

**ALL OF GOVERNMENT PRESS CONFERENCE: THURSDAY, 9 SEPTEMBER 2021
HANSARD TRANSCRIPT**

PM: Tēnā koutou katoa. Good afternoon, everyone. Today, I have details of additional vaccines en route to New Zealand, but before I speak to that, I'll hand over to the Director-General of Health to give us the latest case numbers. Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa and mālō e lelei—Tongan Language Week this week.

There are 13 new community cases to report today. All are in the Auckland region. It takes our total number associated with this outbreak to 868, and of those, pleasingly, 264 cases have now recovered. There are two cases in returnees in our managed isolation facilities.

Today, we have 30 unlinked cases as we continue to work through the new ones that came in, many of them first thing this morning, and links are being established, and of the 13 new cases today, over half have already had those links made to the current outbreak. On yesterday's 15 cases, we know that 12 of them are contacts of other cases and nine of these were household contacts. We also know that six were infectious in the community.

There are 31 people in hospital today, all in the Auckland area, and of these, five are in intensive care or in a high-dependency unit, and three are currently requiring ventilation. Our thoughts remain with these people and their whānau in what is obviously a stressful time for them.

Pleasingly, yesterday there were 17,684 tests processed across the motu, and 8,472 swabs taken in the Auckland region. This is a further increase on yesterday and, again, it is fundamental to us getting confidence that the outbreak is controlled.

Our public health team and clinical teams in Auckland are now widening the scope of surveillance testing to a number of larger essential workplaces to help rule out any undetected community spread, and I want to thank those companies that are working with our teams up there to get those promptly in place. They include today, for example, pop-up testing sites to test staff at a couple of Auckland supermarkets with a third one of those tomorrow. They are at the moment for workplace staff only, and a reminder to anyone in Auckland that there are still 23 community testing sites operating as well as general practices and urgent care clinics for you to be tested at.

Of our 38,126 people who have been formally identified and included in our contact tracing system, around 87 percent have had a test already, and our public health units around the country are following up anyone who has outstanding test results.

Staff continue to deploy from around the country to support the Auckland DHBs, and there are three ICU nurses going in on Sunday and a further five being deployed next week to help support the Auckland DHB effort, and I want to thank all those staff indeed for putting their hands up. Many others are also in the pipeline to deploy if required.

A quick update on the case that was identified in Middlemore Hospital over the weekend: day three test results from 124 patients who were considered possible contacts and 29 staff members are in, and those have all returned negative. And all 149 of those contacts remain in isolation.

I would like to move on to scanning, and I'd like to give a shout-out to the many businesses who are displaying QR codes where they are very visible and also accessible to everybody. And I'd like to encourage all organisations that are displaying QR codes to please make sure they are at the right height, with the top of the poster, 130 centimetres from floor level, as per the guidance on the ministry's website, so that they are accessible to everybody, including people using wheelchairs.

Finally, we did see a big jump in scans yesterday as the country moved to alert level 2, with 1.6 million scans registered yesterday. Not quite at the record set last September, so we can keep up the good work and aim to beat that—scan away, please.

Back to you, Prime Minister.

PM: Thank you, Dr Bloomfield. As you can see, we are making solid progress, but a few days ago, I mentioned the three things we really need everyone to keep doing. They are getting tested, following alert level rules, and getting vaccinated. Our testing numbers have picked up in recent days, which is fantastic, but if we are to have the confidence we need that the Delta outbreak is under control, we need to test, test, test.

As well as 22 pop-up testing centres operating throughout Auckland and numerous primary healthcare providers, you will hear us speak to ongoing community-based surveillance opportunities, and we'll share the details of those over the coming days, as well.

As for the rules, we have seen that if you give Delta an inch it will take a mile, so please keep up all the scanning, mask wearing, and sticking to the rules and guidelines, no matter where you are in the country. As Dr Bloomfield has said, even with some parts of the country still in heavy restrictions, in Auckland, we have seen really good scanning numbers elsewhere—a good early first sign. But please do keep that scanning and record-keeping up. It is one of the most important tools that we have for contact tracing in a Delta environment.

