

**ALL OF GOVERNMENT PRESS CONFERENCE: SUNDAY, 29 AUGUST 2021
HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa, good afternoon everyone. Today I will set out a little bit about what the case numbers are telling us about the spread of the virus currently, and also touch on the support services available to New Zealanders who may be struggling while we're in lockdown. But, first, I'll pass over Dr Ashley Bloomfield to update us on the case numbers.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So today we're reporting 83 new community cases since 9 a.m. yesterday, taking our total number of confirmed cases associated with the current Auckland community outbreak to 511. Eighty-two of the new cases are in Auckland; one is in Wellington. The latter is a close contact of an existing case, and was in isolation with no exposure in the community while infectious. There are also two new cases to report in recent returnees in managed isolation.

So the total number of community cases in Auckland is now 496, and it is 15 in Wellington. Four hundred and fifty-three of the cases to date are epidemiologically linked, with the remaining 58 links being established epidemiologically and through our ongoing genome sequencing. There are currently seven sub-clusters identified within the outbreak, the two largest being the ones we've talked about previously: the Birkdale Social Network, associated with case A—that has 68 confirmed cases now—and the Māngere church cluster, that has 237 confirmed cases. All of the remaining clusters have fewer than 20 people associated with them.

Now at the moment, we have 34 people in hospital as a result of this community outbreak. Thirty-two are in a stable condition on a ward, while two are in a stable condition in intensive care. Three of those cases are in North Shore Hospital, 18 in Middlemore Hospital, 13 in Auckland City Hospital, while one is in Wellington Regional Hospital. And just to reinforce that there are appropriate isolation and infection prevention control plans in place at all hospitals where COVID positive patients are being managed.

Locations of interest were 475 as at 9 o'clock this morning, and additional locations that continue to be identified will be put up on our website, so please do keep checking regularly. We are now removing locations of interest from the website after 18 days, because after that time we're not concerned about ongoing transmission or public health risk because we are in alert level 4. But it does emphasise the importance of everybody to adhere to those alert level 4 requirements. A reminder: anyone who's been at a location of interest, self-isolate within your family bubble, or your home bubble, and call Healthline for advice on testing. As you call Healthline for advice on testing, rather than just going out to get a test, that assists us because your contact details will then be entered into our contact tracing system, and we can trace and track your swab more quickly through the laboratories.

Now on contact tracing, an update on the numbers there: as of 10 a.m. this morning, there were 32,771 individual contacts that have been formally identified. Of these, 26,473—around 80 percent—have been followed up formally by our contact tracers, and around 85 percent of all contacts identified have had a test to date. Of course there is ongoing work to follow up the remaining contacts, many of whom, if not most, have had contact already with the system through Healthline. We continue to increase our contact tracing workforce and, as of this morning, there are over 1,700 contact tracers trained and available to do not just the initial calls but all the daily follow up with our very many close contacts.

And just some of the contact tracing metrics, which I have here for you: so there are a total of 784 what we call very close contacts. Of those 88 percent have had formal outgoing contact—the balance will have been added to the system just recently; 78 percent of those we have results back from the lab on. There are 29,560 close contacts; 83 percent of those have been spoken with and 85 percent have a result in the system.

Yesterday was another big day on the testing front with 23,139 swabs processed. That seems like a small number, but it is as high as the biggest days we had last August in our outbreak. There has been a decrease in testing over recent days, but there are many people who are close contacts in isolation who will be coming up for their day 12 test. And just a reminder to those people not to go in early and to make sure that you do get that day 12 test on day 12. Over 9,700 swabs were taken yesterday across Tāmaki-makau-rau, including about a third of those in general practice. The proportion that are done in general practice drops over the weekend when fewer centres are open. There are still 26 community testing centres open across Auckland today, so plenty of opportunity for people, if they are symptomatic or if they are due a follow-up test, to go and have that done today. To help speed up process at testing centres, as we've said before, you can access your NHI number, if you don't have it already, by calling 0800 855 066. We have operators there who can help you get your NHI number.

Whole genome sequencing: ESR have run this now on samples from 343 of the cases, and analysis of all those samples that has been successful, which is the vast majority, has shown they are all linked to our current community outbreak. On waste-water testing: no new unexpected detections to date. Following detection of the virus in samples collected in Christchurch on 21, 23, and 25 August, there were samples collected from five different sites in Christchurch on the 26th—those have all now returned negative results. There are a number of samples being collected today and tomorrow from nine sites across Christchurch to help just give us some more confirmation that there is no further positive testing results for the virus in waste water there.

The virus was found in a sample collected in Warkworth on 27 August, following earlier detections there, consistent with there being positive cases in the community at that time, but it is important that anyone in the Warkworth area with symptoms does please go and get tested. I understand there's quite a lot of interest in exposure events or places in Warkworth. None of the places there are listed as locations of interest because everybody who was at those places has been able to be followed up and tracked, but just for your interest, they are the Amberlea Rest Home, which is already in the public domain. And I can say that, of the people in that facility who were in the dementia ward, where the worker worked there, all of those have returned negative tests so far, which is great.

The other two places were a medical centre in Warkworth, but again, anyone who was at the centre at a time when they may have been exposed has been followed up. And finally, Southern Paprika, a large workplace—again, all those who may have been exposed there have been followed up. So there is a difference between our exposure events, which we have many, many more than actually locations of interest, and where there's not a need to actually publicise those because everybody can be followed up, they don't become a location of interest. As you see, we already have 475 locations of interest. Ongoing waste-water testing is occurring: 125 locations so far in this outbreak have been analysed, including 86 in the North Island and 39 in the South Island.

