largest number of bookings made in a single day through Book My Vaccine, with more than 270,000 bookings entered as we opened up the 30-plus age band. That means 73 percent of New Zealanders aged 30-plus have now either booked or had at least one vaccination. If you haven't booked yet, please play your part in keeping New Zealand safe from COVID-19 by going to [Bookmyvaccine.nz](https://bookmyvaccine.nz) and make your appointment now. It's free and there are slots available.

I'm now going to hand over to the Director of Public Health, Dr Caroline McElnay, to talk us through the latest case numbers.

Dr Caroline McElnay: Thank you, Prime Minister, and kia ora koutou. Today we are reporting 68 new community cases since 9 o'clock yesterday. There is also one new case in a recent returnee in managed isolation. One previously reported community case has been reclassified after being confirmed as a false positive. This takes the total number associated with this community outbreak to 277. Of those 277 cases, 263 are in Auckland and 14 are in Wellington. The two new Wellington cases are household contacts and have been in isolation throughout their infectious period.

There are currently six sub-clusters identified with the outbreak, the two largest being the Birkdale social network cluster, which is associated with the original case A; that has 35 confirmed cases. And the other cluster is the Māngere church cluster; that has 114 confirmed cases. The remaining clusters have fewer than 10 people associated with them.

Since our last update there has been an additional 20 locations of interest identified across the motu. That brings us to a total of 495 locations of interest, but only three new locations of interest added today. One location, a rugby game, was added today that was pre-lockdown, and we've had two supermarkets that have been identified as post-lockdown. Please remember to regularly check the ministry's website. We are updating the locations of interest automatically on a two-hourly basis.

On contact tracing, the number of contacts continues to increase, as expected, as we identify more cases and continue to test in large numbers. Public health staff across the motu continue to focus on higher risk locations. As at 8 o'clock this morning, 24,402 individual contacts have been formally identified. And of these contacts, 65 percent have been followed up by contact tracers and the individuals are self-isolating.

Approximately 71 percent of all contacts identified have had a test, and that reflects the high level of testing, particularly in some large settings such as schools. In these instances, communities have been directly informed by the local public health unit that they are contacts and need to have a test. Work is under way to contact the remaining 8,647 contacts. Half of those contacts were identified yesterday, so there's still—it's a timing issue.

We also continue to significantly increase our contact tracing workforce. Yesterday an additional 100 contact tracers were trained across Government agencies and call centres. More staff are being trained today, and we expect to have in total nearly 1,400 contact tracers in call centres across New Zealand by the end of the day.

On testing, yesterday was another big day on the testing front, and laboratories processed 41,739 swabs nationwide. In Wellington, that number was 3,303. In Wellington there are 11 community testing centres operating today, including around 32 GPs open for testing.

Testing in centres in Auckland also had another busy day, with over 20,000 swabs taken across the city, with around 7,000 at community testing centres and around 13,000 at general

practice and urgent care clinics. In Auckland today, there are 23 community testing centres open for testing, and that number includes five restricted access testing centres that are invitation only for high-risk groups, and that allows us to prioritise essential workers. There are six regular community testing centres and an additional 12 pop-up testing centres, including a new pop-up testing centre at Tuakau in South Auckland.

We are expecting it to be another busy day today, so please be kind, when you go for your test, to our hard-working testing staff. I would remind you that testing is also available at general practice and urgent care clinics, and just a reminder that wherever you go, a COVID-19 test is free.

To help speed up the process at our testing centres, it's really helpful if you know your NHI number and if you bring that with you. You can find your NHI number on a hospital letter or on a recent prescription, or call 0800 855 066 to find out what your number is.

A reminder that it's essential that people only get tested if they are a contact or if they had visited a location of interest at the specific dates and times and have been told they need to get tested, or if you are symptomatic with cold or flu-like symptoms.

Whole genome sequencing: ESR has now run whole genome sequencing on samples from 152 community cases. The analysis of those samples has determined that they are all linked to this community outbreak.

On wastewater testing: ESR has also now analysed or is in the process of analysing samples from 97 locations taken from 70 locations in the North Island and 27 locations in the South Island. That covers an estimated population of 3.8 million people and more than 90 percent of New Zealanders connected to reticulated wastewater systems. COVID-19 has been detected in samples from the Christchurch catchment on Saturday and Monday. That follows previous negative results last week but ESR does stress that there are three active cases in Christchurch managed isolation facilities, and that is consistent with the virus being shedded from these cases. Further sampling from around Christchurch is being undertaken today, and we'll get those results by the end of the week. All other South Island sites continue to be negative. Further samples are being collected from Warkworth following a second positive detection. And, just back to Wellington, COVID-19 continues to only be detected at Moa Point, and this probably reflects the known cases shedding the virus into the catchment area. There are no new results to report from Auckland since yesterday's update.

Just lastly, we are adding another way for people who have been vaccinated to monitor any symptoms, and that is the post-vaccine symptom check. We already monitor reactions to vaccines and medicines through the centre for adverse reactions monitoring, or CARM, which works closely with Medsafe. But today the vaccine team will start sending out text invitations to a random sample of people who have had their vaccination around six days ago. That invitation asks the person to participate in a short survey. These text messages will be going out every day to a different group. If you receive a text message, you can opt out, but I would encourage you to participate. This really helps give us a better understanding about the use of the vaccine and the effects of the vaccine in a New Zealand context. Any information that we collect will be gathered and published on the Medsafe website. Thank you very much. Back to you, Prime Minister.

PM: Thank you, Dr McElnay. So as you heard today, we are in a very similar place to yesterday. With Delta, these numbers are not necessarily unexpected. It's more infectious, and we know it moves faster. So even though we moved into lockdown quickly once we discovered it, we should expect to see the impact of it being in our community for roughly a week or more prior for a time to come. I'll speak a bit more on that in a moment.

