

**POST-CABINET PRESS CONFERENCE: MONDAY, 30 AUGUST 2021
HANSARD TRANSCRIPT**

PM: Kia ora koutou and good afternoon, everyone. Cabinet met this afternoon to discuss our alert level settings, but before I move on to those decisions, I thought it would be helpful for Dr Bloomfield to give a quick update on today's cases and a bit more detail and reflection on yesterday's, in case anyone missed the press statement earlier today. Thanks, Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So, as you will know, there are 53 new cases of COVID-19 in the community today; they are all in Auckland. While that is 30 fewer cases than yesterday and the lowest number of cases in five days, it is just one data point. However, it is an encouraging sign, and there are others. Of note: 52 percent of new cases reported yesterday—that is, the 83 cases from yesterday—are household contacts of an existing case, indicating and confirming the high rates of household transmission, as we expect with the Delta variant. And of yesterday's 83 cases, 72 percent did not create any new exposure events, implying that they have been isolating since lockdown started and thus reducing the potential for new chains of transmission. So, of those cases reported yesterday, on the converse only 28 percent are considered to have been infectious in the community, which may simply have been a visit to a supermarket, as is allowed under alert level 4, or a healthcare provider, or they may be an essential worker. We actually have a total of 101 essential workers now amongst our cases. However, many of those are from early on in the outbreak, and we have just four essential workers who have been infectious in their workplace and seven essential workers who have been infected in the workplace.

Furthermore, based on the modelling, the R value of the virus, the R effective value, in this outbreak now looks like it is under 1. We need to keep that coming down, but it's good when it is under 1 as this means cases will continue to decline. The lower that R value gets, the more rapidly the case numbers will decline. So these are all encouraging signs that our lockdown is working as intended, breaking chains of transmission and gradually drawing a net around the outbreak.

Also visible to us are the harms that we can see from COVID-19 in this outbreak. We have 37 people in hospital, including five in intensive care, and three of those are ventilated. Yesterday, there were 16,370 tests processed, and our seven-day rolling average is 34,620. This high rate of testing is giving us increasing confidence that we are finding any cases of COVID-19 out there. We need to keep doing so, so if you have been at a location of interest or you have any symptoms of any respiratory symptoms or symptoms that could be COVID-19, wherever you are in the country, please do get a test. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. Looking at our overall cases today, I know we all feel encouraged that our number is lower than what we've seen in the last few days, and I know that we're all willing for that trend to remain. But while it would be too premature to say we have a trend yet, what we can say is level 4 is making a difference. We are seeing a decrease in cases outside of households, a decreasing number of locations of interest, and the reproduction rate reducing. Now, all of that helps, but the job is not yet done and we do need to keep going.

On Friday, Cabinet agreed to move all regions south of the Auckland boundary to alert level 3 at 11.59 p.m. tomorrow, Tuesday, 31 August. That was on the condition that all the evidence that might emerge in the following days continued to be positive. There is nothing to suggest we need to change that plan, so Cabinet today has confirmed that alert level change will take place. Like last time, business owners and operators are now able to access their premises in order to prepare for contactless opening, including to meet the public health requirements.

Just to confirm why we're comfortable with that alert level shift from Tuesday midnight, wider waste-water testing in Christchurch has not shown up any further positive results, meaning

the positive results last week, we believe, can be most likely attributed to cases in managed isolation facilities in the city, and additional testing across the country has only thrown up one additional positive case in Wellington, a household contact of an existing case who was already in isolation and not in the community. Level 3 for the country south of Auckland will remain in place for a week, and we'll review these settings at Cabinet on 6 September. Our hope will, of course, be that we can keep lowering restrictions when it is safe to do so. So just to repeat: for the rest of the country south of the Auckland border, it will be level 3 for a week, with a review at Cabinet next week.

This afternoon Cabinet also assessed how long Northland will need to remain in level 4. Our decision here has been a cautious one, and that's because, unfortunately, the cases and worksites in and around Warkworth emerged late in the lockdown. Now, that was not the case for Wellington, for instance, where we've had well over a week to monitor contacts and cases and ensure we didn't have spread. We just haven't had that level of time for the cases we're concerned about in Warkworth, and with possible contacts beyond.

Once we have that same level of reassurance for Northland, we feel confident to move alert levels. Now, additional waste-water testing at over 20 sites in Northland are due on Thursday. In addition, further testing from contacts across Northland—and we had a number of contacts across Auckland who have been at locations of interest, and some that relate to some more recent worksites. Some of those further tests will be available in that time frame as well. If these are all clear, the director-general and Cabinet has agreed to lower Northland to alert level 3 at 11.59 p.m. this Thursday. So again, just an indication of our intention here if all of those tests come back clear.

I know many in the north will be interested in what this means for transport corridors at that point. A reminder that at level 3 there is still no inter-regional travel. The only movements into a, for instance, level 4 environment such as Auckland would be for essential work that is already occurring now and, for that to occur, you will need a travel exemption. If it's for a wider issue, you will need an exemption in order to pass through that border. So very little movement is expected in a level 3 environment.