Finally, before I hand back to the PM, I would like to give a shout-out to the hundreds of thousands of essential workers across the motu, and those New Zealanders who are going above and beyond to support all of us to stay in alert level 4. I've heard of countless examples of New Zealanders selflessly looking out for others in their community, and a particular tribute today to IHC's IDEA Services support workers, who are supporting people to stay safe and feel safe and comfortable, and stay in touch with their whānau and friends who can't visit during alert level 4. So a big shout-out to IHC's Jasmine, Dawn, Sandra, Smiljana, Mia, Inderjeet, and Ravinder, and all their teams for their amazing work. The stories are quite humbling and moving. They're doing this all on top of juggling their own whānau demands and requirements, and often working extra hours to keep people safe and reassured. So thank you to them and all our essential workers.

Finally, we've gone hard and early in this outbreak with our public health response, as we have done previously. It is paying dividends, but the public health teams and our health system can't do it alone. As always, together we will make a difference, and alert level 4 is

something that we can all contribute to, so please continue to do your bit. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. A quick reflection, then, on the cases that were reported yesterday. More than three quarters of our cases yesterday were contacts of known cases. And if we break that down further, over half of our total cases yesterday were, in fact, household cases. This once again shows how infectious Delta is. Only two were considered to be infectious before level 4 restrictions came into force, which is helpful. We know that limits down the amount of contact our new cases are having with others. A total of 25 people had exposure events outside of the household. We're being advised to date that the Ministry of Health analysis is showing that these are generally essential worksites, and tend not to be customer-facing sites. We've asked for further analysis as to the nature of these workplaces, so we can assess whether our level 4 rules on who is operating is being adhered to, and whether our public health protocols for those businesses that are operating are fit for purpose.

As you will have heard me say at the end of last week, we have a small number of workplaces that are operating at level 4 that have seen transmission within staff. I'm advised that it's four in total to date. Now, this may not be a problem with the rules, say, on the factory floor, but what is happening, perhaps, before and after shifts or even during break times. We're looking at all of this in more detail. If we need to tighten up our restrictions further, we will.

You will also recall that last week we talked about locations of interest generally, and the number that have actually produced cases. You'll see that we have now more than 450 sites. These have started slowing down dramatically as a result of the lockdown and people staying at home, but of these locations, we can share that we believe transmission occurred at 21 of them. For the most part, that transmission has been relatively limited, but our ask would be that all contacts, no matter what the location of interest, continue to follow the public health advice. And many will be coming up, for instance, for a day 12 test.

As you will know, there are two particular sites where we know a large number of cases have come from. While one, as we all know, is the event attached to the Assembly of God, the other we'd like people to be especially mindful of is AUT. This is a difficult location to contact trace, but we do know it has resulted in 20 cases thus far. Please, if you're connected to AUT, look up the locations of interest for this site and follow the public health advice, and it clearly sets out the different parts of the campus that we're particularly mindful of, and we need people to come forward for testing.

Before we open up for questions today, I want to talk very briefly about the impact of COVID on everyone. Having positive cases in our communities, along with the impact of lockdowns, I know can be hugely unsettling, and that uncertainty can impact on everyone's mental health. It's OK to feel overwhelmed, to feel upset, or even to feel frustrated, because this situation is often all of those things. But there are places you can go for support and help, even while you're living with restrictions. The Ministry of Health and unite against COVID websites have a great list of free resources. These include tools targeted at young people, who may be finding this time challenging, in particular, those isolating in hostels or halls of residence. We know, for instance, that early on in the lockdown, there was a spike in calls to Youthline. We responded to that spike in calls with an immediate \$275,000 of funding for Youthline—a boost to what they usually receive—but we want to make sure all of our services in this area are well supported, so we'll be providing an additional \$1 million into existing contracts and services to support our rangatahi, with a particular focus on those in Auckland and Northland.

A quick recap on some of the helplines. At any time anyone can call 1737. It's available 24/7 via free call or text. And Youthline, which you can reach by calling 0800 376 633, or by free texting 234. There is also targeted mental health support available to Pacific communities via a dedicated 0800 number, 0800 OLA LELEI—0800 652 535. Family violence and sexual violence services are considered essential services and are continuing

to operate at level 4. If you feel you are in an unsafe environment, you do not need to stay in your home or in your bubble. I'm going to repeat that. If you are not safe at home, you can leave your bubble. If you feel in danger, call 111. If you or someone you know is in danger, and it is not safe to talk, Police have the Silent Solution. Phone 111 and if you do not speak, you'll get the option of pressing 55. You can then listen carefully to the call taker's questions and instructions so they can arrange assistance for you.

There is also support in place for those struggling to access food. In addition to the \$32 million we invested last year into food banks, food rescue, and community groups that are distributing food to vulnerable people and whānau, yesterday we announced an additional \$7 million for food security networks operating at alert level 4. The extra funding will help with the distribution of an additional 60,000 food parcels and 10,000 wellbeing packs. If you're unable to afford food, call MSD on 0800 559 009 to see if you are eligible for assistance or to be connected to other forms of assistance that is available. If you're at home isolating or having problems accessing food you can ask family, friends, neighbours if they can help deliver food for you. Delivery should be contactless and kept local. For those in self-isolation or who have no other way to access food, the Student Volunteer Army also has a grocery delivery service, visit www.shop.sva.org.nz.