First, while we can't give you a lot of detail about today's cases, given they were reported to us just this morning, I do want to share a little bit more about the ones that were reported yesterday, to give you a bit more insight into what's happening with this outbreak. And we'll look to try and do that on a 24-hour cycle as well. Of the more than 60 cases that were logged yesterday, I'm advised that across all those cases, as you've heard, there have only been

three new reported exposure events, as in places where those individuals were while infected with COVID. That tells us something really important: that people are following level 4, and that we're beginning to reach people who have become infected since lockdown began.

We also know that 37 of the cases were from within households that already had a case. As we've said with Delta before, the rate of transmission in households appears to be high, and that's what's happening here. Also, of those 60-plus cases, our public health team have linked the majority; 16 remain under investigation since the interviews that were just taken yesterday.

And finally, I can report that across the roughly 400-plus locations of interest that are reported on the Ministry of Health website, 13 currently have generated additional cases. So that's just to give you a sense that while we do have a large number of locations of interest and we do want all of those individuals who are connected to those locations of interest to follow the health advice, at this stage roughly 13 have had cases transmitted at those locations of interest. We'll keep a watch on that and look to share a little bit more detail on that in the future as well.

So while we've had a number of new cases today, that gives you a bit of a sense of the patterns that we are now starting to see, and that, overall, lockdown is having an impact. Firstly, we haven't seen spread beyond Auckland and Wellington, where there is a known link to the Auckland outbreak. If it weren't for lockdown, I'm sure we would have seen cases spread further. Lockdown is also having an impact on locations of interest. While our cases are continuing to grow, these locations of interest aren't continuing to grow exponentially alongside them, and that's because people have been staying at home.

And finally, we are seeing lockdown's impact on our numbers, but there is no doubt that Delta is changing the way those numbers look. Previously, when you went into lockdown, anyone who might have had COVID but wasn't yet infectious to others was suddenly put behind closed doors, and that stopped entire chains of transmission. With Delta, people are infectious much sooner, and they appear to give it to more people, so our lockdown helps stop transmission outside of households, but we can expect the lag time in our numbers to potentially be longer and bigger.

As I said, nothing at the moment appears to us to be necessarily unexpected, but we do need to be incredibly vigilant. You will have heard us say many times before, Delta has changed the rules of the game, and that's why we changed our game plan. We moved straight into level 4 within roughly half a day; there's been a massive increase in testing; mask-wearing requirements; we're treating a larger number of people as contacts, as you've heard, in fact, over 24,000 people. COVID changed, and so did we.

In fact, part of the reason I think the team of 5 million has managed COVID as well as it has to date is because we've all been willing to listen to experts, and we've been willing to adapt. Right now, the experts are telling us to take on Delta differently, but they've also told us to stick with the elimination strategy for now. In their view, it's not only possible, it remains the best strategy, and I totally agree. Elimination means continuing to stamp out COVID wherever it emerges, and all the while ramping up our vaccine programme and ensuring every eligible New Zealander takes up the opportunity to be protected. That's because vaccination provides everyone with their own individual armour. Previously, when we didn't have vaccines on offer, we relied on turning our borders into that protection, and, when there was a chink in that barricade, using lockdowns to get an outbreak under control again. Our collective goal is to move away from having to use these measures in that way, and vaccines help us do that. No one wants to use lockdowns for ever, and I can tell you now that is not our intention, as we have new tools for managing COVID, and we will use them. But for now, while we vaccinate, elimination is the goal, and we can do it.

I know there have been a lot of commentary on our strategy versus other countries' strategies. You might have heard me respond to those questions by saying that I'm not fussed by such debate. For me, and I'm sure many others, the measure of success in this pandemic is not just what happens in August of 2021; it's what's happened since February 2020, when COVID

arrived in New Zealand. Then and now we had three goals: we wanted to save people's lives, and we have; we wanted to try and have people's lives lived as normally as possible, and even now we've had some of the shortest periods of restrictions of any country; and we wanted to save people's jobs and the economy. With unemployment at 4 percent and the economy performing at pre-COVID levels, we've done that too.

I know the battle with COVID is not over; it won't be for some time to come, and that's why we will keep changing up our strategy with those three things in mind: people's lives, their livelihoods, and the ability to feel as normal as possible. And on those measures, the team of 5 million has done an amazing job. Nothing about this outbreak changes that, and, if anything, it probably only strengthens our resolve.

So to wrap, a few quick important reminders: to date, everyone is doing incredibly well with level 4. Compliance is really impressive, so a huge thankyou. But case numbers are a daily reminder that we cannot drop the ball, so please, minimise your contact with others. Any interaction you have with someone new outside your bubble could be someone who becomes a positive case. Unless you are an essential worker, you should only be going out to get food and to exercise. Obviously, if you're symptomatic, we want you to be tested, and if you have a vaccine booking, of course we want you to take that up. If you're awaiting a test, though, please, no departing from your home. And in both cases, of course, across the board, always act as if you might have COVID. If you're an essential worker, we need you to be constantly checking the locations of interest and checking for COVID symptoms. The worst thing you could do is go to work without realising you're now a close contact, or, worse, take COVID to your work site. If you're isolating and need help with food or anything else, please let those making welfare checks know, and ask family, friends, or neighbours to get your shopping for you and drop it off in a contactless way.

So as a team, we need to stick together and get the job done, and the most important thing you can do to avoid future lockdowns is get vaccinated, and then, once we have been vaccinated, support everyone you know to be vaccinated. If you're 30-plus and not yet vaccinated or booked, please book today. We need every member of our team to play their part. We're now happy to take questions.

Media: Given you said that Delta is infectious much sooner but it seems to be sticking around for longer, do you think that you're going to have to keep Auckland at a higher alert level for longer?

PM: Obviously, we'll be looking to make those decisions on Monday, but, as you can see, a high rate of cases, and that is not because there is any issue with lockdown and its success. We can see it is having an impact, but Delta is very, very tricky. We know that it appears to be, and research is telling us and this seems to be our experience that you have an earlier period of infectiousness than what we had before, and we also know it's more infectious. So it's to be expected that we would see a bit of a lag before necessarily seeing the full impact of our lockdown. Dr McElnay?