That then brings me to Auckland. We indicated on Friday what we believed was the most likely scenario for Auckland. Based on the size of the current outbreak, based on the number of daily cases we're seeing, and based on the need to see a sustained reduction in cases before moving alert levels, Auckland will remain at alert level 4 for another two weeks. Cabinet will meet again on Monday, 13 September to look at our next steps for Auckland.

Now, to move Auckland down a level, which is our absolute goal, we need to be confident we don't have Delta circulating undetected in the community, and we need to be confident that any cases we may have are contained and isolated. As we saw from this outbreak, it only took a week for one case to spread across the city, and that's why we're working so hard to get this right. And I know everyone in Auckland knows we are just not there yet. We are making progress, though, and that is one message I want to leave today. The sacrifice everyone is making is incredibly important, and it is making a difference.

Yesterday I received this graph [*Holds up graph*]. The red line shows what would have happened if we hadn't moved hard and fast into level 4. Now, it's a little difficult for you to see, perhaps, the numbers on the side, but it tells us that daily case numbers are literally off the charts, and that without level 4 some modellers estimate that the number of new cases today could have been around 550. The lines underneath tell us the different paths we could still follow. At the moment, we're tracking roughly in about the middle of those options, and where we finally will land and when we'll land there is not yet clear. But that doesn't mean we are powerless. The more we do to limit our contact, the faster we exit these restrictions, and, more importantly still, the more lives we save.

You will have heard today Dr Bloomfield mention the number of people in hospital. It is a number that each day is reported to me—reminds me of how serious this illness is. In the same way I'm reminded when I read the figures out of the United States, where the daily average hospitalisations for COVID-19 are more than 100,000 people, similar to where they

were in their last winter peak. We may not see it in our headlines as often but, the world over, countries and their people continue to battle this vicious virus. And now we have hundreds of people battling this virus in our country, as we speak. Our job is to limit how many people have to face that as much as we can.

My final message is really for all those outside of Auckland. Please remember that level 3 does not mean freedom: it means caution, it means staying in your bubble, it means distance, it means contactless transactions, and I will spend a bit more time going over that tomorrow. But while you're here, and while you're preparing to move into level 3, Auckland is doing a huge service for all of us, and not just now but throughout this pandemic. It's Auckland that has maintained our gateway to the world, that has done a lot of the heavy lifting in welcoming Kiwis home safely, that has worked hard to keep the rest of New Zealand safe when there has been an outbreak. Auckland has done it tough, and they've done it tough for all of us. I know we're all grateful and that we are, as a team of 5 million, willing for their hard work to pay off.

Before I conclude today, a quick word on vaccines, and then I will conclude. Another big day yesterday, especially for a Sunday. That has, of course, raised questions on how our supply is looking. We currently have roughly 840,000 doses of the Pfizer vaccine in the country, and will continue receiving weekly deliveries from Pfizer. You'll recall that in recent times we've been receiving more than 300,000 in each of these deliveries. Our planning has been for the programme to administer 350,000 doses per week. We have the supply and infrastructure to do this sustainably, over a long period of time. There has been a surge in demand. Our vaccination programme has risen to the challenge, and we're doing much bigger numbers. Last week we administered well over 500,000 doses. We are working on a strategy to meet that demand, with more vaccine in the country. If we are unable to do this, then the worst-case scenario is that we pull back to our planned volumes, which, as I said, would still mean 350,000 doses being delivered a week. Contrary to the reporting, we are not running out of vaccine, but we are seeking to meet the high demands that we have right now, because, of course, we want as many people vaccinated as possible. I'll happily give you an update on our work to meet that demand in the next couple of days. Happy to take questions.

Media: Prime Minister, have we peaked?

PM: In terms of the—

Media: In terms of our case numbers. We've gone from 83 yesterday, 53 today. Do you feel like that was our peak yesterday?

PM: I think it's too soon to say. Of course we want to see those numbers come down, and with that sustained effort at level 4 there is no question it is making a difference. Some modelling suggests without that level 4—those restrictions—and without everyone's efforts, we could have been at 550 cases today alone. So it is making a difference. Whether or not we've now plateaued and moving down—we do need a bit more time, I think, to feel reassured of that. I'll let you finish, Jessica, and then we'll flip over to Tova.

Media: Dr Bloomfield, what's your message around the woman who died following the Pfizer vaccine? What do you think is important to point out to people with that?

PM: Two or three key things. The first is this is a known, very rare side effect with the Pfizer vaccines, and we had—Medsafe had put out an alert around this over a month ago, and, in fact, I pointed everyone to that here in one of the stand-ups. The risk of myocarditis after the vaccine is a lot lower than risk of myocarditis after being infected with COVID-19, so that's another point I'd make. And the other key point is, and the reason we have put this out there is, to make people aware that this has happened but also to make sure that people being vaccinated and our health professionals are aware that if someone does present with chest pain or a bit of shortness of breath or palpitations, and they have recently been vaccinated, then they should look into that. And that's part of the reason we've been very open about this case, and also it's of great interest internationally, as well, because it's one of the few cases where we've got the full range of evidence around the side effects and then

able to explain this death. I do want to, of course, give my condolences to the family. They have been fabulous in supporting us to investigate this case and get this information out so that it can be useful for the wider public.

PM: And clinicians, especially, wasn't it, they were focused on.