We continue to support those needing emergency housing during the lockdown, also. Since lockdown began on 18 August, we've contracted more motel units to cater for people who would otherwise be sleeping rough, and we're closely monitoring this need. You might have heard me mention last week, as well, the three Auckland metro DHBs are vaccinating those who are homeless via a range of mechanisms, including Auckland City mission's GP clinic, a mobile outreach team, and we're working with homeless providers to visit temporary housing sites and provide transport to people in temporary housing to enable them to reach vaccination centres.

What I've listed really is just a snapshot of the various supports in place to help everyone get through this period of restrictions as we tackle COVID-19. And I guess I would summarise that as follows: you are not alone, we are all in this together, and support really is just a phone call away. Those key numbers again: for food, MSD, 0800 559 009; mental health support or counselling, call 1737 or Youthline on 0800 376 633; if you're from the Pacific community and need mental health support, 0800 652 535. Please do make use of these services; they are there to support you. I'm going to now take questions.

Media: Prime Minister, with the nine people in hospital, how concerning is that?

PM: Well, of course, deeply concerning. And it's the whole reason that we've taken the actions that we have. We know that Delta is both more infectious, but we do and are seeing studies that are telling us that it is more dangerous. And unfortunately, we're seeing that in our hospitalisations. It's another reason we need everyone to act and behave as if they may have COVID and to act and behave carefully.

Media: Yesterday, around 40 percent of those numbers in hospital were under the age of 40. What do we know about what that younger demographic are going through, especially those who are in hospital?

Dr Ashley Bloomfield: Well, I think, in part, this reflects the fact that we've got a significant proportion of our cases are under 30—over 60 percent are under 30. However, we have seen this in other countries with Delta outbreaks, including across the Tasman, that they have ended up with a much higher proportion of their people hospitalised being those younger people—and many of them without pre-existing conditions. You know, COVID can be a serious illness for anybody, no matter how well they are or not before they get the infection. At the moment, the hospitalisation rate is between 6 and 7 percent—a little higher than we may have seen in the past—but the important thing here is that our hospitals have got capacity, and they are geared up to look after these people if they need hospital care.

PM: I think also it's another argument for, yes, everyone following the level 4 restrictions, please stay at home, but also please get vaccinated. We know the very high success rate of the vaccine that we have, free and available in New Zealand, at preventing serious illness and hospitalisation. It's the best thing you can do to protect yourself and others.

Media: With the case numbers over 80 again, this is starting to look more and more like our first lockdown. Are you confident that we're starting to level off or are you expecting the case numbers to continue to grow?

PM: I actually don't think it's like our first lockdown, in the sense that when we first went into that lockdown a real unknown as to how many cases we really had in the community. And I would wager that the cases that we were reporting would have been an under-estimate. Our levels of testing at that stage—not nearly the levels of testing that we have now. But also, COVID was different. This is a variant that is much more fast-moving, much more infectious, and, therefore, we need to be more vigilant than we have been before. But that's my assessment.

Dr Ashley Bloomfield: Yes, just to add to that, it's quite clear—because we've seen some historical cases since that first outbreak last year, in March and April. It's quite clear that we didn't pick up all the cases then. We were only testing 2,000 to 3,000 people a day—much higher rates of testing. And, likewise, the infections were spread right around the country, whereas this time it's very focused in Auckland.

In terms of whether we are making progress, the latest modelling I've seen suggests, look, we are getting our effective R rate just below 1, and we need to get it even lower. And so the key question, of course, is level 4 working and doing what it was intended to do? Absolutely. The only way that we will continue to get that trajectory now to start turning and coming down is if people keep doing, as they did last year, what they need to do in alert level 4. That's fundamental to our success here.

Media: Prime Minister, on Friday you indicated that Auckland would be in level 4 for two weeks. Can you just talk through what Cabinet will be discussing and deciding tomorrow? Is it likely just to be confirmation of that?

PM: Yeah, so tomorrow we will be discussing the advice from our health experts. They gave us an early indication of what they thought would be necessary. My expectation is that they'll be using the most up-to-date information, the most up-to-date modelling, and, of course, confirming all that we're seeing across the country as well, around some of those other decisions around level 3 being the right call at the right time. But we wanted to let the public know what we were being advised as early as we could, and then we'll come out tomorrow and confirm what decision we've made.

Media: Has anything you've seen so far given you cause to rethink?

PM: No, not at this stage, and I think nothing the public will have seen, either. We give our information in real time. We were just discussing this morning—you know, we receive information 9 o'clock in the morning. We're discussing it a couple of hours later, and then straightaway we come down and share it. So we are doing it in real time. I know in Australia the cut-offs tend to be the day before. And, look, that means you're getting the information often as quickly as we are. So it is in real time.

Media: You talked about the possibility of tightening restrictions even under alert level 4. Can you talk about what the possibilities are?

PM: Yeah, so, look, what we want to do is make sure that we're being dynamic—that, if we're getting information that shows us that we have workplaces operating that we believe are outside what they should be at level 4, we need to respond to that. So that's the first thing we want to take a close look at—and just looking at some of the data of where we might see essential workers not necessarily passing on COVID, but where they're working. And, at this stage, I've had nothing to suggest that it's anything other than essential food

services, packaging services, logistics. The second thing we want to look at is that we have really developed public health protocols for what you need to do to operate at level 4. It's not a matter of business as usual. If you're operating, businesses do have rules. We want to cast our eye again over those with a Delta lens. Is it that we need to change that up to a certain degree? Do we need to ask businesses to do more outside of the factory floor and think more carefully about those points where people may be entering and exiting work or socialising? Because, as I say, we've got four sites at the moment where we think there's been—we know there's been—transmission between workers who are operating.

Media: So are you looking, for lack of a better phrase, basically a level 4.5 or a level 5?