Dr Caroline McElnay: Yes, and certainly what we're seeing with the cases coming in completely justifies the lockdown, because those people were infected before lockdown. They weren't aware that they were a case, but they would have gone on to infect others had we not had a lockdown as a control.

PM: Yeah, so definitely making a difference—there's no question.

Media: The fact that we haven't seen any cases in the South Island yet—are you pretty confident that COVID hasn't made its way down south?

PM: Look, we're very pleased at this stage to see that that swift move to level 4 has meant that whilst we have, of course, a very mobile country, we haven't seen cases down in the South Island. But we look for other measures, of course. We've got good rates of testing. What's the waste water looking like, and are we confident that we can safely move in that area? Those decisions we'll use with the very latest data, and we'll be looking to make those decisions tomorrow.

Media: You've said that New Zealand won't use lockdowns forever, while encouraging vaccinations. So what level of vaccination across the country would you be comfortable with before we abandon lockdowns?

PM: I want the highest number of people vaccinated as possible. Not only because that gives us the best chance at maintaining, you know, a level of normality in our lives; that's what protects those people's lives. And that's got to be our collective goal: to look after the team of 5 million. So every extra person that gets vaccinated saves them, saves someone in their whānau, someone in their community, and prevents the risks of outbreaks. People have asked us for numbers. The experts have really advised us to stay away from a single number, because that won't necessarily give you the level of detail we need around, for instance, what percentage amongst an age group, an ethnic profile, or even a town or community. We need the numbers to be high across all of those measures.

Media: And so knowing that one of the people infected with the COVID-19 virus this time round is less than one year old, what do you say to parents who may be frightened, when you mention a lack of lockdowns, for their young children?

PM: Well, the whole reason we want everyone who is eligible to be vaccinated to be vaccinated is because then they can form a sort of barricade for those who aren't eligible to be vaccinated. The more of us who can be who are, mean that we act as form of protection for those who are too small and too young to be vaccinated, and that is why it's so important.

Media: But even those who are vaccinated are still being infected with the virus and can also pass it on.

PM: Ah. Well, I think—yes, I mean, keeping in mind we haven't got large-scale, widespread vaccination yet, so I don't think it's fair to judge too much about the movement and transmission under those conditions. And yes, while we do have what's called breakthrough transmission, which is not unexpected, you're not seeing those individuals incredibly unwell, as you might for unvaccinated individuals. But I'll let Dr McElroy comment on that, too.

Dr Caroline McElroy: And just to add that what we're seeing from the international research is that you can get infected if you have been fully vaccinated, but the likelihood of being infected is dramatically reduced.

Media: But—I get it—the question is that, you know, those who can be infected may pass it on to younger children, and what do we know about that?

PM: That the likelihood of becoming infected when you have a large portion of the population vaccinated of course is much reduced. So we have a duty not just in order to look after ourselves but to protect other people who aren't eligible for vaccination by being vaccinated. The other thing I'd say is, look, our plan is very clear. For now, elimination is the very best strategy for New Zealand. We will continue to look at the best evidence and expert advice possible as we transition into the new year with a vaccinated population, and make changes to our plans. But it will always be based on those measures: how do we save lives, live as normally as possible, and keep our economy ticking along well.

Media: Just what you were saying at the beginning about the lag period—and correct me if I'm wrong here—you're talking about the fact that the virus was active within the community for a week, so what we're seeing now is the impacts of it being in the community for a week, is it?

PM: Yeah, so I'm going to have a go at explaining two things that we think might be making a material difference. One is simple: it's just the level of infectiousness of Delta. The second is, yes, we obviously believe that this case came into New Zealand on the 7th, and somewhere between, say, the 7th and the 9th, somehow entered into our community. And of course, we went into lockdown, you know, some eight or so—nine days ago. So, yes, there was a lag there. That's one of the things. But the other thing that there's already evidence to suggest—so previously, with versions, variants like say Alpha, from the time someone was

exposed to someone who had COVID, say they went to another event they were at, to the time that they might potentially infect others was somewhere in the range of five days?

Dr Caroline McElnay: Yes, that's right.

PM: So that gives a lot of time for testing, contact tracing, and then removing people who might infect others. We're now seeing data that suggests with Delta it might be more like three. Some public health units are reporting shorter windows. So that is another reason why, actually, a lockdown, whilst it takes people out, the number of people that they may have infected in those windows will be greater, as well.

Media: Right, so what we're seeing now is obviously what you were talking about last week—that peak. So from now on are you expecting to see the effects of the lockdown—so we're going to see fewer and fewer cases day by day?

PM: Well, we're seeing the effects of the lockdown in the sense we're seeing fewer locations of interest. Of course we're still seeing household contacts, but of course I don't feel ready to make a judgment yet on where we are in the cycle, in part because certainly it doesn't mirror Alpha, so I'm hesitant to do that myself. So perhaps Dr McElnay may hedge your bets on that.

Dr Caroline McElnay: Certainly the modelling that we have supports that we are now at that period where we'll start to see the peak number of cases, and we would expect that to flatten off and then start to go down, because we're washing out of the system those people who've already been infected.

Media: So from today or tomorrow we're going to start to see it level off, then?

PM: That's a level of unfair specificity you're asking for. Ha, ha!

Dr Caroline McElnay: I wouldn't like to make a prediction.

PM: But one thing also that I'm very mindful of, we have a large number of households affected here, and a portion of those—yes, even just yesterday, 37 from within the households—there are a number who have not yet tested positive. So as grim as it is, I wouldn't be surprised if we see numbers continue to be high because of those household contacts.

Media: But not a big jump—but not a big jump is what you're saying? You're not expecting—

PM: The modelling isn't suggesting that, but we'll see.