Media: Yesterday, Prime Minister, you indicated there could be further level 4 restrictions. What further restrictions are you considering and when? And Dr Bloomfield, how concerned are you by transmission among essential workers?

PM: Yeah, so what we indicated is that we are looking at, in those cases where we have, for instance, seen a small number of instances with transmission between workers at worksites—we're talking, though, you know, roughly four, so very small—but what we want to do is see whether or not there's anything that could be done in the guidance we give, particularly to employers who are operating in level 4, on how they can do that safely and prevent that from occurring.

Now, already they use PPE, they use social distancing, they are cautious—because it is a privilege to be open at level 4—but we're seeing if there is more that we could add in that guidance. And, of course, continuing to check whether or not those workplaces that are open indeed should be. To date, I haven't seen examples of places where we've had COVID appear, or workers with COVID that are in workplaces that shouldn't be operating—they've predominantly been in food services or distribution where we, as a country, really are reliant on them continuing. But let's see if we can do more to keep people safe while they're there.

Media: I'm sorry, just to that earlier point, Dr Bloomfield, healthcare—

PM: Yeah, feel free to finish that one.

Dr Ashley Bloomfield: Am I concerned? Well I'm concerned in that we want to see no essential workers getting infected in the first place and potentially being infectious out there, so one of the things we're turning our efforts to over this next two to three days is to have a really deep dive on each of those cases to see exactly what happened there, and that will support any further advice. We've been asked for that, any further advice to employers who have essential workers out there, just to see if there's anything we can do to strengthen the measures in place and reduce any residual risk there may be there.

PM: Because, I said yesterday, it's not just the work practices when someone is, for instance, on the factory floor or out in the workplace itself, but what kind of practices people are engaging with—even on the way into their workplace or in a cafeteria or while they're donning and taking off their PPE. So right down into that level of detail, because that's what Delta requires us to do.

Media: That worst-case scenario of dropping back to 350,000 vaccines a week, how—

PM: You see my point was that our worst-case scenario is actually defaulting to our plan.

Media: How much time can we keep going at the current rate before we have to start dampening that demand a little—

PM: Well, we'll need to take those decisions this week, but we have not changed any messaging at this stage to DHBs, but we will look to make some decisions on what we need to do going forward over the course of this week.

Media: About a week's breathing room.

PM: Yeah, so at this stage we're doing that so that of course we can make sure that we have, you know, a decent amount of heads-up for those if we do. But of course our goal will be to actually minimise any disruption as well—so maintain bookings, keep that high flow coming through, basically run to the plan that we'd previously had before we added in some of those extra surge sites across the country. But we also want to keep those numbers rolling in Auckland, in particular. So those are some of the things we have in mind.

Media: And how concerned are you about vaccine hesitancy in light of today's news of a potential vaccine-related death?

PM: Is that to me or to Dr Bloomfield?

Media: Either or.

PM: Dr Bloomfield, obviously, can give the clinician's view.

Dr Ashley Bloomfield: Look, I'm not so worried about—well, I recognise it will be a worry for some people. I do want to reassure people that there's very clear evidence that the vaccine is a lot safer than being infected with COVID-19. This is a very rare side-effect. It's one that we were alert to already and we've now put out good information to health professionals to make sure they are alert for that. We collect very good information on any adverse effects, and we're not seeing anything out of the ordinary with this vaccine compared with what are the experiences in other countries. So I can reassure people that the safety profile of this Pfizer vaccine is very, very good.

PM: Yeah. The most common cause of myocarditis is a viral infection, and so I remember, even just—it would have been maybe a month or so ago, reading an article about the number of children and young people in hospitals in India with myocarditis because they had COVID-19. So we are still safely offering this vaccine to protect people from that very thing: COVID and, therefore, the effects of COVID.

Media: Prime Minister, what is your response to reports that Pacific families in the Bay of Plenty are being forced to present passports before they get the COVID jab?

PM: Actually, I understand that Dr Bloomfield has a bit of detail on what has happened in that particular scenario that he might wish to share.

Dr Ashley Bloomfield: Yeah, well the first point I would make is: no one is required to show a passport or any other form of identification to be vaccinated. However, if someone doesn't have an NHI number, the process of allocating someone an NHI number can be expedited by someone having identification, and my understanding in this case is this is what was being sought. There was certainly no intention, in my understanding, to single out any particular group. But I just do want to reiterate, no one is required to show a passport or other form of identification, and every person in New Zealand is eligible to be vaccinated, whatever their immigration status. I think you've seen the DHB apologise very clearly that the incident happened, and for any concern that may have been caused there.

Media: So it was a logistical hiccup, was it?

Dr Ashley Bloomfield: Well, it was. It's not—I think everybody in the programme is very aware, and we'll be reminding them, that no one is required to show identification or a passport or anything else before they are vaccinated, and so this was just an attempt to try and, I think, smooth or expedite an administrative process rather than anything to do with eligibility.

PM: The only thing you need, to be eligible for a COVID vaccine in New Zealand, is to just physically be in New Zealand. That is it. You don't need to present any identification, you don't even need to present any documents to show whether or not you're in New Zealand legally or not. We are not interested. We just want you to be vaccinated. So being physically here is enough. Nothing more.

Media: So no ID or anything like that?