PM: Look, at this stage, what I'm indicating is if we get evidence to show we need to tighten things up, we will. I think everyone would expect that. Some of it will simply be the protocols adapting to Delta at level 4. Some of it may be us saying "Well, we think there are too many businesses operating outside of already the rules that are there." Essentially, you're only meant to be providing services that allow people to continue to look after themselves in their home and continue their work in their home, and make sure that if they have anything to do with their home life and operation that's essential, such as plumbing, gas, power—but, outside of that, we just want to make sure people aren't operating around the fringes of that in a way we wouldn't expect.

Media: Have you got numbers on how many businesses that police have had to go to and tell them that they're not following the rules or who have been shut down?

PM: We do get a breakdown on compliance checks that are being reported in. We can provide that to you. Unfortunately, I don't have that right in front of me now. Generally, compliance, generally speaking, from the Police Commissioner, still seems to be high. They've set up checkpoints or places where they're just checking in at the border to see whether or not people are moving in anticipation of alert level changes. At this stage, they're satisfied that, actually, things are as they'd expect at this alert level.

Media: Can you speak a bit about the vaccination supplies—how close we are to running out next month and whether ACT's maths are correct, from this morning.

PM: Well, of course, it is a very dynamic situation, given that all of our modelling has to, of course, anticipate where demand will continue to go. And we have seen demand, you know, anywhere between 70,000 to 90,000 doses a day. So what we're doing at the moment is working through—if we maintain that level of demand—the impact on both our supply and our stocks. I said that I'd give you an update early next week on the work we're doing to meet the increase in demand, and I still intend to do that. I don't have an update for you today though.

Also, you will have seen actually a really good, solid day again yesterday, which means now on our tally, our rolling daily average, has now gone beyond the peak for Canada, Australia, the UK, and the United States. We are making records, currently, in New Zealand.

Media: When would we run out if you can't get any more vaccine supply and current rates continue? And also, are you looking at buying vaccinations from other countries?

PM: I have always said that we are working on strategies so that we're able to maintain the level of vaccination that we have currently. I would say it's not a matter of running out, it's a matter of whether or not we are in a position where we need to have a little less demand than what we're seeing at the moment. There are ways that we can manage that, but we're not at that point yet, and I'll give you more information early next week.

Media: Back on the workplaces, you're going to have a whole lot more businesses opening up on Wednesday under level 3; are there things they should be doing differently, looking at with the Delta out in the community, things that they need to be doing at level 3 now that they didn't in the past?

PM: Perhaps I'll have Dr Bloomfield speak to that.

Dr Ashley Bloomfield: Yes, our team had a good look at that to see whether there are elements of alert level 3 within the workplace that need to be strengthened, and we have given some advice to that. I know the Prime Minister after the Cabinet decision—after Cabinet tomorrow—has confirmed whether or not that is going to happen as intended. But, obviously, one of the things is use of masks in the workplace, which is current now and our advice—and I don't think that would come as a surprise to anybody, and it would be welcomed by many, particularly Professor Baker. Use of masks in the workplace and really maintaining that distance at two metres wherever possible are key things and, of course, just meticulous infection prevention control.

PM: The other thing I'd add is that we spoke a little bit last week about how we've actually used level 4 for periods where previously we might have used 3. So we've had those higher alert levels at a period where we're assessing whether we might have cases and not moving into level 3 until we're feeling a bit more confident. I think the greatest risk will actually be ensuring that we don't have people from level 4 environments coming into areas that will be operating in a level 3 way. So that's where the boundary's going to be important, because we, at this stage, have high confidence that those areas that will be opening up are safe to open up.

Media: Can you tell me, has the Bluetooth function within the COVID tracer app, has that performed properly during this outbreak?

PM: I can't give you a breakdown on its usage, perhaps Dr Bloomfield can.

Dr Ashley Bloomfield: I don't have a breakdown, however I do know this is of interest. We have been using it where people have said they have had Bluetooth turned on then we've used that to send out messages. My understanding is two things: one is, because of the number of cases it wasn't necessarily a question our contact tracers were asking at the first interview because they were trying to get the most essential information, so we've given them a nudge around that; but, secondly, it seems from the demographic of most of our cases, many of them didn't have Bluetooth turned on. But we're just getting the numbers about that so we can share that.

Media: Well the Ministry's told us that fewer than 10 people have received a notification via the Bluetooth function on the app.

Dr Ashley Bloomfield: That may well be the case, and I'll come back to you with the numbers on that.

PM: But, as of the 29th there were 110 location alerts, so it seems that the tracer app is being used but the Bluetooth function may not be used as often by those who are involved with our cases.

Media: We've received reports from Northland iwi leaders feeling sideswiped by the Government's alert level decisions bringing te Tai Tokerau in with Tāmaki-makau-rau. Was that a decision that was discussed? Was there any discussion with iwi leaders prior to the announcement?

PM: Yes, there was. And that's counter to the advice that I've received. So, yes, there was discussion of that. We were interested, of course, as we always are. Of course, we're always making, ultimately, a public health decision first and foremost. But we did also want to know that contact had been made, and there had been discussions around border issues, current alert levels, sentiment around level 3 versus level 4, we were interested in that as well. The feedback I had was that there was a general sense of support for the alert levels being maintained, but that may, obviously, not be the case.

Media: Who did you speak to?

PM: Of course, I rely on those who are based locally to give us feedback. So it's not necessarily that I'm individually making those calls.

Media: On vaccinations, there are 34 people in hospital. How many of those people were vaccinated?

PM: It's not a figure I have.

Dr Ashley Bloomfield: Yeah, I don't have the data on the hospitalised people, but we can find that out.