Media: Prime Minister, Dr Bloomfield indicated this morning that there had been an update in terms of the source of investigation. Are you able to give any details about what that link is with the person in the Māngere cluster, where it might have come from, and just any other information you have on that?

PM: So what he referred to was a possible link between someone who was very early on in that outbreak who's tested positive and has been connected to a number of locations, and potentially then another missing link that then connects to the Crowne Plaza. The person who the theory stands might be the missing link has tested negative twice, and their entire household has also tested negative. So it's not something that we're canvassing widely because at the moment the evidence there isn't strong, because the theory doesn't necessarily demonstrate the evidence required to show a link. So it's hard to say the person is the link when they've tested negative twice.

Media: But can you explain why that person was identified, regardless of the fact that they've tested negative, why you honed in on that and what connection—

PM: Just because of the connection to the Crowne Plaza, but, as I say, they've tested negative twice; no one in their household has tested positive. They've undertaken serology just to be sure. But it was a theory that at the moment some are calling unlikely. But this just

demonstrates we are following every lead, because we do really want to figure out what's happened.

Dr Caroline McElnay: And, yes, I'll just add to that, it reflects the detective work that that happens. So we have case that's got the earliest onset in the community, and that's where the public health unit explores all possible avenues, connections that there might have been, and that's where then they follow that up to see what evidence we can get. So that's the—

PM: The best way I can describe it is that person that Dr McElnay is describing who was early on and at a location of interest, someone else at that location of interest is connected to the Crowne Plaza, but that person had never tested positive for COVID. That's the explanation I can give at this time, and if we had any other evidence that provides greater support for the theory, we'll share it with you, but we're awaiting serology at the moment, so we'll see what that shows us.

Media: Prime Minister, how many—I think Minister Hipkins said yesterday, I think it was 270 rooms at the Jet Park; obviously 263 cases in Auckland. How many more hotels are you able to bring online and what's the total number of rooms you're going to be able to throw at this? And if there's more cases than rooms, what's the plan then?

PM: Yeah, so we treat households—you know, in some cases we'll have households where people will isolate together, and in some cases we'll have positive cases and then we'll isolate their other household contacts separately somewhere. So we have an additional facility that was brought on to house household contacts in order to separate them. We're also bringing on another facility that will come online tomorrow in order to give us greater capacity. So whilst I can't give you some of the specifics of those numbers, I can tell you we are bringing extra facilities online. We're going to do a bit of a stocktake on how our numbers are looking over the next 24 hours to assess what else might be needed.

Media: Can we find out how much capacity there actually is in the system, and if there isn't enough, what is the plan then?

PM: Well, as I've said, an additional facility for household contacts—I can't give you a number on that one, but that is a specific facility for that purpose—and we've got an additional 200 rooms coming on tomorrow.

Media: And can you confirm that there have been no cases of transmission from one person to a person outside of their household since the lockdown has come in place?

PM: Oh—so some of the cases, of course, that we're detecting were infectious pre-lockdown and so will have passed it on pre-lockdown but will have been detected after lockdown.

Media: Is there any evidence of any cases that were passed on post-lockdown?

PM: Ah, right—that've been infected post-lockdown and passed it on post-lockdown.

Dr Caroline McElnay: Post-lockdown, we're not aware of any new cases who have been infected in that location after lockdown.

PM: Yeah, and then passed it on, yeah.

Dr Caroline McElnay: Yeah.

Media: The church at the centre of the big cluster in Auckland thinks the ministry could do better with its communications with Pasefika people. Do you agree?

PM: I'll let—you know, if someone from the community is telling us that we need to improve communications, then I take them at their word on that. Obviously, there are things that we can do to improve there. I know there's been a lot of work, particularly with some of our fantastic Pacific providers, who are doing a lot of work to help improve some of the welfare response, improve some of the communications, and just ensure that those families we're working with have everything that they need.

Dr Caroline McElnay: And I've spoken to the public health unit there. They're very aware of the need to have really good engagement with the community, and they're utilising all the resources to help them do their job but also to ensure that the community understand what is required of them.

Media: Why has it taken until now? We've already had an outbreak that's affected the Pacific community predominantly. Why did you not learn from that one?

PM: Well, of course—there's been communication the entire time, but, of course, if we're getting feedback that some of it needs to be improved, then we take on board that feedback and will, of course, look within the situation to keep doing better at every turn. One thing I will say is that we have individuals split across multiple congregations. I think that has posed some complications, but it's no excuse. We always need to try and do the very best we can to make sure we're getting information to those who need it as quickly as possible. But I've heard some really heartening things in the last few days about how some of those relationships have really strengthened over the past few days.

Media: Just quickly on that Warkworth case that was mentioned yesterday, do you have any more details on that? Does that case have links to Auckland; if so, how?

PM: So it is linked to the cluster.

Dr Caroline McElnay: Yes, the information that I've received this morning is there is a link with the large cluster. Still a couple of potential links, but they definitely identified links to the cluster.

Media: And there were no locations of interest listed in Warkworth as yet. Have they not gone anywhere, or what—

Dr Caroline McElnay: They're still working through with that case, is my understanding. So there may not yet have been any locations of interest, but they're still working through the interview with that person.

PM: Yeah. They were, of course, infected in Auckland, so, of course, may factor in when they actually in fact travelled back to Warkworth.

Media: Will you be releasing the 13 locations that—

PM: Yes, yeah.

Media: —they have passed on from, and, also, do you know how many of the contacts who live outside Auckland in other regions have had tests so far and come back negative clearly, other than Wellington?

PM: Yeah, so, of course, we do record how many of those who have returned tests. Of course, some of them have different dates that they're meant to be tested on. So I'd need to ask the ministry to break down that data by those who have an address listed in the South Island.

Dr Caroline McElnay: Yes, we've got—we can provide that data.

