

POST-CABINET PRESS CONFERENCE: FRIDAY, 27 AUGUST 2021**HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa. Good afternoon, everyone. As you will have seen from today's case numbers, reported earlier today, we may be seeing the beginning of a plateau in cases. Our job is to keep up the hard work in order to bend and then flatten that curve. We are doing really well, and we have evidence that what we are doing is working, but caution is still required. As we have seen in this outbreak, Delta is definitely more infectious, and it also moves more quickly. From the very beginning, we have changed the way we do things to meet that challenge, but by far the most effective tool that we have right now is level 4. You can see that in the data from yesterday. Of the cases reported yesterday, roughly half were household contacts. Unfortunately, we know from Australia that household members are almost universally becoming infected with COVID-19. That means you can expect our numbers to continue for some time, as significant numbers of household contacts continue to test positive.

Another positive sign of the impact of level 4 is that, from the almost 70 cases reported yesterday, only 10 had any new exposure events, and some of these were pre-lockdown, which, again, shows that, during the most dangerous period of someone's infection, people have generally been at home, just where we needed them to be to break the chain of transmission. I'm also told that compliance is really high. We're generally not seeing people anywhere that we wouldn't expect when we're looking at exposure events. Lockdown is making a difference; the question now is how long everyone stays there. Cabinet met this afternoon to look at our latest data and consider the advice of experts. Based on all the information in front of us, and on the advice of Dr Bloomfield, Cabinet has decided that all of New Zealand south of the Auckland boundary will move to level 3 at 11.59 p.m. on Tuesday, 31 August. We'll review these settings at Cabinet a week later, on Monday, 6 September.

For those in Auckland and Northland—so from the southern Auckland boundary to the very top of the country—you will remain in level 4. At Cabinet this coming Monday, 30 August, we'll consider how long Auckland and Northland will continue to remain in level 4 before we review those settings again. We'll use the data we will have from a full two weeks of lockdown. That will put us in the best possible position to give you as much certainty about the future as we can. But I do want to indicate now that, based on the size of the outbreak, which is larger than August last year and potentially closer in scale to our original outbreak at the beginning of 2020, the number of daily cases we are seeing, and the need to see a sustained reduction in cases before moving alert levels, it is likely at this stage that Auckland will remain at level 4 for a period of a further two weeks. This is so we can get Delta under control and reopen fully and safely. We simply can't do that if we still have a lot of Delta circulating in the community. To move safely down, we will need to be confident we have stamped it out and have cases contained and isolated.

I know there will be a couple of basic questions about these decision; so let me cover them off quickly now. Firstly, some of you will want to know why we have included Northland in a continuation of level 4 at this stage. We've made that decision because of the recent case in Warkworth and the need for more data and further contact tracing in order to better assess the risk there. Although Warkworth has been included in the Auckland boundary in the past, we're concerned about the potential movement of people through that part of the country on northbound journeys. We're also concerned that one of the exposure sites in Warkworth, while closed to the public, is a relatively large workplace. We want to be as careful as possible, and I hope the good people of Northland understand why we want to move with care given those common transit routes.

That is not to say that Northland and Auckland will continue to be treated the same way in the long term; that is unlikely, but we're not in a position to give an exact time frame just yet. When we confirm Auckland's settings in a few days' time this coming Monday, we'll

update you on our thinking for the region. And, again, a reminder to Aucklanders, that firm decision of how long you'll be in alert level 4 we have not made yet. What we're giving at this stage is our most likely scenarios. That update will, again, be on Monday.

The second question people may ask is why are we keeping the rest of the country at level 4 for a few extra days, especially the South Island. Three reasons. The first is that will give us the confidence of an almost full 14-day cycle since our first case was discovered, especially given we had contacts across all parts of the country, and over 300 in the South Island. The second reason is that we do have cases in Wellington that, while currently contained, did have contacts that have further testing due over the coming days. As I've said, we also have those contacts in the south, and that full two week transmission cycle is very, very helpful in terms of our confidence. And thirdly, we did see a positive waste-water result in the South Island, namely Christchurch, yesterday. As noted by ESR yesterday, it's likely that this is a result of positive cases in a managed isolation facility, but further tests and a few extra days will allow us to better answer that question. And those more refined tests over different catchments are under way as we speak.

As you can see, from next week our alert level settings will differ across the country, so a reminder of the rules. This isn't the first time that we have had different settings, but it will be the first time we have a level 4 and a level 3 operating at the same time. A quick reminder of the rules: there is no regional travel allowed across these alert levels, except for alert level 4 workers who need to cross a boundary to go to work or who have an exemption for another reason. No one will be able to move from one alert level to another without an exemption to do so, and the reasons for doing so are very limited.

When the North Island, outside of Northland and Auckland, moves to alert level 3 next week, we will reactivate the boundaries south of Auckland that were used in February, which took in all of the Auckland region, Port Waikato, and parts of northern Waikato. The usual checkpoints will be in place. Officials, including from the police, have been working on making sure that the boundary will work as smoothly as possible.

A couple of pieces of advice as we prepare for these boundaries next week: if you're an essential worker and are living in Auckland but working outside of it, please ensure your employer prepares and submits an application nice and early for you to be able to continue to work across the boundary. This only applies to workers who are already working in alert level 4. The MBIE business travel document system will be open for applications from midday Sunday, at business.govt.nz for those businesses with level 4 essential workers who will need to cross the regional boundary. If you are not an essential worker you are not allowed to cross the boundary.