Now to vaccines. I have an update: I'm pleased today to be able to give you the latest information on our work securing early vaccine supplies, which will allow us to maintain but also build on the record levels of vaccinations we've seen since the outbreak began. As I mentioned earlier in the week, work has been going on behind the scenes with other countries for a couple of weeks now. Today, I can announce the first part of that work. Last night, we completed the final details of an agreement with Spain which will see New Zealand receive over a quarter of a million doses of the Pfizer vaccine in addition to our scheduled deliveries. Those quarter of a million doses departed Madrid at 1 a.m. New Zealand time and are due to arrive in Auckland tomorrow morning. I can tell you they are on track, because I have been following the shipment's movements on flight tracker.

With this supply, we'll be able to continue our roll-out at significant or even record high levels. This is the first of two deals that we have been working on. The second is an even larger order, and I anticipate being able to share details of it in the next week or so.

I want to thank the Government of Spain and, in particular, President Pedro Sánchez. I'd also like to acknowledge the Spanish and European Union officials, the team at Pfizer, and the team here in New Zealand, who have all helped make it happen. They have been working around the clock literally day and night.

While I cannot go into details of our future arrangements just yet, what I can say for now is that with the assurance of these extra doses, we can keep going with speed until our big scheduled deliveries arrive in October. As you'll recall, we were actually really working hard to just bridge the constraint we had across the course of this month.

As I said on Tuesday, on busy days since the current outbreak began, we've been vaccinating more people per capita than countries like the UK, the US, Australia, and Canada did at the peak of their roll-outs. In part, this is due to a determined and dedicated group of vaccinators working long days every day to keep our population safe, and I do want to thank those workers. But it's also thanks to the millions of New Zealanders who have showed up and done their bit for the team.

It means that 89 percent of people aged 65-plus have been vaccinated with at least one dose—89 percent—and 77 percent of those aged 40-plus have had at least one dose, and what I find really heartening, given we only opened up to everyone on 1 September, is that 64 percent of people aged 12-plus have had at least one dose. We do, however, want to keep going, which is why officials and agencies have been working so hard, as I've said, to secure doses that allow us to do that, but the rest is up to us.

As I stand here today, Auckland is into its fourth long week of a level 4 lockdown. The rest of the country is having to adapt to a new Delta level 2, with tighter but necessary rules and limitations. These alert levels are gruelling and hard work and I know we all want to avoid them in the future, and that's why we need everyone who can be vaccinated.

High vaccine uptake is part of our path to opening back up confidently. I've been asked often, "What is the magic number—how many of us need to be vaccinated?" My answer is, "Everyone." In part, that's because I hate the idea of even one preventable death, and with the vaccine we know that the chances of someone's life being taken by COVID is dramatically reduced, but it's more than that. If everyone who can be vaccinated is vaccinated, you are potentially saving the life of someone who can't be.

There have been many devastating stories in this outbreak, including the case of a one-year-old child who fell ill with the virus. In fact, 121 of the New Zealanders who have tested positive in the last three weeks are under nine years old. These are children, who at this stage cannot be vaccinated, so they need us to be—all of us.

In 2020, our COVID response led the world; in 2021, I want our vaccine rates to. So if you're a business owner who wants to avoid lockdown and you have already been vaccinated, there is more you can do. You can encourage and support your workforce to be vaccinated. If you're in a sports team and you've been vaccinated, there is more you can do. You can encourage all your teammates to get vaccinated. And if you're a vaccinated faith leader who wants your congregation to continue to be able to worship together, you can help support and enable that by supporting your congregation to be vaccinated, as well.

We now have enough vaccines to vaccinate everyone in New Zealand who is eligible at pace, so now it's up to us. If you haven't already been vaccinated, there are a range of places that you can be, including GP clinics, drive-through centres, marae-based centres, community pharmacies, and Pacific providers. More primary care sites are coming on stream each day, along with more drive-throughs. Walk-ins or drive-throughs are welcome at the Auckland Airport park and ride and the Trusts Arena in Henderson, and the first in a series of Pasifika mass vaccination events started today in Auckland. Outside of Auckland there is a drive-through at 223 Kioreroa Road, Whangārei, and walk-in clinics at Te Awa in Hamilton, Ora Toa clinic in Porirua and Pipitea Marae in Wellington, and a number of other sites around the country.

So, to everyone, if you're not yet vaccinated, make a booking or drop in to a site that allows walk-ins today. Let's see if we can top the tables, but, more importantly, let's make sure we look after one another.