PM: Yeah, and that's data that we will look at as we consider our decisions, for instance, on Friday. On the 13 locations of interest for where we know that we've had transmission at those locations, yes it is our intent to share those. The only reason we haven't today is what we want to do is a little bit of analysis as to whether or not, where that transmission occurred, they were known contacts for one another. So, for instance, you know, were they seated next to each other, were they at the social event together, because some of those different events might be quite large, and we don't necessarily want to trigger everyone to react in a particular way if they don't need to, just because they were at that event. So we're going to build a bit more of a picture around each of those locations and then share that information.

Media: Just zooming out from the current outbreak here, the World Health Organization says countries should delay booster shots for several reasons, but mainly to allow lesser-

developed and poorly-vaccinated countries—where people are dying—to access vaccine. In principle, does New Zealand support the WHO position here?

PM: You will have heard me and everyone really within the Government say—and, of course, the Ministry of Health and all of our experts—we're not safe in New Zealand until everyone is safe. We know that variants thrive in areas where you have low rates of vaccination and significant outbreaks, and so we are all going to be better off once we have a good level of baseline vaccination globally. So that's one reason.

On the issue of booster shots, I know people are really interested in the evidence around whether or not we've got issues with vaccines waning—the jury's really still out. We'll keep analysing all of the data and information, and we keep up our conversations with the drug companies regardless, because, actually, we'll have an ongoing need for vaccination programmes for those who become eligible. So that's one of reasons we keep those talks live.

Media: Once you settle on whether you want booster shots, will you attempt to get in front of the queue, like last time, or are will you, say, make the housekeeping argument that says no, others need it more or—

PM: We have always tried to do both: serve the needs of our population—as we have a duty to do—but at the same time make contributions to COVAX so that the rest of the developing world has access to vaccines. Donating, as we have, to within our own region as well; helping facilitate the roll-out in the Cook Islands, in Tokelau, and in Niue, where we've supported their vaccination programmes; and even now we're continuing talks with the likes of Tonga and Samoa over ongoing need as they roll into some of their younger populations too.

Media: On the locations of interest, one is Countdown Westgate at a time that the supermarket's not open to the public. Can you clarify if a Countdown worker was infectious on shift? And is the Ministry of Health looking at introducing—or the Government looking at introducing—rapid at-home tests as they are in New South Wales to get ahead of Delta?

Dr Caroline McElroy: On the specific question about the supermarket, I won't be able to answer that detailed question here, but if you send that through we can provide the details for that. There have been a number of supermarkets who've been identified post-lockdown as locations of interest. And in relation to your last question, we continue to look at the evidence around all sorts of testing, including rapid antigen tests. We haven't yet provided a conclusion. The evidence is emerging around the world about that but we continue to keep a close eye on things.

PM: The one thing that we were advised before we came down was that with the supermarket worker, they were infected within a cluster within the outbreak, as opposed to being infected in their place of work by someone else.

Media: How many confirmed cases have there been in essential workers within the outbreak so far?

PM: So we've had—forgive me if I don't have a number, but we have had, as you will have seen, the reporting around the nursing workforce. Obviously, we've got a supermarket worker. We have had some who work—of course, in level 4 there's a restricted number who are able to work. We've had some who are not customer-facing but who work in food and beverage production. Those are all places of work that in order for them to operate at level 4, have to have quite strict infection prevention controls. So those are all things that are assessed by our public health teams if they have a case in those locations as to the use of those. So perhaps Dr McElroy would like to comment on that.

Dr Caroline McElroy: Just to add that under a level 4 arrangement, there was a lot of proprietary work to make sure that settings are safe for those essential workers, because that's always been realised that that is a potential that one could have someone who is an essential worker who is infectious whilst they're doing they're role. So that's been something

that we have emphasised from early last year that we need to have good mechanisms in place to make sure that those workplaces are safe, not just for the workers but also people who may be using those workplaces, for example supermarkets, which is why we've got the procedures in place in supermarkets, for example.

Media: And are there any unlinked cases or cases in essential workers that are giving you cause for concern that level 4 might not be stopping all transmission outside of bubbles?

PM: So from yesterday, we've been notified of—and I can't put these into that category or not. But, generally, we've been told from yesterday—given they've only had 24 hours, so often things will be linked later—we've got 16 at this present point in time. But every time we've asked the public health unit whether or not they have a concern that there are compliance issues or anything to demonstrate level 4 is not working, the answer I've gotten back has been no. So, yes, they are still working on either linking to a person or to a location of interest. It's not unusual for that to take longer than 24 hours, though.

Media: With the benefit of hindsight, would it have been better to target Auckland for first shots of the vaccine programme, as opposed to rolling it out across the country, given that if the borders were to close, it would most probably be coming through Auckland?

PM: The two things I'd say—well, we did. We actually, in the phased roll-out plan, of course, when we said we want to target our border workers, we want to target our healthcare workers, we want to target those who are working at MIFs, that did lead to a large proportion of Auckland, and remember we also brought forward the age cohorting for Counties Manukau first. So we moved down into younger age groups for Counties before we did for any other part of the country. So that was to try and target those who were at the most risk, which by default meant more in Auckland.

The other thing that I would add is keep in mind, yes, we're very pleased that we haven't seen spread down into the south on this occasion, but we have in Wellington. We had 9,000 people just in the 48-hour period after we called for a lockdown who came from Auckland back to other parts of the country. So we do need to think about the fact that as a highly mobile country, actually having some resilience in other parts of the country was important too.

Media: Just also, by our count, there's now been at least five locations around the country where Labour Party volunteers have continued to breach lockdown by delivering pamphlets touting the Government's COVID response. It looks to us like your electorate is now among them. Why has it been so difficult for the Labour Party to get on top of this, and how embarrassing is it?

PM: Oh, it's really disappointing. Of course we don't want this situation—of course not. We want everyone to be modelling exactly what we need at level 4, and so we have taken a number of steps. Unfortunately, our leaflets are delivered by volunteers—wonderful, wonderful volunteers—but we have communicated with them via phone trees through our volunteer network, through email, through text message. We had the president, just 48 hours ago, send out another reminder to cease delivering any pamphlets that they might have. Unfortunately, we haven't always been successful in reaching everybody we need to, because we literally have thousands of people across the country who in their spare time deliver leaflets. But we have certainly asked people to stop.