A brief reminder of what level 3 will involve—and I'll keep this brief and provide a recap on Monday. Level 3 is a very much "watch and wait" level. It's a crucial insurance policy. If, by some chance, there are still cases out there we have not picked up, the ability for those cases to spread remains limited under level 3. What we want is to be able to gradually move down the levels with confidence and certainty that we're not putting Kiwis and our wider elimination strategy at risk. Level 3 allows us to give people and businesses more freedoms, but without jeopardising the progress and gains that have been made.

Businesses can open as long as they can do so safely and offer services that don't involve close personal contact—so that means retail can operate, but only with click and collect. The same goes for things like takeaways. This can only be accessed via delivery, drive-through, or contactless pick up. Alert level 3 does not permit more social activities, and bars and restaurants stay closed except for click and collect. At level 3, contact with others needs to stay minimised. Bubbles remain. I'll expand on Monday about how level 3 does allow small changes to bubbles to ensure care for vulnerable or isolated family members, but the principle remains: we want you to limit contact as much as possible, and stay home as much as possible.

That's also why at level 3, children should only go to school if their parents are required to work and there is no option available. Ultimately, schools, for the most part, do remain

closed except for those workers where there are no other options available for the care of their children. Public venues remain closed. Gatherings outside your bubble are not permitted, with the exception of groups of 10 for wedding services, funerals, and tangihanga.

Masks continue to be important at level 3 as well. Mask wearing is mandatory for workers in any business and services that are open and outwardly facing. The same goes for customers. If you're picking up food or a contactless coffee, you have to wear a mask. This is to protect yourself and others. Masks remain mandatory on all public transport, but, ultimately, we're strongly encouraging you to continue to wear a face covering anytime you're outside your home and in a place where it's hard to keep your distance from others. But, as I say, there'll be time to go over these settings again on Monday.

I want to finish by thanking everyone who's played such an important role in getting us to this point. In the last seven days alone, 270,382 tests have been completed, equal to 5.5 percent of the population. That is just incredible. Each test provides an important part of the puzzle and makes our job that much easier. Every test has helped keep the team of 5 million safe. Now we just need to keep going. Happy to take your questions.

Media: Prime Minister, with Delta, do you envisage us having to get closer to zero cases before Auckland can come out of level 4?

PM: One of the things I want to really strongly convey, especially to everyone in Auckland, is that previously we used 4 and 3 together. Now you're seeing that we're using 4 to try and do the bulk of the heavy lifting for us, and the reason we're doing that is because we think that is the most effective and least risky place for us to do that heavy lifting. You'll already see that this moves faster; it's more infectious, so reducing down the contact with people at the most critical stage of this outbreak is so important, which is why we're trying to give an indication of our early thinking and that, ultimately, for the heart of where this outbreak is, level 4 is better than where we previously might've used level 3.

Media: And I think possibly a lot of Aucklanders would've felt quite an immense amount of shock hearing that today. How important is it that they stick to the rules of level 4?

PM: So important. What I would say to Auckland and all of New Zealand: what you are doing is working—it is absolutely working. We are reaching a point where, yes, we expect more cases. Half of what we had yesterday were all in people's households, so it's their family members who—unfortunately, if it gets into your family, it looks like it gets everyone. So we do expect those numbers, you know, will continue to be high, but already we're seeing those signs of what a difference this lockdown is making. Now we just have to carry it through and get us out the other side. So level 4 is the best place to do that. Dr Bloomfield, would you like to comment on that?

Dr Ashley Bloomfield: Just one other comment to add, and it sort of goes to your first question: we won't necessarily need days of zero for our advice to suggest moving Auckland down. It's very much where any new cases are, and even now, and certainly over the coming week or two, we will be looking for any cases that are popping up unexpectedly. Cases that are already in isolation or sort of expected because they're part of household bubbles won't present any risk to the community.

PM: The one final thing, if I may: you know, we as a Cabinet, and with Dr Bloomfield—because he presents to us directly and he stays for the conversation, and we really grappled with, today, what kind of indication to share with Auckland, but the indications from Health are already there that this is likely to be required. So we wanted to share—that's been shared with us; we're now sharing it with you. We feel like we need to give as much clarity around our thinking as we can, but we will talk again about what we actually lock in as a decision again on Monday.

Media: And the wage subsidy has been paid out as a two-week lump sum thus far—

PM: It goes in two-week blocks, yep.

Media: I'm assuming that will be extended for—

PM: Yes, so it continues to be available in two-week blocks. There is a reapplication every two weeks, and, in part, that's because some people will be in parts of the country where their status and situation may change. They might be a business that can operate fully at level 3. But as you can see, our granting is very, very quick, and it will continue to be very, very rapid.

Media: We've had reports of families with COVID who are struggling isolating at home while they have tested positive, waiting to get into quarantine in particular. Can you give us an idea of how bad that problem is and how much of a risk that could be posing if they are not able to get quickly into quarantine?

PM: We are moving all of them into quarantine, so I'll perhaps start with a bit of an outline of the capacity that we have. We have 274 rooms designated for quarantine across the country, 285 rooms available for close contacts also. We do still have available rooms and we're bringing on more than 200 as of this afternoon as well. And some family members are isolating together. The delay is not because of capacity; it's because we use a specialist team who transport—as you can imagine, transporting COVID-positive cases needs to be done very carefully. We have people trained for that. We use them in our existing network for transporting people from a managed isolation facility to the Jet Park, and we're using that same team. So because we are just getting so many contacts in a new day, sometimes it's taking a bit of time to get everyone into a facility.