PM: No. As Dr Bloomfield has said, if you don't have an NHI number, we want to know that we're giving you your second dose and that we're logging everything, and so health professionals will go through a bit of a process to try and do that, but there are ways we can do that without any ID.

Media: Are you aware of it happening before?

PM: No, no. I do—as I understand, this has been because we've got a specific group of individuals in that region that we are vaccinating at the moment, who are not in New Zealand long-term.

Media: On Northland, why have they been included again? There'll be a lot of people in Northland who say, "We're not part of Auckland. It's really annoying we have to be cut off." Why do they have to wait until Thursday?

PM: Well, we have some sites in Warkworth that we have been concerned that, if we have cases that emerge from some of those larger worksites—which we have a small group of workers who do live outside of that area, in what we might define as Northland—if we have any outbreak from that worksite, we're concerned if we move too quickly, then we'll see the effects of that potentially in the Northland region. So that's the reason. It's got nothing to do with anyone from Auckland's movements; it's really about what we discovered in Warkworth. Had we not discovered that, we would be moving to alert level 3 already with everyone else. The other important note is with waste-water testing, with some of the remaining testing coming through, that'll give us extra confidence as well. But, given it's a route where, actually, people are transiting through those areas and may have had contact with those cases potentially, we just wanted to be really cautious.

Media: Are you satisfied with the level of testing in the community at the moment, and is that a possible reason, fewer tests, why the case numbers have come down?

PM: Well, look, I'm—there were times, of course, where 10,000 we would think was a fairly solid number. Sunday has always been a bit lower, but I do want to see really solid on-going testing numbers. There will be days where we will have a large number of close contacts—and I think actually that has been over the last few days—where they'll be coming up to day-12 testing, which will lead to those numbers coming up again. But I don't think it's fair to say we've got those numbers because we didn't have enough people necessarily tested. But, again, I'm not making any judgment from today's numbers. I'll look at tomorrow's, I'll look at the next day's, and we'll see what trend emerges.

Media: Can we get an update too on quarantine capacity? There's still dozens of people with COVID-19 still at home, not in quarantine.

PM: Actually the advice I had this morning was that that backlog's generally been cleared, but of course every day, when you have a new lot reported, then you'll use the course of the day to move people in. We're very careful in the way that we do move people. So my understanding is that that is clear. We had people today moving into one of the two additional facilities that we've brought on since this outbreak. It is fair to say, though, that we do have tight capacity for quarantine and we are looking at other options to be able to manage that.

Media: Is anyone quarantining at home? Is that the plan to leave them there?

PM: No, not at this stage. My understanding is that everyone is moving into quarantine still.

Media: Just a couple for Dr Bloomfield, primarily. Can you describe to us in detail what happens when COVID is discovered in an essential worker workplace? And then just also after that, of those 840,000 vaccines in the country, are they dispersed all around among GP clinics and wherever they're going to go, or are they sort of in a more centralised storage at the moment?

PM: A bit of both.

Dr Ashley Bloomfield: I'll respond to the first question there. The process is the same as it is for any case, but there's a very strong focus on anyone who is an essential worker. Those cases are prioritised for follow up. So if it's in a workplace, as it would be even if we weren't in alert level 4, and they were just essential workers, we work with the employer to identify all the people associated with that workplace. Usually they have very good records of who's been in there, and, of course, because we're in alert level 4, it's generally just employees. Usually the workplace is—I mean, the staff who are potential contacts are stood

down. There's an assessment made of what risk there might be, depending on whether the worker was—and they will have all been using PPE, but who they may have been in contact with, what the circumstances might be. So there's a thorough assessment of the risk at the workplace, and it may well be then that workplace stops producing or doing what it is doing, for a period of time. Or, in the case of, say, a healthcare setting—and we've had a few of those—staff are stood down, and so replacement staff are brought in until those staff are cleared to return to work.

PM: And on vaccines, it's both. So, of course, as you can imagine, we do have distribution across the network, particularly with GPs and pharmacies coming online. They are distributed across our network, but still we also have some that are centrally held as well.

Media: And that 350,000, is there any sense in which you might manage to bump that up a bit over the next few weeks?

PM: Well, of course, our goal is to be able to move beyond what we had planned by—

Media: No, no, sorry, the amount that's coming in each week.

PM: Ah. Well, that is—obviously, as I've said, over 300,000 has been the weekly deliveries that we've been receiving from Pfizer, and what we're working on at the moment is whether or not we can move beyond that.

Media: You spoke before about the burden that Aucklanders were having to bear for us all. Has there been any thought to prioritising Auckland for the vaccinations roll-out and taking vaccinations from other regions and funnelling them to Auckland now, and, if not, why not?

PM: So there hasn't been a need to take from anyone at this stage. We've been essentially just meeting the demand, and, as you can imagine, there's been good demand in Auckland but also elsewhere, and we've been able to meet that and we've been wanting to meet that. What we're working on now is whether or not we can continue that approach. What we're asking, though, our health officials to do is, as we do a bit of planning for if we are unable to secure additional supply for those surges, how can we do two things: maintain people's bookings but also maintain the surge in Auckland, because you can see why it should continue to be a priority. So we haven't—it's all still a bit hypothetical at this stage. No decisions need to be made today. We're working on those this week, but those are some of the things we want to keep achieving with our roll-out.