Media: Are you embarrassed by it?

PM: Oh, look, it's very—

Media: If politically engaged volunteers aren't getting the message, does that worry you about the rest of the country?

PM: Well, look, let's be open—these are thousands of people who come from all walks of life, and I wouldn't necessarily put everyone into that category. So look, it's on us to try and reach those people. We have done a lot—MPs have individually engaged as well—but there are thousands of our volunteers. So, yes, it is frustrating. It is disappointing. We've worked

very, very hard to try and send that message to people, but human error amongst volunteers will, from time to time, happen. It's no excuse, but it's simply an explanation.

Media: Just a couple of things, and, first up, a follow-up from Jenna's pātai. Pasifika and Māori community leaders are telling us that this whole thing could have—that this outbreak within the Pasifika community could have been avoided if Government engaged properly with the Pasifika communities. Does that just tell us that the vaccine roll-out plan for Pasifika has failed?

PM: Well, actually, I look very closely at our vaccine data, particularly across age groups, but also Māori and Pacific where we know that we have to make sure we're working with our providers to reach our communities there. And what you see at the moment is, actually, across those age cohorts, a really good uptake. So where we've opened up early on, you see, in fact, for the Pacific community the same rate of uptake, almost, in almost all areas as you have in our general population. So the issue for us now is to keep that consistent. As we roll out, we've got to keep making sure that no matter what your age, we are reaching those members of the community. It is not done yet. So keep holding us to account, but make sure that we've also doing it once we're a bit further through the campaign.

Media: Also, we asked the Ministry of Health about the data around vaccination rates for homeless, and the response was "It is unlikely that vaccination rates for homeless and rough sleepers will be available to be monitored through data at a national level because no single databases set are held for homeless and it can't be easily developed either." Is that good enough—that we can't get—

PM: So what you also would have been provided with was the different providers who are undertaking vaccine campaigns. So we've got Auckland City Mission, Lifewise, and they will have their own numbers of individuals they've vaccinated. I've seen those numbers, and I believe we may have provided them, but what we don't have is a national dataset that categorises people as "homeless", and that's because no such dataset in that way exists. People move in and out of housing, but they will be known by the housing providers. So that's why we've worked with them who know their community, know who they need to target, and they have been targeting them with their vaccinations.

Media: So would we be relying on anecdotal data to make sure that we're getting—

PM: No, we have numbers—we have numbers and I saw them. Forgive me, I thought they'd been provided to you, but we do have numbers for each of those social providers on how many they've reached so far, but these are our chronically homeless. I'm happy to—I believe that there won't be privacy issues in providing those?

Dr Caroline McElroy: Come back to us at the ministry and we'll see what we can provide for you.

Media: My apologies if this has already been asked, but what's the plan with the next mass vaccination session at MIT? Is that still going ahead as planned or has that had to be changed?

PM: Oh, that was due on, I understand, 9 September. I haven't seen anything further on that in recent times, so would you mind if I came back to you on that?

Media: Not at all.

PM: Yep, thank you.

Media: Can we have an update on the rescue mission in Afghanistan—how that's going in terms of the numbers we've managed to get out so far?

PM: I expect—so our intention was to provide the final numbers at the conclusion of the campaign, and the reason for that is (a) so that we can consolidate, because, of course, we've been working with other international partners—some you'll know have already arrived, some en route. The other reason is just for safety. You'll have seen a lot of international reporting around concerns of safety around the airport. We've been wanting, therefore, just

to be careful about what is being communicated about NZDF's movements and the movement of our people en route to coming home.

Media: Right, and for the people who are stuck near the airport who in the past have worked with our Defence Force—doesn't look like they're going to be able to get on a plane. What's our Government's advice to them? What should they do?

PM: So we've got three groups of people that we'll need to continue working on our plans around from Afghanistan. The first is once we have a final consolidation of those who we've been able to support, we need to be able to look at how many New Zealand citizens or visa holders may not have been able to be evacuated in those evacuations we've undertaken so far, and that may be because they are in provinces where it was simply impossible to get to Kabul airport. The second group are those who fall in the category of having supported our agencies who may not have, for the same reason, been able to reach our flight. And the third are just a wider humanitarian group, of course, who may wish to seek to be refugees in a number of countries that will be seeking to support those affected by this conflict. Cabinet intends, once we have a final consolidation of those that we've been able to evacuate, to then work through a plan for those who still remain.

Media: Just to follow on from that, we understand 30 to 40 families applied urgently for visas through MFAT and Immigration last week who met the criteria but haven't heard anything back yet. Why have these visas not been approved?

PM: Well, the first thing is I simply can't speak to whether or not they did or didn't. We had, of course, quite clearly defined criteria that we were working to: first, of course, focusing on getting New Zealand citizens, permanent residents who were stuck there, also those who supported our agencies and Defence Force. And for those, you know, we by a large, of course, knew and had awareness of who those individuals were. And then there will be those who were visa holders that had already been issued visas but were in Afghanistan.

Media: But is it now too late for those people who've applied for visas to get the visas—

PM: To be clear, there will be those who have visas. There will be those who will be citizens who we have not been able to get out of Afghanistan. The window was very short. The number of people seeking to leave was enormous. I think it'll be clear at the conclusion of this mission that every country will have some people they weren't able to bring out, and most of us, of course, will then look to what the next steps need to be.

Media: How does that sit with you? How does that sit with your conscience that we've got people over there that we can't bring home?

PM: No one has gone on with the intention of leaving everyone—anyone behind, but the reality of the situation has been extraordinarily difficult. Not only did we have a very small window in which to try and evacuate people, we literally—across all international partners there have been tens of thousands of people seeking to leave in very unsafe circumstances. Some of them have been in provinces where it wasn't even possible for them to travel to Kabul, so we've always known that we were going to need to look at what would happen after this emergency mission.