Media: Is that posing any risk, particularly because if we've got, for example, large families in cramped conditions or not ideal conditions, does that make it even more difficult for those families?

PM: The very unfortunate piece of information that has been provided to me is that family members are giving it to one another when they're asymptomatic. So even, in some cases, before they even know they have COVID they've already passed it on to their family. So I don't believe it's posing any greater risk than has already been posed over the days prior. Those families also know, of course, from the point that they're tested that they're not able to leave their home. So I don't believe it poses any further risk to wider community. Our families have been really good at following all of the guidance. The thing that we want to do, though, is to move those people into those facilities because then we can provide good healthcare as well, and we are seeing people that are often quite unwell. So we can provide that health care and meet all those welfare needs in our quarantine facilities.

Media: But with the increase in cases that you talked about in Auckland, is that going to become a bigger problem, and are you going to be able to put greater capacity into supporting those families and their faster support into maybe a more suitable place for them to be quarantined other than a home instead of not always ideal circumstances for them?

PM: No issue outside of Auckland. In Auckland we have had to bring on extra facilities, one for contacts and one additional that has over 200 rooms available, and we've done that today. We'll keep monitoring, but our view is that where we can provide those families with healthcare, meeting people's welfare needs, access to other providers in a one-stop shop, that is the best we do for families right now. On the safety concerns, Dr Bloomfield, you might want to say something on that.

Dr Ashley Bloomfield: Just to add that it doesn't present any further risk if those people are isolating at home, and recalling that even our contacts self-isolate separate from other people in their bubble. The point you've made is sometimes the family group is quite large, it's harder to do that. So those are families that are prioritised for being moved, and also, very early on, the very first discussion is to make sure that any welfare or other needs that they may have are being met. And the only other point I would make is that some of the people being shifted to our facilities for contacts who can't safely isolate at home are people who we have a strong feeling they will become cases. So those people are automatically

moved in as well, if there's a strong sense they may have already been infected within their family bubble.

Media: A worker in an Auckland rest home has tested positive for COVID. How concerned are you given our experience from previous outbreaks, and what's being done to protect residents?

PM: That's in Warkworth? Sorry, just clarifying your question. Yeah—so you will have seen that we have, connected to our Warkworth case, an essential worker that works in aged-care facility who is fully vaccinated who has tested positive. Across our aged-care facilities, you will remember that we prioritised those facilities and work force for testing. Across that network in the Auckland/Northland region my recollection is that we have 88 percent of residents across the Auckland metro region who were vaccinated with their first dose; across Northland, 78 percent. My understanding is for this particular facility in question, at the time that we had vaccinations offered, the uptake rate for the first dose was around 73 percent. Dr Bloomfield can speak to the fact that sometimes why that rate may not be 100 percent and also what else he knows of this case.

Dr Ashley Bloomfield: Yes, a couple of comments. The first is, of course within rest home settings that often there are residents who are being admitted quite frequently, so even if we vaccinate all the residents at one point in time, others will be being admitted to that facility. In this case the DHB had had a team go in there three times to support vaccination of staff and of the residents. I also want to point out because it's alert level 4, this staff member and all others were using alert level 4 precautions, including full use of PPE. So that reduces the risk, as well as the fact the staff member was fully vaccinated.

Media: Was that staff member working in the aged-care facility during level 4?

Dr Ashley Bloomfield: Yes, as an essential worker. They had done two shifts before they knew they were infectious.

Media: I mean, that must be concerning for you, given the fact that it's such a confined space with people that are in there.

PM: This is exactly the reason that we worked hard to prioritise that essential workforce. So this was a fully vaccinated individual and they were working in an environment that at the time the vaccination was rolled out, first doses were over 70 percent, and that's exactly why that was prioritised. Of course we put in an extra layer of precautions at level 4 in the way that staff are using personal protective equipment and so on—but, as you can imagine, all of the protocols have stepped in around testing of residents and staff and so on, as you expect, around that facility.

Media: Whose responsibility is it to make sure that all residents are vaccinated? Is that the Ministry of Health, is it an RPH, is it the home?

Dr Ashley Bloomfield: Well, all the DHBs worked very hard with rest homes, or aged residential care facilities, to ensure that every one of them had the opportunity to have staff and residents vaccinated. Of course, some residents and/or their whānau may decide not to be vaccinated, which they can do, and some, particularly, who may be near end of life—that's obviously a decision they make there. But the other point is, as new residents are admitted, all our rest-care facilities have got primary care or general practices associated with them, so there is a mechanism for newly admitted residents to be vaccinated as well.

Media: Do you believe that group 2 is widely finished, though, because they would be in group 2—group 2 is 480,000, but it's probably only 410,000, or 420,000—

PM: One of the issues will be that there will be residents who will come in during that period, there'll be residents who may change their minds, there'll be staff members who come on board—so there's almost just that need to give that constant availability. But there was a period, of course, when we had a very focused campaign to try and reach people. So I've already had an indication that there are some residents in some places that are seeking to be vaccinated, having already been offered and changed their position.

Media: With Northland being included in that Auckland level 4 lockdown, will that change the resourcing? Will Northland see more resources going towards testing, vaccinations, and with half of the population in the Far North being Māori, does that mean that we're going to see a ramp-up in vaccinations for Māori in Northland?