Media: Just following on from vaccinations, what work has been done around both rest homes and situations where immobile people are at home, being cared for by in-home care, can't get to a vaccination appointment? Have you got mobile vaccinators out and about [*Inaudible*] around this?

PM: Yeah, there has been some thought and innovation in this space. So for rest homes, we've been going into facility in order to provide vaccinations, and that's been organised through the DHBs. A variety of approaches for those with disabilities. In some cases where there's been residential care, we've been trying to provide it in the most convenient way possible for residential care as well. In other cases, I've seen some vaccination centres even working to try and provide a space that is low in stimulus and appropriate for those, for instance, with autism. So, some real thought going into how we can meet the needs of a range of communities. In terms of some of the more specifics, Dr Bloomfield, you might have some more on the idea of at-home visits where it's a smaller number, but for residential care, yes, we have been visiting.

Dr Ashley Bloomfield: Yes. So all the DHBs have got a range of options, including if people are, essentially, not able to get out of their house or their place they live, then they can get a mobile vaccinator there to get them.

Media: Because the carers who are looking after these people—who is their point of contact? Should they be trying to do this through rest homes? Because I would've thought that by now, surely, people in rest homes, for the most part, should have been vaccinated, shouldn't they, in [*Inaudible*]?

PM: Yes, or offered vaccine, of course, because residents make the decision as to whether or not they take that up. And so you will have heard us talk yesterday or the day before about the uptake rate in different parts of the country—it's been high—but then there's the question of what do we do if we've got new residents coming in who may not have been, or residents who may have changed their mind, and just DHBs doing a bit of a mop-up there.

Media: So who's that point of contact, then, for the in-home people? Should they be contacting their local rest home and asking to jump on as part of their service, or should they be contacting their DHB?

Dr Ashley Bloomfield: They should be—actually, if they use bookmyvaccine or contact the vaccine phone number through Healthline, they would be able to provide them with advice on that. But, no, the people who are receiving in-home care, home and community support services, or who may be in sort of supported living arrangements separate from aged residential care, no, they shouldn't be trying to organise it through the aged residential care facility, because most of that was done—in fact, we asked all DHBs to have all those residents at least have their first dose before the end of June, and so that sweep will be now completed, but if they use bookmyvaccine.

Media: But I don't think that's happening—

PM: So I'll just finish on Jo's question and then come back to you, Tova. I've seen some recent updates on some of the strategy around reaching those across the country with differing needs, where they're in residential care or whether or not you're in home support or otherwise. So I wouldn't mind if we just go back to our vaccine team and give you an update on how that's being rolled out across different DHBs.

Media: Just lastly on that, before you go to Tova, in terms of the 350,000 if you have to peel back to that, are you concerned that people who perhaps have only recently got up the courage to get vaccinated, because of what's happened with Delta and they've seen the ramp-up and they've seen people be confident in it, then get an appointment that's way down the track, because appointments will become staggered if you drop back to 350,000—are you worried about the message that might send to people who have only just got up the courage to go and do it?

PM: Well, that's a hypothetical that I'm not yet confronting, because we're working very hard to see if we can find ways to continue to meet the fantastic demand that we have.

Media: Just following up on those earlier questions, I have heard of rest homes who have tried to get mobile vaccinators to come in and haven't been able to do that and elderly residents who were having to drive hours to go to—

PM: I'd be very interested to know where, because we, of course, got continual reporting across the DHBs as to what percentage of their residential facilities in their region had been reached, had been vaccinated, because you can imagine why it was a very big focus for us right at the beginning of the campaign. And they provided details that, basically, everyone would be offered the opportunity by—it was around the June/July mark, if I can recall. So, happy to go back and check a specific facility if they have had issues. I wonder if it's the issue of returning a second or third time, perhaps. I'm not sure.

Media: When do you expect to be able to open up fresh MIQ spots—this is beyond the emergency rooms—because [*Inaudible*] and that was supposed to be a few days and it doesn't seem to be open yet?

PM: Yes. No, it hasn't. Most people actually probably assume that what we do is roll out all of the numbers through to the end of the year and once they're full they're full. That's not the case. As you've indicated, we do continue to release vouchers. We have put a bit of a hold on that for now, on releasing some of those new vouchers in the near future, because, of course, as you've seen, with an outbreak of over 500 people, we are using the facilities for those individuals. And that is the right thing to do. New Zealanders wanting to come home want to come home to a country that's free of restrictions, and the best way we can do that

is by dealing with this outbreak as efficiently as possible. I don't yet have a time line for when we'll be opening those vouchers up again.

Media: And now that we know Delta is—

PM: Keep in mind the Crowne Plaza is also offline at the moment, too, and that is one of our bigger facilities.

Media: With now what we know about Delta, is it possible to go back to that 4,000 per fortnight coming in through MIQ, or will we have to reduce the numbers to reduce the risk of a breach?