Happy to take questions.

Media: At Middlemore Hospital, we know that staff didn't have room to shift the patient after he was tested, and others have had to be discharged early due to a lack of space. Are you worried that our health system just simply won't cope in the event of a more significant outbreak?

PM: I'll hand it to Dr Bloomfield.

Dr Ashley Bloomfield: What I can say is the health system has been preparing for a surge like this, and in the Auckland region it has coped very well. It's had support from around the country. Of course, we're just coming out of winter, and you would have seen only four to six weeks ago, our health system was dealing with quite a big outbreak of RSV—particularly amongst children—and it is used to adapting and making sure that everyone who needs care can receive that care. So I'm confident the health system has been prepared for this resurgence. I think this is a big outbreak, and it's done very well. The future of course is for us to make sure that that response can be sustained, especially as the population gets more highly vaccinated and we start to move through the pathway towards reconnecting to the world, and we've got a lot of ongoing work around this.

Media: Thank you, and, Prime Minister, one for you. A third patient in the room with the COVID patient at Middlemore says it's strange that neither the Government nor the hospital accepts that things were managed poorly. Are you satisfied, as Prime Minister, that everything's gone well at Middlemore and what has happened was just to be expected?

PM: Oh, I've never characterised it in that way, because I don't think that that is a fair characterisation. What I believe happens is that in these stressful environments, we've seen a situation where staff have as much as possible tried to do the right thing. They're screening as people came in, there were certain symptoms that were shared with them, then they've undertaken some testing, and of course in the aftermath of that, seen that they had a COVID positive case, and then that causes us to look in hindsight as to what else could have been done. I think what we're reflecting here is that we do have clinicians that are working in a really difficult environment, that they do the very best they can with the information they have at the time, but we'll always be willing to look back, reflect, and see what could be done better.

Media: Prime Minister, last night's *One News* reported a story which included Pacific people concerned at—

PM: Yeah, MIQ—yep.

Media: —MIQ, and today we've been told that MIQ has announced the partnership with Pasifika Futures to help the needs of Pasifika in MIQ. Why did it take things to get so bad before changes were made?

PM: So I'll just—if I can correct that time line, Pasifika Futures were already involved. I can't give you the exact date that they've started working with MIQ, but it didn't start yesterday. It's been in place for a little while. But I'll perhaps get Dr Bloomfield to speak to some of what we understand has occurred in this case, and if you then have a more general question about those partnerships, I'd be happy to speak to that.

Dr Ashley Bloomfield: I think the key point I'd like to make is that there is clinical expertise onsite in all our quarantine facilities 24/7, and that includes GP and/or nurse practitioners. In this case, I know that the person was assessed more than once, including by a GP, and I'm glad that the person—their health needs were looked after and that at the time that it was required, transfer to hospital was made, and they're doing well and stable on the ward there.

I can also just affirm what the Prime Minister said: Pasifika Futures has been involved since last week with supporting all those whānau, particularly Pacific whānau, in the quarantine facilities in a range of ways, and that's I think been very helpful in addressing some of the concerns that some of the families had in there.

Media: The last week isn't a very long time, so you obviously saw a need there, and having to plug those gaps—you know, did we move fast enough to get that support in place for these people?

PM: I think the one thing I'd say is that our managed isolation facilities have had over 160,000 New Zealanders enter into them from a range of different places and a range of different walks of life. But what we of course recognise is it's not just enough to have information provided in multiple languages, for instance. What we were seeing with this outbreak is that it's very different to have someone who's knowing that they're going to come into a facility for a number of weeks versus someone who gets information, sometimes only hours before, that they need to go into quarantine. They're also grappling with the fact that they have COVID-19. They're likely having to bring their family with them. It's a very stressful and difficult environment with very little room for error, so we have had make sure we're catering for that difference in the way that we're using MIQ. I'd like to think now that we're taking and utilising all those community providers that can help us with that job, but there will always be things that we can improve and fix.

Media: Do you think this will restore confidence in the system with regards to the Pasifika community?