PM: So we've kept Northland with Auckland for now, and that is unlikely to continue to be the case in the longer term. But we've done that for now, and that's very much because of what we've seen around some of those transit routes up in to the Northland area. So it is a very cautious approach. Extra testing was put around the Warkworth case, so that was where we saw, of course, those concerns. The testing remains available of course in the upper parts of Northland, as well, as it always has been. In terms of what we had been talking about is just generally, the additional welfare needs that may arise out of Auckland and Northland, and Minister Sepuloni will have more to say on that tomorrow, because that has been a focus of our discussion. Perhaps anything on Northland testing, further—Dr Bloomfield?

Dr Ashley Bloomfield: Just to say that Northland's obviously surged up its testing capacity, and testing rates have also gone up since the start of this outbreak. And I guess it's a message to anyone anywhere in the country: these next couple of days, if you have symptoms, wherever you are, get a test—the sooner, the better—because then we can process it and we've got as much information as possible to inform decisions on Monday.

PM: Can I say that, as well, for the South Island, and for other parts of the country: we've given you an indication of what our intention is on Tuesday, but we absolutely still want symptomatic people tested. If we see any evidence that we've made the wrong call in where we move, we will change that decision in the meantime. But what gives us extra confidence is if symptomatic people go out and get tested, and we just keep those rates of testing up.

Media: Also, yesterday, you mentioned seeing numbers on the homeless that have received the vaccination.

PM: Oh, forgive me—

Media: We've reached out to the ministry and asked them for those numbers. They haven't made them available—

PM: Oh, forgive me—

Media: —as yet, so do you recall them?

PM: Yeah, I'm looking down the—I recall that one of them—I recall a handful of them, but I wouldn't want to attribute them to the wrong community organisation. I do try and keep as many numbers in my head as I can, but it was about 72 hours ago that I saw that one. I'll ask lovely Andrew at the back to help me with that later—thank you.

Media: Has there been any transmission between bubbles since lockdown began?

PM: Transmission between bubbles, because—

Media: Yeah, so not within, but—

PM: Because people have gone and visited other bubbles, for instance—is that what you mean?

Media: Just in the community, or—yeah. So not household contacts, but—yeah.

PM: Not that I've been advised of, and I do ask a general compliance question. One thing I can say that we've seen—so you will have seen that we've already talked about—that we had yesterday roughly 14 locations of interest where we know that there was transmission within those locations. I did say we'd come back and talk a little bit more detail about some of those. We're looking to do that, I think, over the weekend, compiling some of that data and sharing it.

One thing that has been shared with me is that we have had some transmission amongst three essential work workplaces, where just a COVID-positive person has passed it on to someone they work alongside. They're non-public facing. So those are workplaces that are able to continue working, they're not public facing, but there have been someone who's infected someone else within those workplaces, despite—of course—infection protection controls. So we undertake this constant analysis to look at whether all the infection protection controls we're operating are what they need to be, and those are some of the reasons why.

Media: If you found a few cases at level 3, are you confident you would be able to handle just a small number of cases at level 3, or would that require a return to level 4?

PM: Well, you'll see that, before moving into level 3, we're perhaps applying a higher bar than perhaps we would have before. So you can see for the South Island, no cases. Just as an example, no cases, but contacts, waste water testing—obviously, something that we want to nail down—but in the past you might have moved to level 3 when you were in that holding pattern. Now we're actually waiting until we've got a good reasonable level of confidence before moving, and in part, I'd say that's a response to Delta. And that's also why we're giving that indication to Auckland as well, Where they may have gone into level 3 a bit earlier, we're now saying level 4 is the best place for that. Dr Bloomfield?

Dr Ashley Bloomfield: Yes. So our aim would be, under level 3, if we saw a case pop up somewhere, then we could deal with that through testing, contact tracing, isolation. Recalling that level 3 is still very restrictive on movement, and so it does provide quite a bit of cover in that situation—

PM: Yeah.

Dr Ashley Bloomfield: —and you can see from the Wellington group of cases, that actually, with just one or two cases there, and with the isolation and contact tracing, we've been able to get around that group of cases.

PM: Yeah. I think the goal is to not run the risk of it really though, because 4 is the better place to be when you're discovering those situations. Did you have another question on that, Marc?

Media: A related question. Sir David Skegg told the health select committee yesterday that he is not sure a Delta outbreak in 2022—we'll be reopened and are highly vaccinated—could be controlled with just testing and tracing. How concerning is that?

PM: Yeah. So what we've said, of course, is, our focus, in the here and now, is elimination. Professor Skegg absolutely agrees with that, so do so many of the other experts that have featured so heavily in our decision-making and our advice, and so that is our absolute focus—all the while, vaccinating as quickly as we can, and New Zealanders are doing a fantastic job in that campaign.

When it comes to what we do in 2022, it is fair to say that we're seeing some of the things that are challenging contact tracing. The fact that, whilst this isn't documented in research and evidence, our public health units are observing very, very fast infection times, and so that does make contact tracing more challenging. So these are all of the things that I expect, over the coming months, we will look at—the same way we always have when had Alpha and then Delta—and consider what that will mean for our strategy next year. But it doesn't change the fact that our number one strategy right now is elimination and vaccination, and every New Zealander can play their part in that.

Media: Last week, the Otago epidemiologists said one of the potential options, if the system is stressed, is to suspend all flights. Is that something the Government has looked at, or is that an option?