PM: Well, what we have done to reduce the risk has been to change up the way we're operating in those facilities—cohorting, for instance, as much as possible; keeping people—bringing people in on similar dates and releasing on similar dates; of course, vaccination of our workforce; the testing regime we use. In this point in time, we're looking at whether or not there are more things that we should do, more innovations to try, and again just add extra layers of protection. And so we're getting advice on some of those for MIQ. At the moment, it has not including reducing down the numbers, because, actually, it only takes one. And people may have thought, for instance, that Sydney—at the time that we were putting people into quarantine, they may have considered it low risk. So it's actually about being vigilant regardless of the number you have coming in. What is clear, though, is our ability to expand that number is very limited. We just don't have the workforce to do it.

Media: But the Australians did halve their number coming in after their breach?

PM: They did, but, as I say, it takes one case. And so for us, it's actually about the protocols that you have across the system. Having said that, many people before this outbreak were putting pressure on us to extend our facilities and our capacity. The focus we have at the moment is making sure that when we're doing it we're doing it well with the numbers we do have.

Media: We've been hearing from several organisations about a massive increase for the need of food relief during this lockdown. Auckland's facing another two weeks of this, and for some people that's pretty scary—

PM: Facing—sorry?

Media: Two more weeks at least.

PM: Yes, yes.

Media: That's quite a scary thought in terms of if you're in food insecurity. Is the Government considering doing anything to help people in those sort of situations or help food banks?

PM: So immediately we put \$2.8 million for food, essential items, support for existing providers, and then a further \$7 million has also now gone in as well for those who work across those food security networks. And we estimate that can provide up to 60,000 parcels for those who may need it, also 10,000 wellbeing packs as well. I'd also encourage people to access MSD. They are there for these exact moments and have the flexibility to provide additional grants to people to meet any food-related needs that they have at this time, because we absolutely acknowledge that this is a very tough time for everyone, and that's why that support's available.

Media: Just on yesterday's questions asked about how many people in hospital were vaccinated, we now know it's eight partially vaccinated from the 34 yesterday. Can I ask for your reflection—

PM: Just, the one thing I'd just caution, you know, that person could've been vaccinated a week ago, you know, four days ago, and of course the ability for that to have an effect is rather limited with those time frames, so yeah—

Media: So I was going to ask for your reflections on that, what you take from that. And also that other key stat—we found out this later—30 of the 34 people in hospital are Pasifika. Is that blind bad luck or is that a failure of public health?

PM: That is COVID-19. That is Delta. I mean, the rates of hospitalisation that we're seeing are high, and it is undoubtedly hitting our Pacific community very, very hard, which is why we as a country have taken this approach on COVID-19 and our elimination strategy, because we knew that if COVID did manage to get into our communities, it would have that devastating effect. So the job we all have upon us now is to do everything that we can to get rid of it. And that's why we're in this position right now with these level 4 restrictions to keep one another safe while, of course, we're thinking about, unfortunately, the people who are already affected by it.

Media: Judith Collins says the reason that she's come to Wellington for a physical Parliament is that she couldn't get agreement on the Epidemic Response Committee coming back. Why was that such a no-go zone in those discussions?

PM: Well, actually, we actually worked really hard on a solution to allow a virtual version of the House, with the National Party. Then when that option was presented to the Business Committee, it was then not agreed to. And so the Epidemic Response Committee, you'll remember, was created because the House was suspended and Parliament couldn't meet and there was no question time, for instance. What we've been working to is to reinstate that. What was presented was an option that allowed the Opposition to access any Minister, it allowed them to make statements, to ask questions—some might say a greater level of accountability even than a general question time offers. But unfortunately, that was rejected by the Opposition. So that's where that fell over.

Media: Are they playing politics?

PM: Well, my preference would be to opt for a virtual option, because it does the same if not more than an in-person version of the debating chamber. Select committees can still meet, so that's still happening. All of the other business of Parliament can continue. The only thing we're missing is question time, and my view is we could do that safely virtually. It's a shame that the Opposition did not agree.

Media: David Seymour says the fact that you're allowing it to go ahead proves that there is no health risk and that, if there was, you wouldn't let it go ahead.

PM: That is totally incorrect. My view was I was willing to suspend for a week whilst we tried to find solutions. Unfortunately, the Opposition and the ACT Party were unwilling to agree, and I was unwilling to suspend Parliament for a second week. My much bigger preference was that we get consensus. But it's one of those situations where, unfortunately, given there's no consensus, I feel I have no choice. But I will absolutely be limiting the number of Ministers that we have in this building so that we don't put other staff at risk. No one will be travelling from Auckland to participate. There'll be a small handful of Ministers answering all of the questions, so in many ways I think it's an inferior option than what was on the table.

Media: On Monday, you'll be reviewing level 3—next week, you'll be reviewing level 3 settings for the rest of the country. Is there a scenario under which there could continue to be level 4 in Auckland but level 2 everywhere else? From a public health perspective, is that a workable option?

PM: Well, we've had split boundaries many times before.

Media: Have we had level 4 - level 2?

PM: We haven't. We've had 3 and level 2, so we have had a situation before where you've got one area that's got no interregional travel alongside an area where there is. So we have had that principle before—so that is possible, but I'm not pre-empting any decisions because Cabinet's not made any.

Media: But there's no hard and fast—it's just that it hasn't happened before?