PM: Yeah. I haven't been advised that there have been to date.

Dr Ashley Bloomfield: Yeah, and there are a couple of things—

Media: As in you haven't been advised that anyone has been vaccinated that has ended up in hospital?

PM: Yeah, I haven't been advised if anyone vaccinated has ended up in hospital to date. Keeping in mind that it's more common for people to have a first dose at the moment, but no, I haven't been advised that's been the case.

Media: Can I also ask on case numbers daily, because I think a lot of people were surprised it jumped up again yesterday, and now it's staying around the 82, 83 mark. Mike Plank says that we should expect numbers to stay around this level for potentially a week. Is that in line with your modelling? Is that something that you expect will continue to be the case? When do you think they will start to dip down?

Dr Ashley Bloomfield: Well, what I would say is, as the Prime Minister said, over 50 percent of our cases now are within households, and there is—if you look at our number of very close contacts, I think it was 660, the figure I gave, and because of the infectiousness of this variant, we would expect somewhere between 50 and 100 percent of transmission within households. Many of those people will now be isolating, and/or be being tested, including right up to the day 12 testing. So we can expect there will be a high-ish number of cases over the next few days, particularly as those day 12 tests come due. That in itself isn't either unexpected—you know, it's not unexpected and it's not necessarily a concern. Where we would be concerned, of course, is if we see cases popping up in the community, so they'll be the ones we'll be particularly looking out for. But people should expect that the numbers will stay up at about this level before they drop down again.

PM: But the one thing, I think, that we would want to both keep reinforcing—Delta is more infectious, it is more difficult, it is more dangerous, and it's more important than ever that people follow the rules. Just because of the length of time and what people may be seeing with case numbers, no-one should assume for a moment that they don't have COVID. We ask people to go out and get tested when they're symptomatic, but actually, when you're asymptomatic—before you even have any of those symptoms—you'll often be infectious. So never be complacent. Always act cautiously, like you might pass it on to the next person that you see, because that is the way that Delta behaves, and we all need to really keep our game high on this one if we're to, of course, get out of these restrictions as soon as we can.

Media: On those four workplaces, essential workplaces where there has been spread, how many infections have occurred at those workplaces? Is it one each, or—

PM: My recollection from what we've had shared from ARPHS was that they weren't large numbers, that they—yes—were small numbers of cases. But I can't give you an exact breakdown, but not large numbers at this stage.

Media: You were talking about the cases yesterday, how many of them were happening inside houses, do you have an idea across the entire outbreak, post-level 4 yet, other than today's numbers—

PM: What we do know is that, as you would expect, because one of our very large events where we know transmission occurred was very late in the piece, just a couple of days before we went into lockdown. So as you can imagine, we would then expect to see

that the impact of that on household transmission would rise over time, and that is what we're seeing. So whilst I can't give you the total number, we have seen it trending upwards.

Dr Ashley Bloomfield: Prime Minister, I've actually got that number here. And just to reiterate what the PM said, for the first five days it was 0, 0, 1, 1, 0, and the total now is 137—this is of the cases, of 424 cases, that had been linked and where that was known. So you're looking at approximately a third in total. But the key thing here is the trajectory, which is an increasing proportion of cases are household contacts.

PM: Yeah.

Media: And you said you had the Rf below one, can you release modelling that shows that?

Dr Ashley Bloomfield: Actually it was a text I received this morning, so we're getting the email, I'm very happy to put that up—

PM: You're getting the latest data.

Dr Ashley Bloomfield: Yeah, I think what's also really important here is: if you look at the modelling from early on about where we would be at now if we hadn't done alert level 4—and the numbers are extraordinary—we would be at New South Wales - type numbers by now. But happy to release that graph that just shows, based on the current data, and it's got some different scenarios, but it shows what would be happening if we weren't in alert level 4. And based on the last three days of numbers, it's showing that the best fit is with an effective R of about 0.8.

PM: Again, everyone needs to keep their alert up though, because one of the things—I wouldn't want to leave the impression that everything that is coming through at the moment are known contacts and known household cases. We do still have cases that are requiring investigation. Often we're able, over time, once we have different new locations of interest, to build a map of what's happened, but we do still have mystery cases coming through, and that says to everyone you've got to be vigilant. It might be you. So just please be careful. We're really still at a critical point right now.

Media: With several hundred thousand bookings made for vaccinations in the near future, if you had to slow down the roll-out, would those be cancelled or does the booking platform take into account those sort of supply questions?

PM: So one thing: we've just received another 320,000 doses from Pfizer, so we've just had that delivery come in. We, of course, do continue to have doses on hand, and what our team are working on at the moment are some different scenarios based on the strategy working around to ensure that we can continue to meet demand. Beyond that, I'm actually not going to say more beyond that right now, because it would be premature. But I am going to give you an update early next week.

Media: Do those cases in essential workplaces worry you in terms of, you know, could they push out that long tail of COVID and—

PM: Oh, every new case worries me—every single one. The key things that we're always looking for are: were they known contacts; were they already isolated; and if they were out and about because they didn't know that they were at risk, what kind of places were they? We do still have a reasonable proportion here who are essential workers, and, of course, we're reliant on those workplaces to have the kind of protocols that can ensure the safety of other workmates, because these tend to be at the moment closed sites, so not customer interfacing. That's what we're tending to see. But Delta's different. So I'm not relying on anything that we've seen happen before, where those protocols are usually sufficient. Delta's different, so we all need to be careful, and I need those employers to be very careful for their workers and their worksites.