Media: But Prime Minister, [*Inaudible*] families are waiting for is someone at Immigration to sign off on their visas. Is that good enough?

PM: That is simply not a correct characterisation. There will be some who already have visas. There will be some who have passports who would not have been able to get out. That is not an issue of processing; it's because they are in absolute turmoil in that country right now.

Media: Prime Minister, where are we at with vaccine passports? I've spoken to someone living overseas who's received both of their Pfizer doses here in New Zealand, and yet they're coming up against barriers over in the UK because, you know, we just don't have the documents that are easily recognisable.

PM: We do issue them. So at the moment, we do issue them. The Ministry of Health has a manual process where they do issue documentation for people who apply, and we do have a number of people who apply.

Media: Is a letter good enough, though?

PM: Well, look, different countries will have different ways of presenting their data, and so, yes, if you're in New Zealand and you're vaccinated by Pfizer, we won't necessarily then produce something that sits within the app that's produced by the UK Government. And that's why, in the long run, I think we're all wanting to see something that is digitally recognisable across a number of boundaries, because some people are not just using it at their borders; they're using it in-country for events, pubs, clubs.

Media: The saline slip-ups, how come it took six weeks in order for those to come to the public attention, and how damaging is this to public confidence of the roll-out? And just on saliva testing, Whānau o Waipareira wants to offer saliva testing to its wider community—is the Ministry of Health going to approve the trust using that?

PM: Well, of course, saliva testing's already being used in our system. I think the thing to just note there is, with saliva testing it takes as long to process—if it is PCR-based, it takes as long to process it as a nasal swab. There are other forms of testing that are rapid, but they don't have quite the same level of accuracy as the saliva testing that you process as PCR. But I'm more than happy for that dialogue to start. The more testing we can do, the better.

On the issue of the saline, the most important thing here is that this was not an issue of anyone's safety being compromised. However, of course it was not good enough that it took that length of time to tell people what happened and to offer them options. The reason for the delay, though, was Health was concerned about going and notifying people of something that had happened to a small number of people, without having finalised what the best option was for them. They continue to seek clinical advice on what those options for people should be, but, in the meantime, they've made contact with everyone or are in the middle of doing so.

Media: Are you worried about the impact it could have on public confidence in the roll-out?

PM: No, I think that's why the first thing I would say is that this has not, in any way, compromised anyone's safety. This happened on a small scale, and no one came into any danger as a result. Dr McElnay, do you want to comment?

Dr Caroline McElnay: Just to add, as Dr Bloomfield outlined yesterday, that after that event that it sort of highlighted a number of extra checks and balances that needed to be put in place—those have been put in place. So that's part of our continuous improvement to make sure that we're just minimising any potential for any of these unfortunate situations to happen.

Media: Just on contact tracing, we know the Ministry of Health has got a standing capacity of 3,000 contacts a day, and a surge capacity of 6,000. At the moment, across this lockdown, it's been averaging about 1,500. There's been four reviews into contact tracing suggesting from the likes Sir Brian Roche that there's been an unwillingness from the Ministry of Health to ramp up that surge capacity. Are you genuinely happy with where that contact tracing is at when it is so far below the standing and surge capacity?

PM: Well, I mean, looking at what we had yesterday and what we're looking to have by the end of the week, which I think the surge plan that I saw had up to 1,800 working across just those call centres. The thing that I would say is that even at the time those reports were written, we have now vastly changed the way that we're dealing with contacts. We've got 25,000 now—a much larger number, because that's what Delta demands, surged in capacity, using other Government departments in order to make contact, but already those contacts we're reporting are people that, by and large, have had either contact via their schools, via Healthline, via other forms, in order to give them the advice they need. And then, of course, our practice has been to have regular follow-up phone calls—25,000 is a large number of people to be dealing with, though. But, Caroline, if I pan to you on that question.

Dr Caroline McElnay: No, just to agree, and actually what we have seen is that surging happen, and that surge has happened within 24 hours since when we saw that the existing capacity that was within the system needed some extra help. And that's part of the planning that was in place—that ability to then be able to pull in others and get that surge happening quickly.

Media: But if surging happens, then you're suggesting that you've hit 6,000, which you haven't.

PM: Sorry, that we've hit—

Media: I mean, surge capacity—the Ministry of Health says surge capacity is 6,000 contacts, so are you suggesting that the Ministry of Health has reached 6,000 contacts at some point?

PM: Well, we've actually, as reported—I mean, you will have heard Dr McElnay report over that number.

Dr Caroline McElnay: That's right. There's over 20,000 contacts, and it's—

Media: Yeah, but that's over a period of time. I'm talking about a day.

PM: Yeah, well, except, of course, some of those will come from one of—you know, the locations of interest we're getting, some of them will have thousands, all reported in one day. And the fact that we've been able to bring in that surge capacity—you'll see that in one day of reporting, I think we had 4,000 come in just yesterday.

Dr Caroline McElnay: And it's the ongoing management of those contacts that's really important, so it's those daily calls to contacts. It's not just registering them into the system and—

Media: I get that. I'm just making the point that these are your numbers. These are the Ministry of Health's numbers. I'm not plucking them out of thin air. So are you trying to suggest that the Ministry of Health is at surge capacity and is contacting 6,000 of those cases a day over this period?

PM: So one thing just, Jo—and forgive me, I'm just trying to understand that I've got your question correctly. For some of those contacts, they will be contacted on a regular basis, because they'll be triaged as being individuals that may be symptomatic, may be of greater concern than others. Others, they'll be triaged by the Ministry of Health to determine whether or not, actually, we can maintain—once we've contacted them, given them instructions, whether or not they can maintain contact with one of those 25,000 through other means that isn't necessarily a phone call. Keep in mind, the practice of our call centre and our contact-tracing callers has been to maintain regular contact. With 25,000 people across multiple days, that's a lot of calls, so they are adapting what they're doing. So that's why I'm just concerned that giving you a blanket answer on how we're treating a specific 6,000 people per day probably isn't an accurate way to deal with that question. So sure, ask I'll Health, perhaps, to give you a bit more of a breakdown of the number that they're contacting daily or doing symptom checks on regularly.