PM: Every time we have a situation like this, of course, we sit and think just wouldn't it be easier if you could just seal off a country from its ports and from its borders, but you actually just—as a nation, you can't exist, because have had essential goods and supplies

that come in via airfreight. That involves our people being in contact with others. Our ports are essential to the importation and export of goods. It's, I don't think, fair to say that the only risk that's presented are by travellers; it's not, it's by any contact with the outside world, and it is almost impossible to exist without that contact.

When it comes to inbound travellers, we can't close off ourselves to our citizens. So we have to, we have an obligation under the bill of rights, to allow our citizens to return to their place of citizenship, and we need to continue to allow that. But what we can do is make it as safe as possible.

Media: So just yesterday you said that you didn't want to have lockdowns ongoing—

PM: Correct.

Media: How could you avoid a lockdown, though, when there's a breach, if infection's so fast? Surely you'd have to do another national—

PM: Yeah, and that is what I've been talking about over the lifetime of COVID. We know COVID's not going away quickly, but our strategy with COVID can evolve—and already has. As we have new tools, we use them. The latest tool that we have available is vaccination. It will make a bigger difference to us if we're able to get as many people as possible vaccinated, and the one thing I'd point to is that some of the countries where you are seeing outbreaks—they actually don't have quite as high vaccination rate as it may appear. And so it can make a difference if you have a large number of people vaccinated.

Media: Is Northland facing another two-week lockdown anything to do with Aucklanders potentially travelling up? You know, the reports of people going to holiday houses and anything, and you're talking about transit routes.

PM: Yeah.

Media: And can I clarify one of your responses when you said that if you'd been overcautious you might look at it or recheck that. Would that mean that Northland could come out earlier or are they in it for the long haul?

PM: So right now, Auckland and Northland, we're keeping them in the same position. So when the rest of the country next week—early next week—moves to 3, Auckland and Northland will stay at 4. On Monday, we'll give the time lines around—absolutely confirm how long that will likely be. I've given an indication today that we believe Auckland is likely to need another two weeks. It is unlikely that Northland will be in the exact same position as Auckland for all of that period, but we'll give a bit more detail on that early next week. What I would say, though, right now: no one should move; 3 or 4—both levels—don't allow regional travel, so no one should be moving. There is no advantage to moving, particularly into the north where we're keeping it at the same alert level.

Media: But have there been risks posed in the initial start of the lockdown? Is that any consideration, or is that just part of what happens?

PM: We haven't seen any risk posed by that, no. What we've seen with the case that we've got at the moment is someone who was at a location of interest before lockdown and has gone home.

Media: Procare, which I understand is a network of GPs, has apparently told its network that a variety of sources are telling them that children under 12 have been given the COVID-19 vaccine despite that not being approved. Are either of you aware of this and what's your response to that?

PM: I couldn't comment on that. Dr Bloomfield?

Director-General Ashley Bloomfield: I'm certainly not aware of it, so I'll follow that up. What I would say is that the COVID immunisation register has a very clear cut-off, and so unless the date of birth put in there means that the person is 12 or over, then they cannot be included in the COVID immunisation register. Also, there is a requirement on the

staff who are registering people to make sure they are checking the age and verifying the age of children.

Media: Presumably if that was happening—I mean, I'm not implying it's simply a mistake. It could be the case that some GPs are taking it on their own to—presumably they wouldn't be registering these children. I mean—

PM: So you're saying that there's somehow some kind of—

Media: I'm not—well, I'm not fully sure.

PM: —black market of vaccinations for children?

Director-General Ashley Bloomfield: So what I would say is we are watching the evidence very, very closely for efficacy and safety in children under 12, and we will be moving quickly to provide advice to Government when that evidence becomes available. And one of the reasons why we keep strongly supporting an elimination strategy is because we want to have that evidence and to be able to vaccinate our under-12s. But in the meantime, we have plenty of people who we need to vaccinate, 12 and over, and parents should not be seeking vaccination for their children under 12, because the evidence is not yet there.

Media: The airlines have different views on the trans-Tasman bubble, which is of course coming up for review in the next couple of weeks after that initial eight-week pause. Qantas says it doesn't expect to be able to fly until mid-December. Air New Zealand says it might be back by November, but not under the bubble arrangement. So are you giving advice to the airlines on what to expect? Where do you think this—

PM: No.

Media: —is coming from and what do you—

PM: No. We haven't received any advice, so we've given no advice. And as you can imagine right now, that is just not where our thinking is at. I mean, we're obviously trying to ensure that we're looking after all New Zealanders, getting us back to the best position possible. It's very clear that a bubble right now is just not a goer, but, of course, we'll stick to the time lines we had. At the end of September, we were going to look at those settings and just give just a bit of a long-term view as to what is going to happen, because I know a lot of people are hanging on those decisions for their long-term plans.

Media: At the end of September or at the start of September when—

PM: Ah! Forgive me. I believe it was the end of September, from memory.

Media: OK. Can I ask as well, is there an ambition—because there were five Australian states or territories that recorded zero cases today—to reopen—

PM: And let's be clear, those states would not open to us right now.

Media: Indeed—yes, but you are trying to—

PM: Yep, because despite what's said, they are running pretty much an elimination strategy.

Media: My question casts into the future, because of course you're trying to eliminate the virus and are likely to, touching wood. Is there an ambition to reopen before Christmas?