Media: Both National and ACT have opposed a virtual Parliament. What do you make of that and, secondly, what does that mean for Parliament sitting this week?

PM: I'm disappointed in that position. We were absolutely willing to make ourselves available for the scrutiny that, yes, we absolutely need to provide. And you would have heard me say last week that we were going to endeavour to find ways that we could provide that in a way that, I think, meets the expectations we've set for the public. We're asking the public to do things differently; I think Parliament should be willing to do things differently too, and we were. So you will have seen the proposal. I think it met the needs of accountability and scrutiny, but in an online platform that means we don't put staff at risk and those who are involved with convening Parliament. So I'm disappointed. I am, however, not willing, without the consensus of parties, to individually suspend Parliament again. So I will participate, despite the fact that I totally disagree with the position that they've taken.

Media: Prime Minister, just a couple of follow-ups, one on Benedict's question before around the operation with level 3 and level 4 businesses. How are non-essential businesses in level 3 expected to trade with consumers in level 4? So can there be any trade between the rest of the country and Auckland next week?

PM: Yeah, so look, this is going to be an area where even though a business is operating at level 3, it may be complicated by the fact that there are some parts of the country that continue to have that higher alert level, because, of course, they will only be able to continue to operate with all of those level 4 restrictions. So it may interrupt supply chain, it may interrupt delivery, but I expect that those parts of the country will absolutely understand that we're doing that to keep everyone as safe as possible and to try to get everyone back to normal as quickly as possible.

Media: And just on vaccines, a recent study shows the efficacy of the Pfizer vaccine fell to 75 percent after three months.

PM: Which study was that? Oh sorry, I'm genuinely interested. That's not me scrutinising you. I try and read all of the—

Media: Sorry, question for a colleague but I don't have it in front of me. Are there any plans to roll-out a third booster shot like other countries are doing?

PM: Well, actually, the number of countries who have formally approved booster shots is still relatively limited. A number are talking about it, but the number who have approved it for the wider population is still quite limited. But, I'll have Dr Bloomfield speak to the science; I'll just keep reading the science.

Dr Ashley Bloomfield: Just to reiterate that we're watching it very closely, and, of course, the experience in countries like Israel that have had wide vaccination of the population, including from late in 2020 and through early part of 2021, is really helpful in this regard. So we can get the information from both the clinical or laboratory studies of antibody levels, but also look at the real-world data. So that will be informing our advice to Government, and then it's up to the Government to make decisions about whether and timing of any booster doses.

PM: I think in the meantime we've said we are keeping all our options open, and we're keeping all our conversations going. But, of course, these are always commercial conversations, so we'll be careful to make sure that we keep them that way. The other thing is that regardless, we are still seeing them hold up really well when it comes to preventing hospitalisations, and that's so important.

Media: On the vaccine, though, with the potential supply issues with the rampant demand for vaccines, is it possible that we would start accepting non-Pfizer if it meant keeping the vaccination rates as high?

PM: Actually, I think you'll find for many of the drug companies coming into 2022, it's a vastly different situation than it has been through 2021. Where you're right, there has been issues with limited supply, with new manufacturing and production coming on later in the calendar year; but next year does look like it's going to be a very different proposition. We have, however, had a range of arrangements with different drug companies, and what we'll

continue to do is look at the science. In some cases they've talked about whether or not you get better results through a third shot being an alternative to those that were your first and second. We will keep looking at the science to make sure that we offer the very best we can to New Zealanders.

Media: Sorry, I should have been clearer: I meant introducing a different jab at the moment as our vaccination is ramping up.

PM: Ah. So one of the considerations for us, of course, is really continuing on with the Pfizer vaccine enables us to maintain all of the same delivery, logistics, training. Introducing different vaccines at this point in our programme presents a number of challenges that actually might not make the roll-out any faster. But we are working very hard on a strategy that allows us to meet the extra demand we're seeing from New Zealanders at the moment, which is fantastic, and I'll be giving an update on that next week.

Media: Just one for Dr Bloomfield, 19 Countdown stores are locations of interest and seven are closed due to positive cases visiting and more than a thousand Countdown workers are isolating and need tests. Are you doing any sort of investigation into why these numbers are so high?

Dr Ashley Bloomfield: Well, I think they reflect the fact that—

PM: It's the only place you can go.

Dr Ashley Bloomfield: —that it's one of the only places you can go and that all New Zealand families need to go to the supermarket at some point in time. One of the points I would make is that many of those close contacts who are currently isolating will be coming out of that isolation period over the coming one or two days, and we'll see, I think, that will resolve a lot of the pressure I know there has been on both Countdown and other supermarkets, because quite a large number of their workers have been required to isolate. I'm grateful that they did follow those instructions.

PM: We do have—within the Cabinet team, Minister David Clark is maintaining really close contact with our supermarket networks, just to ensure that any challenges they're facing in supply chain distribution or capacity, that we're able to support them and then get in front of. That's been really helpful. It's meant that in some cases we can ensure consistency of the public health guidelines for the supermarkets. But at this stage, you're right, I mean one of the issues is just it's—as you can imagine, won't be that uncommon that an exposure site might simply just be the time that a person visited a supermarket. But that's why we have all those protocols in place, and that's why it's so important when you visit the supermarket that you keep your distance from others, scan in when you go, keep a mask on.

Media: If you had to manage demand for vaccines, as you were saying, because you can't get enough in, would you look to weight it—

PM: That's a big hypothetical you just presented just then.

Media: —so Auckland were still getting a similar rate as it is now, given it's the centre of the current outbreak—

PM: The question, sorry?