PM: I think people can see that we're working really hard and trying to constantly make improvements to the system, even, for instance, working really hard with families before they go into managed isolation so they know what to expect, what they need to bring with them, what kind of care and services they'll be provided in the facility—and that bridging and support beforehand is proving helpful. We need to make sure that we keep that up while people are in quarantine, recognising that it is a quarantine facility. So the ability of NGOs and having too many people coming and going is constrained, but that doesn't mean we can't provide good support.

Yeah—Jane.

Media: In terms of future plans now we're dealing with Delta, is the potential for more MIQ capacity less likely now? And also can you talk a bit to Chris Hipkins' comment that being able risk-rate countries may now not be possible, and what that actually means for the border reopening plan next year?

PM: Yeah, so I think, what the Minister was referring to yesterday is actually not a change in position, but the ongoing acknowledgment that we've always said, with variants of concern, we've got to make sure that we're always appropriately risk-assessing. And so his reference was to the fact that we have this reconnecting framework which remains in place, but within that we have country risk assessments, and just a reference to the importance of the individual risk assessment within a country, because, actually, with these variants of concern, individual cases of Delta are hugely problematic, and so you need to build that into your risk profiling for every country.

Media: Isn't that going to be—it's quite a key component, though, like the different quarantining and isolation arrangements, for example, are a mix of people's vaccination status and where they're coming from. So isn't that a really integral part of that response in terms of being able to phase and offer different options?

PM: It isn't so much that you're a traveller, and so that, yes, that's—but, again, as I say, that's all built into the framework already. It's just then what those individual country profiles look like in the way that we're risk assessing, and, again, vaccine status is one of the most important factors within that.

Media: But if everything's seen as, effectively, high risk, then how does that allow you to do different thresholds or different responses?

PM: Yeah, excepting, of course, there are still parts of the world, like for instance—just to take an example—within the Pacific that still have a very different risk profile than other parts of the world. But I think what we've always said is within this risk framework, we've always got to be willing and able to adapt to the variants of concern. I think there's been an assumption that, somehow, our reopening plans have dramatically changed. I'd say that is not the case; we just have to build in, as I say, the impact of Delta in the way that we risk-profile. But we've always kept room for that.

Media: Sorry, just coming back to MIQ, does Delta mean that there is now less ability to increase capacity at MIQ?

PM: No—no, I don't see it necessarily affecting the capacity, but we're always looking for ways to reduce down risk. Numbers is one way to do that, but there are other levers we think we can pull too. We're constantly assessing those, and you've seen us do that on cohorting, pre-departure testing, and so on, and I think there are probably some even more initiatives that we can likely introduce there.

Yeah, I'll come to Jo and then across to Ben.

Media: Dr Bloomfield, what prompted you to change your advice around pre-departure tests for New South Wales red zone flights into Auckland?

Dr Ashley Bloomfield: Actually, that was always the intention, and when we put up the advice initially around people flying back from New South Wales who were coming into MIQ,

all of Australia was essentially had an exemption from pre-departure testing. We used it in a couple of settings—so people flying from Queensland and Victoria at different times—and then what we've done since is do the work to take Australia off the list of countries that have an exemption from pre-departure testing. That work has proceeded as was signalled and had now come to its conclusion, and the decision has been made now to require pre-departure testing for people flying from Australia.

Media: So in previous days when you had responded to me saying that you took into consideration the risk factor in terms of people going and getting that test, bear in mind at the time in New South Wales, in early to mid-July, we were talking about 38 cases a day—you're now in an environment where you've got 1,500 cases a day and nine deaths. How is that environment less risky now?

PM: Oh, can I just jump in firstly, and then come to Dr Bloomfield. We don't seem to be acknowledging the fact that when we made the decision around pre-departure testing requirements, people had for quite some time been unable to travel from New South Wales into New Zealand. A decision was made that we would put on red flights, but the amount of time people had to get on those red flights, from my recollection, was it was a very short window of time. So that was part of the issue as well. It was the availability of those flights that we were opening up in order to get people then into a quarantine facility. That coupled alongside the view of public health around the risk profile of there being, roughly, 38 cases a day versus going to get testing, when of course, again, testing in an environment where you're asking for a 72-hour pre-departure test doesn't necessarily pick up every risk. So those were all of the factors.

Media: OK, but just to clarify on that—

PM: Sorry, I just realised I cut off Dr Bloomfield from answering your primary question.