PM: That wasn't wood, but I appreciate the sentiment. Look, too soon for us to say. And I would say, it's not just up to us; those states have, for the most part, an elimination strategy themselves. They'll want to make sure that they're open to countries they consider to be safe. So it does all feel a bit premature right now. What we will do at the end of September, though, is just give an indication of where we think things are heading, because people are planning around that, and we need to give them some long-term certainty as much as we can—yep.

Media: So can you just confirm whether or not the Government has a vaccination roll-out plan specific for the homeless, and if not, is the Government purely relying on the City Missions and the like to vaccinate the homeless community?

PM: So we work with the providers who have direct staff that interface with the homeless community. So already, for instance, the Auckland City Mission have GP services that they offer to their people, they have trusted relationships, they already have contact with that community, and they are the best place to offer it, so our vaccination team have been working with those providers to ensure that we reach the chronically homeless.

Media: The Māori vaccination plan is quite similar. Hauora Māori have the relationships with the community, but the Government still had a plan, still had something to go with. So does the homeless community have something like that in place?

PM: Some of the homeless community have already been vaccinated, so that demonstrates that yes, we had absolutely an ambition to ensure that we were reaching that vulnerable community, because, actually, anywhere where we identified vulnerability they were amongst those first. Where it's a bit different has been for State housing, for instance. So we really honed in on those who were highly vulnerable, chronically homeless, and had existing relationships with social services—yeah.

Media: Dr Bloomfield, just on contact tracing, you would have heard the Assemblies of God church spokesperson talk about how for many of the congregation, English is their second language and some people even have been contacted more than once. What are you going to do to fix those issues around contact tracing, specifically for Pacific people who may not have English as their first language?

Dr Bloomfield: Well, two things. The first is our using the—working with the Pacific providers there in South Auckland who've been heavily involved in engaging with the community and establishing a special pop-up testing centre there to both do the testing and provide information. Secondly, our providers at the contact tracing service, including Healthline, but also our other providers, have several hundred operators who do speak a range of Pacific languages, including many who speak Samoan.

Media: Do you have that data, because I did ask a couple of days ago about how many are Pacific-speaking contact tracers. Do you have that data on you at all?

Dr Bloomfield: I don't have it here, but I've got someone in the room here and they will follow up with you straight after this and provide the data.

Media: Are you confident you have the capacity to be able to cater to the Pacific population who don't have English as their first language?

Dr Bloomfield: Very confident we've got the capacity and the mechanisms in place to ensure that community has got the information they need.

Media: I just wanted to talk about the decision to let Aucklanders know they'll likely be in lockdown for another two weeks. Is it likely that the rest of the country will stay at level 3 while Auckland is at level 4?

PM: No decisions there. So what we're giving is an early indication of thinking, and we'll confirm that for Auckland on Monday. So that's an early indication; for the rest of the country, they go—obviously, from 11.59 p.m. Tuesday they move into level 3, and we'll review that weekly.

Media: But could there be a 4/2 split?

PM: No consideration has been given to those scenarios. At the moment, we're using the best data that we have in front of us right now. And, look, I think Aucklanders will see those numbers and understand that that two weeks represents a full 14-day cycle. They'll have seen those used before, and our experts have referred to why they're so important. So this is an early indication based on what we're already seeing.

Media: Just a couple of questions about Warkworth, for a colleague. Why haven't you released locations of interest for Warkworth two days after confirming they have a positive case, and why are we treating Warkworth differently than the Coromandel, in terms of getting people testing and giving them peace of mind they haven't been at those locations?

PM: So those sites are not public facing, as I understand; they're worksites that are closed.

Dr Ashley Bloomfield: So as soon as we got that first waste-water result in Warkworth, from the additional waste-water testing, the surge capacity, testing capacity, went in there over last weekend, and that's how the first case was identified. And then some of the family members of that case subsequently became positive. Not all the exposure events become locations of interest. If, for example, they're a workplace where it's very easy to know exactly all the people who would have been there, then we don't make that a location of interest. The exposure events associated with those Warkworth cases are not necessarily locations of interest that the public would have access to.

Media: We understand that larger exposure site in Warkworth has another site further north with staff moving between the two locations. Is that a concern?

Dr Ashley Bloomfield: It's one of the key considerations for why we advised to keep Northland in alert level 4 with Auckland.

PM: You will have seen that one of the considerations was because we had a site linked to that where we believe there was movement of workers. So that was one of the considerations, yes. But, again, those are individuals that are directly contacted as part of contact tracing—those where we believe the members of the public who we haven't reached through those direct means, that's when we use those location of interest—

Media: Just on the waste-water testing in Christchurch, are you still confident that they have come from managed isolation, or is there any—?

PM: I'll let Dr Bloomfield pick that one up.

Dr Ashley Bloomfield: So this morning I asked my team to go back and look at other instances where we've had positive waste-water results on more than one occasion in Christchurch and cases in the MIF. It very much fits that pattern, and in fact there are four cases in the managed isolation and quarantine facility that would explain it. And they also had very low CT values, so would have been shedding a lot of virus. However, what we're doing is making sure that by taking samples from a number of pump stations, we are able to really rule out that there are not other cases in the community that aren't being masked by that result.

And I also have just a follow-up to an earlier question: we have 334 Samoan-speaking contact tracers amongst our 1,600 contact tracers.