Media: Would you weight it so that Auckland would continue to get the same amount of vaccines as it is right now, no matter what happens—

PM: That's a hypothetical, and I'm going to come back to you next week with a plan on how we're going to meet the demand that we have.

Media: But on booking systems for vaccines, a lot of people are getting special QR codes. They're getting codes to go in because they're part of workforces that are essential. When they get there, there is no queue where they can go in that is different to people who

are just kind of walk-ins, and they're often having to wait several hours. Would you consider splitting those two—

PM: Yeah, actually, because we did have some essential worker sites that were specific to that. That's perhaps something I'll leave with Dr Bloomfield and the ministry team.

Dr Ashley Bloomfield: So two things there: one is that, in some cases, we are getting vaccination teams out to workplaces to get those essential workers, and that's going well. But in the case here where there are reservations or appointments set aside for essential workers, they can use the code then to book an appointment slot that no one else can, but it doesn't mean when they get there that there's necessarily a special queue. They would be going into the normal alert level 4 vaccination procedures that are in place for all vaccination centres.

Media: We're seeing reports of people in Auckland who are getting there with appointments and the teams are saying, "Oh no, the line's too long now. We've got two hours more [*Inaudible*] so you can't get the vaccine today." Is that acceptable?

Dr Ashley Bloomfield: I'll follow those up. I haven't had any reports about that. In fact, I was reading a report yesterday where someone had said they got notified that a vaccination centre still had vaccine and the appointments weren't all full, and so they were able to go and use those, but I'll follow that up and just check that's not an issue.

PM: Just checking, is that a drive-through site, perhaps?

Media: Drive-through in Auckland.

PM: Yeah. The drive-through in Auckland. Yep. We can take that away. What did I say? I was going to come back to—

Media: You said "Jason, Jason, Jason, and Jason."

PM: Justin. Ha, ha! Jason, did you have a question?

Media: No, no. I was just kidding.

PM: Claire. Go ahead.

Media: Can you say whether or not there's been any confirmed non-household infections and non-workplace via essential workers infections during lockdown, so not related?

PM: So infections that have come from people who are known to have COVID and who have breached—

Media: People who haven't got it from a household contact or the workplace, that essential workers ones that you—so outside bubble infections during lockdown, basically.

PM: Yeah. So we have had mystery cases—unlinked cases.

Media: Do you know how many?

PM: We're doing a tally overall at the moment, because every day it goes down, and then we get the new reports, and then while they investigate it it goes up slightly. Perhaps I'll have Dr Bloomfield speak to this in a bit more detail.

Media: While I'm there, also the MIQ case from yesterday, whether a link's been made yet with that.

Dr Ashley Bloomfield: So on the first question, there almost certainly were cases that you're describing where early on in alert level 4, where these would've been people who were infected before we went into alert level 4, didn't know, and they infected others, for example our essential workers. What's really critical is the last five to seven days, and so those are the data we're really going to focus on. At this stage, we have no sense that there are people who are out—who are not either essential workers or out doing essential

things where there may have been an infection. There's nothing to suggest that, but we're just doing a more detailed analysis of that.

PM: And that is not to say that there won't be that behaviour that we haven't seen or detected through transmission, and that is why we will keep enforcing and repeating the rules. Really important: people, when they are a contact, that they stay home. And, of course, we'll keep looking into whether or not we're seeing any cases materialise from people not following those instructions. And it's 58 of our total cases currently unlinked. Our public health units do tell us, though, that often when they see a new location of interest that'll knock out a number of unlinked cases because they'll then be able to make that connection.

Dr Ashley Bloomfield: The MIQ worker.

PM: Yeah, the MIQ worker.

Dr Ashley Bloomfield: My recollection from the discussions from her was yes, they have found the probable exposure event, but I can't remember what it is. But we can follow up and let you know that.

PM: Yep. So I was sweeping through the back, wasn't I?

Media: Just quickly for Dr Bloomfield, do you know how many staff at Middlemore and Auckland hospitals are out of action because they're isolating at home?

Dr Ashley Bloomfield: I don't know that, and we can find out that information. But one of the things we did do about a week ago was make an amendment to the section 70 order to allow staff who were isolating, not because they were direct contacts but they were household contacts of contacts, to allow them, under certain circumstances, safely to go back to work. But I don't have an updated figure on the number who are isolating from each of those hospitals, but we'll get that.

PM: "Safely" included being vaccinated and having returned negative tests from within the household. Yep.

Media: Yeah. The Funeral Directors Association has told us that they've approached the Government and the ministry with a proposal to allow people to view a body before a funeral at level 4. Is this something the Government's actively considering?

PM: I have heard that they have provided a proposal, but I haven't seen the detail of that proposal, and, of course, for us it would all be dependent on public health advice. This has always been one of the hardest areas of level 4. It is devastating for people to be in a situation where they lose a loved one and then they're unable to have a normal memorial service. And we've been really clear that those are really still really high-risk situations. And we have had cases connected before to events where people are grieving, and we don't want to add to that grief by additional COVID cases. So they are that tight for a reason. Happy to pass on to our public health team the proposal, but, of course, at the moment our goal continues to be to restrict contact as much as we can, despite how hard it is.

Dr Ashley Bloomfield: And I can say, Prime Minister, we are actively looking at that, and I've got some advice through from my team. Again, we—right at the start of this outbreak, because it was Delta, we went back to where we had started last year as a precaution. And now we're a couple of weeks in, and also partly depending on what happens with alert levels especially outside of Auckland and Northland, then it may well be that it's Auckland and Northland, and we can look at if this could be done safely, and then what the expectations and requirements would be on that.

PM: Of course, it moves up to 10 for level 3.