PM: It hasn't happened before, but I think, probably, the bigger principle there is we have had areas alongside each other where there's been one isn't meant to be travelling and one is able to travel, and that's probably the example we have to work through, so it just demonstrates how important it is to get your borders right.

Media: Prime Minister, some Māori—

PM: Anything you want to add on that, Dr Bloomfield?

Dr Ashley Bloomfield: Just to say that there's no public health reason why it couldn't happen, and, of course, one of the things we're going to be doing this week—as we did last week around alert level 3—is see: are the any enhancements to our current level 2 settings that we might advise be brought in as and when parts of the country move down to alert level 2? So alert level 2 may well be alert level 2 as we've known it, with some additional things in place.

Media: Prime Minister, Māori leaders in the Far North—some that we've spoken to—are kind of hoping for a seven-day extension of level 4 until a bigger picture could be seen. Is waste-water testing the only thing that—like the results that you're waiting for—or will the decision be based on other information as well, like testing?

PM: Two things. We'll have some more results from additional testing in the region; not just surveillance testing from those who might have cold and flu symptoms, but there are some contacts in the region as well that we expect further results from, and that, alongside the waste-water testing, gives us confidence that, for now, we can say if they are clear, we believe it will be safe to move on midnight Thursday.

The other really important point is: level 3 is still restrictive. It is still limited in terms of you stay in your bubble. You still don't have large gatherings. Schools are still not convened. So that does give us confidence that it's still a cautious approach and it allows us to continue to monitor what's happening across the country.

Media: And this week we've seen a notable push in terms of vaccinating Māori. We've got drive-throughs, we've even got social media marketing; you can see that it's ramped up. Why is that only happening now and it hasn't been in the—

PM: Well actually, all of our vaccination campaign was built around ramping up at a time when supply started ramping up as well, and we have entered to a period where we have more people eligible to be vaccinated, and we have more doses in the country, and so that's why the campaign, you'll see, is ramping up at the same time.

Media: Prime Minister, why has the Crowne Plaza not yet reopened? My understanding is that it's supposed to open last Thursday.

PM: Yeah, so what we said was that we wanted to—you'll know that we wanted, once it was, we had people exiting; we weren't bringing new people in. In part, that was because we were undertaking source investigation to try and identify what exactly had happened. At this stage it is still not clear to us. So all of theories that we've had, whether or not it was—as has been offered up by some of you, whether or not it was anyone passing by. We reviewed CCTV footage, found those individuals, tested them all—all negative. There was the question over whether or not there was a link between someone from within the facility in one of our early locations of interest; that proved to be incorrect. So one of the things that that enables us to do while the facility is in that state is just really look into every other possibility. It already had a ventilation review, but what I'd like is just a bit of a look from a Delta perspective to see if there are other things we need to do to make sure that we've covered all our bases, even if we don't know exactly what happened here.

Media: On a different topic, when you're looking at, over the past couple of days, the number of cases that have been infectious while in the community—23 from yesterday's cases, 25 from the day before—how low would you like to see those numbers go before you're more comfortable with where we're at?

PM: Yeah, so the issue, of course, is that at level 4, there are people who are still keeping the country running, and keeping people fed, and moving key freight around the country to keep people fed and with essential services—even at level 4. So that's why we're doing two things. It's just getting that little bit of extra deep dive into those places where people have been, to check that actually there's good compliance, but also, at the same time, those places that are open really are necessary. At the moment, there's nothing to suggest they're not, but it does show why infection controls and really careful operations at level 4 are so important. The idea that you'd get it down to zero, even at level 4, that's hard. You know, when we look just at our supermarket chains, 55,000 people, so it's not hard to see how you could hit people from different walks of life in an outbreak like this, and, by default, we have a large number of people in this outbreak.

Media: Can I just clarify, sorry, because it wasn't to open on Thursday and the perspex and everything were getting altered and it was being done in preparation for last week. So have you specifically asked for it to be closed—

PM: So, look, it is my understanding that they have not yet put anyone back into it; that's my understanding. But, yes, they have done all of those alterations, but that's my understanding. I'll go back and verify whether or not it's remained the case, but all of those things that have been raised that could be instituted in order to make it safer still, keeping in mind that, of course, you know, those barriers now are up to the ceiling, so essentially a wall—to see whether or not there is anything else that needed to be done or whether or not it's been deemed to be complete now. But that's my understanding—but I will double check.

Media: A question for Dr Bloomfield. Elective surgeries in Auckland are mounting and will obviously continue to grow for the next at least two weeks. Can any be moved to other DHBs, or can anything be done for people waiting in a lot of pain, like waiting for a hip replacement or endometriosis surgery, things like that?

Dr Ashley Bloomfield: Well, the first thing is that any acute or urgent surgery is being done, of course, in Auckland and elsewhere in the country. Secondly, we've started to work with our district health boards outside of Auckland on their plans for catching up on elective services that may have had to have been postponed during the alert level 4. For Auckland, one of the things we will look at is if there are not necessarily acute but semi-acute operations that need to happen that they can't do, whether those can be done elsewhere in the country. That's one of the things we'll look at.

Media: OK, where would that be—like, Waikato?