PM: I'll just, while I can, double back to the question on vaccinating the homeless. So the three Auckland metro DHBs have been working on that programme, keeping in mind these are numbers for the chronically homeless. They've been offering vaccinations via a GP clinic at the Auckland City Mission, and so far they've vaccinated 89 homeless, including 33 Māori. They also have mobile outreach teams that are working with homeless providers to visit temporary housing sites, and vaccinate there. They've vaccinated 63 people in that way.

Providers are also offering transport to those in temporary housing to take them to vaccination centres. Where they've done that, I don't have the exact figures for how many they've transported to existing vaccination centres.

Media: Questions for colleagues, please. Dr Bloomfield, are you happy with the level of testing happening in Auckland? And, Prime Minister, just when say that people didn't move regions under level 3, what about those who are having to return to work and don't have adequate childcare arrangements for their children? What's your advice for them?

PM: So the very simple thing: if you are currently an essential worker, you will be able to continue to work. And so that means if you live in a level 4 area and your essential work is in a level 3 area, your employer will help with exemptions so you can cross that boundary. And we already have provision—we already have funding mechanisms to support people to access specific tailored childcare for those essential workers. And we'll have some more announcements to say how we're continuing to allow that.

Media: I'm specifically asking for level 3 workers who are going to have to go back to work under level 3 and don't have adequate childcare arrangements.

PM: That's—remember, for level 3, at level 3, people are able, in those emergency situations where they have no other way to find care, they are able to access their ECEs, and there are minor arrangements that can be made to someone's bubble in order to ensure care for the vulnerable and dependent. But they must be exclusive, and that is only for level 3, and I'll expand a bit more on the detail of that on Monday, but they're the same settings that we've had in the past. One thing I'll quickly clarify: if you live in Auckland, you're currently not working, but the place that your work is going to be in a level 3 area, and the place your work will be opening when they move to level 3, you will not be able to travel from level 4 over to that level 3 worksite. So it's only essential workers who are able to continue that movement.

Dr Ashley Bloomfield: On testing—yes, I'm very pleased with the testing in Auckland. As of this morning, nearly 10 percent of people who live in Tāmaki-makau-rau had been tested since the start of the outbreak, and over 12 percent of our Pacific community there. So I think that's a fantastic result.

Media: On the Health website, "locations of active cases"—there's a category called "other" and there are 163 people listed as in that category. Can you explain where they would be?

PM: I believe that they might be those situations where they're not publicly facing, but—Dr Bloomfield?

Dr Ashley Bloomfield: Is that—sorry, is this for places?

Media: Yeah, so it's on the "locations of active cases" there's 145 in managed facilities, 17 in hospital, and then at the bottom there's a category, 163—

PM: Oh, sorry. Forgive me—something completely different.

Dr Ashley Bloomfield: Right, so those would be people who would be in the process of being taken to a managed isolation facility, although, I suspect that that number is—

PM: The website will probably have a lag on that.

Dr Ashley Bloomfield: The website would have a lag.

Media: So they would be the people we were talking about at the start in terms of in the process of being—

PM: Possibly. I wouldn't want to hazard a guess. Can we come back to you on that? Because we do move people through, once we have notification, as quickly as we can. Obviously, moving them is a faster process than probably updating the website.

Dr Ashley Bloomfield: We can get you an updated number.

Media: Sorry, can we—we have sought clarification from the ministry. Can we seek extra, specific clarification about what that category is and who they would be after—

Dr Ashley Bloomfield: Yes, indeed. Yep.

PM: We can do that.

Media: Prime Minister, on the vaccine—90,000 doses, Over your weekly average, you could probably just skate by without running out of supply. But if you had a lot more days of 80-plus on the current kind of weekly shipments, you would run out. Have you talked to

Pfizer about getting larger weekly shipments or are you looking to use the booking system to trim down the amount of vaccines every day? And second question: transmission rate, do you have an estimate of the effective transmission rate currently under level 4? Is it below one?

PM: I don't have that figure, I'm sorry. It does get re-calibrated, of course, every time we get new daily figures coming in, and I haven't checked any of the modelling in the last 24 hours.

On vaccination, you're right, we are vaccinating at an extraordinary rate. We do receive our doses from Pfizer weekly, and you'll recall that we did flag that, actually, we start getting very large shipments in October. And in the intervening period, you'll know, of course, that we'd modelled around, you know, very high rates, but what we're seeing at the moment is extraordinary. So we're working hard on a strategy at the moment to accommodate that growth. I'll look to give you an update, perhaps next week, on that.

In the meantime, you know that I love to hold up a good graph, just for the memes—but this black line is New Zealand plotted against Australia, Canada, the US, and the UK, against their peak periods of vaccination and it's against percentage of population to try and make it a fair comparison. You can just see New Zealand skyrocketing and in contention at the moment to beat some of the peaks of Canada. So our goal at the moment is to vaccinate more people than any other country in the world and at this rate, New Zealand is doing very, very well.

Media: Prime Minister, can you rule out cancelling anyone's vaccine that's booked before—

PM: I'm going to stick to what I said and I'm going to give you an update on our strategy to accommodate the huge growth in vaccinations next week.

Media: Prime Minister, both the *Herald* and *The Guardian* are reporting that Afghan interpreters have been left behind, in fact, they say that they feel betrayed by the New Zealand Government. How could they have been left behind in this sort of situation, and what's your message to those who say that they're feeling betrayed?