Media: Dr Bloomfield, *One News* understands the Ministry of Health and, actually, you personally, were not keen on Pacific Health Plus in Cannons Creek rolling out saliva testing back in March. What was your reservation?

Dr Ashley Bloomfield: My key reservation back in March was we want and need all our testing to be part of our overall testing programme. So we need to be sure, first of all, that the testing is—and at that time, remember, we’re talking March, that we’re confident in the test, that it was accredited, that it was achieving the same sensitivity, but most importantly it was consistent with our overall testing approach, and at that time what was being proposed was not consistent with our overall testing approach.

Media: Do you or the ministry have an issue with Rako Science per se, or is there official resistance to the concept of an alternative to the nasal swab?

Dr Ashley Bloomfield: No to both of those questions.

Media: Prime Minister, could you please clarify the rules around whitebaiting and why they changed?

PM: Do you mind if—that’s quite a leap from COVID, and I know that we have—

Media: No, no, no—level 4 whitebaiting. Whether you’re allowed to go whitebaiting in level 4.

PM: Oh, OK, sorry, level 4 whitebaiting, as opposed to generally the rules on whitebaiting. Forgive me on that. Now, I can recall that, of course, we ask people to refrain generally from fishing and activity like surfing, for instance, and those were associated often with risk, and that at level 3 my recollection is that you were then able to enter into things like shore- and wharf-based. So whilst I don’t have the specificity for whitebaiting, I imagine then it would generally fall under that shift.

Media: It seems that there has been a change from just allowing those with customary rights to whitebaiting to be allowed to do it during level 4 to it being a wider—

PM: No, I think that was actually always the case at level 4, is my recollection. So that was, as I recall, available last time as well. I don’t think it was—it was not specific to whitebaiting, but generally to customary access.

Media: And now it seems that that requirement has dropped off the rules?

PM: Would you mind if I—this isn’t a question [*Inaudible*]. I’m very happy to go and take a look at those specific questions. It’s—fishing at different alert levels is a very sensitive topic, so I wouldn’t want to set anyone wrong.

Media: Sure thing. I just have one more question around language during the pandemic. Why did you choose the word “bubble” to describe people staying together, and how much thought has gone into the language you’ve used to communicate with New Zealand about the pandemic?

PM: “Bubble” just felt like a natural way to describe something that really needed to be contained and that if it was burst would be really problematic. So it was just a word that felt natural. It’s not something we’ve spent a lot of time thinking about; it was just simple, easy, accessible language. The kind of language I would just use to explain a concept to anyone. And I’d say that for all of the language we’ve used all the way through. It’s often—I find that when I’m sitting down and talking to our experts that if there’s a way that I find it easy to understand then that’s what I’ll adopt, and then I’ll start using. And it’s often not that much more in-depth than that.

Media: Prime Minister, the good people at the *New Zealand Herald* are now publishing the case numbers with some accuracy before the 1p.m. briefing. Do you—does the person leaking these need to pull their head in? Do you have a problem with that?

PM: Well, it is fair to say that for the management of an outbreak, a wide range of people do receive situational updates as part of our pandemic management. And that’s important, we need health services to be aware of what’s going on, different people who are part of our emergency services. And so that does mean that there’s a wide amount of reach and, with that, comes an element of risk. Look, the most important thing for me is that we

just do everything we can collectively to manage that pandemic—the pandemic—and what happens around that, I just consider noise.

Media: On Friday, I think the National Party put out a plan for vaccinations. Did you have a read of it? Did that have any good ideas that you might want to take on board?

PM: Someone gave me a brief precis on elements of it. Nothing particularly struck me as being anything outside of what we were doing, particularly.

Media: One of the points was to vaccinate under-30s, because they can be vectors to the virus.

PM: Well, of course, equally, those who are in the older age groups are much more vulnerable to hospitalisations and being severely unwell, and, actually, from 1 September, everyone will be eligible. So, at that point, it becomes a moot point. We just need everyone to show up and be vaccinated. We'll finish with you, Justin.

Media: One of the mainstays in New South Wales is the reporting on how many people were infectious while in the community. Over the last 48 hours, those 160-odd cases that have been reported, do we know how many of them were infectious while in the community; and, if not, when will we know that?

PM: I actually did report that. So I just used slightly different language. Yeah, 25 have had exposure events outside of the household. It would be wrong to say that that meant that they were breaching level 4 requirements, though, because, as I've said, the Ministry of Health analysis of those cases tends to be demonstrating that they're actually going to level 4 workplaces and that a large number of them are not publicly facing.

Media: But those are 25 people who picked it up outside of the household. That's different than 25 people who could have been outside their house while infectious and could have infected others, is it not?

Dr Ashley Bloomfield: No, it's actually the latter. So, when we say that they have exposure events associated with them, it means that they are generating new exposure events. And only some of those may become locations of interest in the community. They may have been exposure events where they were dropping something to a friend—and, of course, it was done contactlessly, but we take a very inclusive approach.

PM: And, obviously, it means that they haven't previously been contact traced, necessarily, because, obviously, that's the point at which you stay home.

Media: Do you have a breakdown of how many of those were essential workers and how many of those were accessing essential services?

PM: Well, we have provided an overall essential worker number. And, of our total cases—so this all the cases throughout the outbreak—87 have been identified as essential workers. But keep in mind that some of that may just be they're someone that was exposed at AUT or someone that was exposed at one of our larger events who happened to also be essential workers. So, I think, just to be clear on that as well. But we will keep on—when we do that daily reflection, I'll keep providing some of that information. OK. Thank you, everyone.

conclusion of press conference