Dr Ashley Bloomfield: It could be anywhere, depending on the nature of the surgery, but obviously the DHBs that are adjacent, like Waikato, would be the main one, but, so saying, all the DHBs are going to have a backlog and so, as happened last year, there will be specific plans in place and we will work with district health boards to make sure they are both able to provide that surgery, and of course they will prioritise people whose need is most urgent.

PM: OK, I'm going to take the last couple of questions. Yeah, down here and then I'll come back to you, Claire.

Media: Did Cabinet agree with the Ministry of Health's advice around the enhanced protocols for businesses operating under level 3—mask use, and that sort of thing?

PM: Oh, so issues around mask use were agreed some time ago, as was mandatory record keeping. And you'll recall we made those decisions before we had an outbreak. We're working through all of the implementation and then announce them afterwards.

Media: OK. Dr Bloomfield mentioned yesterday he'd given advice around businesses operating under level 3—physical distancing, mask use indoors.

PM: Yes, I don't believe there's been a point where we've ever been divergent on those matters.

Media: But Cabinet has agreed with that?

PM: So my point is that those decisions were taken some time ago, and my recollection is that we've always followed the advice that we've received weeks ago.

Dr Ashley Bloomfield: I think the additional advice we gave, and I'll just have to clarify and we'll be able to outline this tomorrow—it was for anyone in alert level 3, for anyone who may be having any—who isn't currently an essential worker but is going into their workplace, that they need to wear masks there, and even in the case of any transfer of goods or services is contactless anyway, but we just added in that additional measure to reiterate the importance of mask use in alert level 3.

PM: A very important point for me as well: I don't believe we received any advice that we've rejected, so it might be that it's still in a process, but we've tended to stay pretty closely to what we're advised on these things.

Media: Can you just go through again where the vaccination clinics are asking people for ID, because I've had a few messages from people who went to a few from Auckland who have said that they were asked for ID when they went?

PM: So if you go to a vaccination clinic and you don't have identification, you will be vaccinated. No one should be asking for ID as a way to access a vaccine. In some places, people may be asking ID to establish an NHI number, to hasten the administrative process, but it is not a prerequisite for you to be eligible for a vaccination. So—

Media: Sorry. At some point when vaccination status become relevant for things like passports and travel, how will people be able to prove that they have had a vaccine, if they—

PM: So we do, of course, register the fact that you've had a vaccine. We've got a case that was being raised with us where someone didn't have an NHI number. And so that's where someone's used ID to try and establish an NHI number for that very purpose—so later they can go back and find a record that they've been vaccinated.

Media: But if they haven't shown ID to prove it's them?

PM: So they can search through your records and identify who you are, ask for things like date of birth—that's certainly the process I've witnessed.

Dr Ashley Bloomfield: Yes, so every person who is getting vaccinated, a link is made to their existing NHI number if they have it, based on name and date of birth. If they don't have an NHI number, one is created, and then that allows the COVID immunisation register to link with other health databases. And at the moment, if anyone needs proof that they have been vaccinated—for example, to travel overseas—the Ministry of Health provides a letter, signed by the director of the vaccination programme, to confirm that they have been vaccinated and it has their name, date of birth, and NHI number.

PM: Yep. Was anyone here asked for their ID when they were vaccinated?

Media: Well, yeah, we had two bookings today and the people—

PM: No, no, I mean the people who have been vaccinated. [*Inaudible*] I wasn't, so—ha, ha!—might just be me.

Media: The people who are making the bookings have told us that they were told to ask for ID or tell the person to bring ID on the day. So is that conflicting messaging?

PM: Sorry, I think there's two separate issues here. There seems to be a question here of whether or not you have to prove eligibility. Everyone is eligible. Everyone in this room and in New Zealand is eligible. It's a very different question around whether or not you bring ID just to make the administrative process a bit quicker. But if you don't, there are workarounds.

Media: And are we just able to please get an update on the staff isolating in the Devonport Naval Base please?

Dr Ashley Bloomfield: Yes, just to say a very, very precautionary approach was taken there to a positive waste-water result, which the NZ Defence had commissioned themselves—the testing of the waste water. All the subsequent testing has come back

negative, and the staff who had isolated and been tested, at last I heard, all those who'd been tested have returned negative results. There are a few results outstanding, so not quite sure why they had that initial positive result, but all the right things were done, and so far there doesn't seem to be any evidence of any COVID there.

Media: Dr Bloomfield, before you mentioned a number of cases who are household contacts. Are you able just to clarify how many there were? And I guess the remaining cases, whereabouts had they been infected?

Dr Ashley Bloomfield: So of the cases yesterday—I've got the proportion—52 percent, and someone will have to get their calculator out and work that out for me, but it's over half of yesterday's cases, probably 41 or maybe 42, were household contacts. And what was the second—

Media: So that, I guess, remaining 48 percent—

PM: Some of the remaining were contacts already as well.

Dr Ashley Bloomfield: Yeah, were known contacts. And I think the other key thing is here over 70 percent didn't generate any new exposure events. And the other thing we're going to do, and we'll try in the next day or two to provide an indication of this, is work out how many household contacts there are, and therefore the likely range of additional cases we would expect, especially with Delta, which has got high infectivity in the household setting. So given the number of cases we've got and household contacts, that will help us just give an indication of the number of additional cases we might expect over coming days.

PM: OK. Thank you.

conclusion of press conference