PM: Well, look, as I've said, we've had more people that we needed to get out than we have taken out. So we do know that there will be people for whom they may have had a visa issued, or the ability to travel into New Zealand, who we just weren't able to get out in time. I can't speak to who those individuals are. I can't speak to even whether some of them are citizens or permanent residents or whether they were recently issued a visa. We have a number who are already en route. We are still processing those who were on that last airlift out. After that, we'll be able to give you a better sense of who it is we were able to get out.

But when you ask—you ask why that was the case. You would've heard the Chief of Defence stand before you today and talk about the extraordinary measures that were taken to try and find people. Literally the Defence Force being issued with photos of people and going out and searching for them; communicating the best routes to try and get into the airport, including extraordinary crossing of different waterways and the like. It was an incredibly hard mission. We wanted to bring more, but we did bring at least several hundred people to safety.

Media: But the Government turned down their application months ago. I mean, this could have all been prevented if somebody at a ministerial level just said, "Yes, bring them in.", rather than denying that application.

PM: So I can't confirm at this stage whether or not you're referring to someone who didn't have a right to travel to New Zealand or simply had a right but was unable to be evacuated, and I'll get a better sense of that once we've finished processing the people who currently aren't even in New Zealand yet.

Media: But what's your message to the ones that have been left behind and are feeling betrayed by New Zealand?

PM: We went to extraordinary efforts to try and bring home as many as we could who were either New Zealanders or who had supported New Zealand, but the devastating thing is that we weren't able to bring everyone, and now we need to look to see what we can do for those who remain.

Media: In April last year, when some parts of the country had gone for quite a while without a new case and there were still cases cropping up in other parts of the country, the Government decided not to move down alert levels regionally, because they were worried there might be some cooperation issues of some people, say in Auckland, saw others having much lower protections. Is that something that you're worried about this time? Obviously, you've done that since, but level 4—

PM: Yeah, right at the beginning we were worried about the management of boundaries, right very, very early on, and since then we've operated boundaries under some challenging conditions where, actually, you've been able to have regional movement. Under 3 and 4, regional movement is not allowed under either of those settings. So, much easier when you've got a 3 and 4 boundary, and we've never had a 3 and 4 boundary before, so I do expect that to be easier. The police will be engaged on those boundaries, though.

Media: Was there any determination or decisions made since this morning by Cabinet around New Zealand citizens in Afghanistan, any support? Will that come later in—

PM: Yeah—no, no. Today we focused very much on COVID. It was COVID papers today. We have asked those Ministers to bring that advice to Cabinet, though. I can't give you a time line at this stage. One of the things we do need to know is just how many we may not have been able to bring out. And as I said right at the beginning, you will remember that we know how many people who are from Afghanistan who hold New Zealand visas, but we don't know where in the world they are. Not all of them will be in Afghanistan.

Media: So it's strictly Kiwi citizens who are still there, though?

PM: Yeah.

Media: And it's Monday, feasibly, before there might be any more word. Is that right?

PM: Yes, and longer. You know, I don't anticipate at this stage that there will be any ability for us you know to get back in at this stage. You can see that we've got a 31 August deadline for the US and they are providing the vast majority of the security in and around the airport. So we have finished the deployment as it stands. Now we need to look at next steps and we'll have to work with international partners on that.

Media: With most New Zealand in alert level 3 and, obviously, north of Auckland in lockdown, you know most of the country will be able to get their—sort of, the KFC, their takeaways. Are you worried about sort of what that will mean for lockdown fatigue for Aucklanders and also what impact that will have on the buy-in of the team of 5 million?

PM: I think actually the most important thing for me to remind people is that, yes, you might be able to order some food but there's not a lot more in the way of those freedoms. So, yes, that exists but I would say, again, 3 and 4 we do keep very cautious approaches with both. You are still very much meant to maintain your bubbles. You're not meant to have social contact. You're not meant to be visiting other people's houses. All of those core fundamental things continue in both 3 and 4, but what I'd also say to Auckland: everyone continues to be with you ,and 3, yes, has restrictions; many of the same restrictions Aucklanders will feel. So there will still be a lot of solidarity across the country.

Media: Did you have to envisage Parliament operating the same way next week and, secondly, the ousted and, it appears, bitter beaten Prime Minister of Samoa has accused New Zealand of undermining the election and potentially wanting a female Prime Minister in the job. Is there anything you could say to that sort of person to dislodge him of those views?

PM: You sit and listen to me day after day, when asked about the domestic politics of other countries, that we are always extraordinarily careful to ensure that we respect the sovereignty of other countries and their electoral processes, and I can assure you I do that publicly; I do that privately. So we absolutely maintained that perspective and position all the way through. It was only once you saw some of those final declarations by the court that we then moved to congratulate the incoming new Prime Minister of Samoa. On the first question, which—

Media: Are you going to undermine New Zealand democracy as well?

PM: On New Zealand democracy? So, as I said, we wanted to use this last week to see if there were enhancements we could make to enable the one element of Parliament that we haven't had this week, which is question time, and I believe there are solutions on the table to overcome that. So I will leave it to Minister Hipkins and the Business Committee, and the Speaker, but certainly we've been very open to that, because that is the one thing that's been missing. I would say, though, that you'll see there has been a lot of scrutiny provided via live broadcasts of Ministers providing hours of time where they've been available for questioning from members, and that usually only happens a couple of times a year. Thank you, everyone; do look after yourselves. There will be no live update at 1 o'clock tomorrow, but I will be back on Sunday.

conclusion of press conference