Media: According to Dr McElnay, do you have an update on how many close-plus contacts there are, how many have not been reached yet, and how many are waiting on test results?

Dr Caroline McElnay: I may have.

PM: Test results we're churning through pretty quickly now, so—

Dr Caroline McElnay: Yes. Are you talking about the number of close-plus contacts who we're waiting for test results from?

Media: How many there are—

Media: The sort of breakdown that you gave to the select committee the other day, basically.

PM: OK, so you want an update on those figures?

Dr Caroline McElnay: Yes. I'm not sure I've got those figures here with me, but we'll be able to give you those figures, because they are regularly reported.

PM: OK, just everyone give an indication to Andrew if you want those figures shared with you. Perhaps we'll do it on the poll editor group. Yeah.

Media: Do you have an update on the number of the cases that are vaccinated—so first and second dose?

PM: Yeah, so I saw that in the update this morning. The one thing I'd just add that somehow people seem to suggest that if you've got vaccine—that we should have more people vaccinated showing up in our cases. Ideally, you don't want vaccinated people becoming infected with COVID, so it doesn't mean that because we don't have more, that somehow that's a reflection of a failure of the vaccine campaign. It's perhaps indicative of the fact that the vaccine is working. Last I saw, we had something—it was over 14, but let me search through while I ask for another question in the front.

Media: Prime Minister, just to take you back to Afghanistan, obviously there is the need currently to get out citizens, to get out wartime allies at week's end. After that deadline, where is your thinking at in terms of refugee intake? Is this the sort of generationally significant moment that we'd look toward New Zealand to sort of lift its eyes a little bit and take more people?

PM: And this is the very question that we as a Cabinet want to have a discussion about, because I talked about those three groups. There are those that are stuck that we need to continue to help and support to get out. There are those who we already identified as having worked with New Zealand that we may not have seen come through already. And then there's just, broadly, the humanitarian effort, and I do think there's work to be done across the international community to see that there is going to be that support. But we'll have a particular eye on those who, because of their, perhaps, their human rights work, or others, you know, we would have concern about. That does involve the UNHCR, though, so often is a slightly longer process, and we want to work on that next.

Media: Is it going to be over and above your regular intake, though?

PM: Sorry?

Media: Is it going to be over and above your regular intake of refugees?

PM: Well, of course, we've already doubled our intake, so—but no decisions on any of that have been made. It would be premature for me to speculate on that. I'll come back to your last question. It was—we've had 34 have had their first vaccination, 10 on their second.

Media: Two questions from my colleagues for Dr McElnay. Firstly, how many intensive care nurses are we short around the country? Is it as many as 100? And, secondly, does the Ministry of Health know exactly how many doses of the vaccine have been discarded or unused for whatever reason, following Chris Hipkins citing we were using 99.5 percent of our stock?

Dr Caroline McElnay: Just to answer your last question first, I don't have the specific percentage, but it's a very small percentage of discarded doses—very small. I would say about 1 percent or less than 1 percent.

PM: We're well under the international wastage rates, from memory, and we also order factoring in what we saw as average wastage rates across the globe. But, yeah, my memory is it's very, very small.

Dr Caroline McElnay: And the—

PM: Are you looking for intensive care nursing?

Dr Caroline McElnay: Intensive care nursing: I don't have the figures as to the number of intensive care nurses, but it is part of the planning that the ministry has been doing to be

able to make sure that we've got the staff as well as the facilities for intensive care provision. That is certainly part of the planning and is ongoing work with the DHBs.

Media: How many are you planning for? Like, what's the gap that you're planning for?

Dr Caroline McElnay: I don't have those particular figures. That reflects my area of expertise, which is public health, which is not in the intensive care treatment side, but we can get those figures for you from the ministry.

PM: Yeah, I can tell you the Minister of Health gets—I believe it almost might be daily. He gets reports on what our capacity is across our hospital network, including in our intensive care system, so he's constantly looking that we have the capacity we need, particularly during winter months. We know that RSV caused a surge. He suggested to me this morning that we're starting to see that abate a bit, but particularly of concern to make sure that we've always got the paediatric care that we need, because we do have single centres of excellence for that in New Zealand. So that's an area we always keep an eye on.

Media: Prime Minister, just on the vaccine roll-out, is there a targeted approach for Pacific and Māori youth and young adults in particular, because that's quite an important age bracket, given their younger age structures? Is there a targeted approach to those age groups?

PM: Yes, so we have, for instance, when our vaccination campaign—I'll speak specifically to the Pacific programme: \$16 million there to support both building Pacific capacity so that we've got the workforce that we need, working with specific providers to build capability to lead on those programmes, comms efforts; in fact, the likes of the Cause Collective and others who have been involved in building some of those campaigns. So there has been a lot of work to reach out into community to help build those programmes. And the last time I visited a vaccination site, I saw some of our Pacific providers helping lead the delivery of vaccination programmes in their area, and it meant that they were bringing in really innovative ideas on how they would roll out. Did you have any further on that Dr McElnay?

Dr Caroline McElnay: No.

PM: OK, I think we'll wrap there today.

Media: Sorry, just please one on Afghanistan: the US plans to withdraw by next Tuesday and the Taliban says it won't extend that deadline for allowing people out. When will New Zealand troops—

PM: So we haven't given specific details, as you can imagine, for safety and security reasons, around our specific date of withdrawal, but it is fair to say we do have security concerns. There have reports that you will have seen around potential threats around the operation and we are very live to that and of course wanting to keep people safe. It was always unfortunately going to be a very short window, but we have done the best we can to maximise the time that we had. Thank you, everyone.

conclusion of press conference