Dr Ashley Bloomfield: Yeah, I mean, just to reiterate that at the time, our considered public health assessment was that because we were putting in place a requirement for those people to come into managed isolation and quarantine, with day zero/one testing and all the other measures in place, that there was not a need to add pre-departure testing at that point in time for people flying out of Sydney.

Media: OK, but in terms of what you've both said, the period in which those flights ran for was five weeks and people would have had 72 hours, and the cases were at 38 on the day versus 1,500 now, and you've got a flight running next Wednesday, and the expectation is that you've had a 72-hour period before that as well. So I guess the question I'm trying to get an answer to—

PM: You want to know why we didn't bring it back in at some point?

Media: Well, you've brought it back in now, but the risk factor—and you have both said to me that it was about the risk factor of these people picking up COVID if they went and got a test in conjunction with the 72-hour period, and what constraints that would put on catching the flights. I'm trying to understand how going and getting a test in an environment where Delta is 1,500 cases a day—how that environment is less risky than when there was 38 cases a day, because that was the rationale I got given for not doing it.

PM: So that's—in itself, you've answered your own question, because you've pointed out that it was not just one factor. There were multiple reasons we were given that advice at that time. So it wasn't just the single issue of, you know, what constituted the greatest risk for an individual; there were other factors in play, including the timing of those red flights.

Media: So what was the rationale for using the risk as a factor if that risk is no longer a factor now?

Dr Ashley Bloomfield: Well, it clearly is a factor now, because the risk has increased—

Media: But you want people to go get a pre-departure test.

Dr Ashley Bloomfield: That's right. We have—as I said, we signalled right back when that advice was given that also Australia should be taken off the list of countries with an exemption from pre-departure testing and the timetable for that was laid out, and we have now reached the point where that process has been gone through and is being implemented. And I just want to reiterate that pre-departure testing is one part of a suite of things that we do to help reduce the likelihood that there will be an incursion across the border, and, in fact, when we evaluated earlier on in the year, we didn't find that pre-departure testing made a difference for people travelling from most of the countries that were coming to New Zealand. It didn't have any impact on the number that we were picking up at the border, at the day zero/one tests, and, in fact, the day zero/one testing was even more important than the pre-departure testing, because of the risk that people can be infected subsequent to the test, or that they are already infected but too early on in the incubation period.

Media: Just lastly on that, just the last thing on that—

PM: This is going to be the last one, Jo.

Media: You did say to me that there was a reduction in the amount of COVID cases coming into MIQ as being through those day zero/one tests, so I'm not sure that that actually marries. But also can I just ask, in terms of the advice that you gave about this flight that is running next week, when did you give that advice to MIQ, to MBIE, to the Government—whoever it was—that pre-departure tests should resume again?

Dr Ashley Bloomfield: Can I check that we gave specific advice around that flight or that it—

PM: It's general.

Dr Ashley Bloomfield: It's just that it's captured in the fact that we were removing Australia from the list of countries that were exempt from pre-departure testing. Just on the former point, yes, we did see a reduction in cases coming through at the time pre-departure testing was introduced earlier in the year, but only from people travelling from the UK or from the US, which were our highest number of cases being imported at that time.

PM: Yeah, I'll come to you, Tova. Oh sorry, I did say Ben—sorry, Ben—and then Tova.

Media: You've obviously done a swap deal with Spain. You've previously spoken of your—

PM: Sorry, it's not a swap deal; it's a straight buy. Great—go ahead.

Media: You're quite right, I apologise. You've obviously announced a deal with Spain. You've previously spoken of your personal admiration for Pedro Sánchez and your relationship with him. Did that involve head of Government contact? Did you reach out personally to him? Can you explain how you've landed on Spain?

PM: Well, look, there are a number of factors, of course. I don't think it's fair to describe any place in the world necessarily as having surplus doses. It's a matter of different places in the world being at different stages in their vaccine roll-outs, and of course I think the goal of everyone is to make sure that all of those doses are being utilised, and that is what everyone is working towards—the utilisation of those doses. So part of our thinking was not just where we might be able to maximise the utilisation of those doses; it also actually mattered where doses were manufactured. We needed to get as close to the regulatory alignment with the production of those doses so that they could match our existing approvals. So that immediately narrows down the number of places that might be receiving from similar sites of manufacture and, therefore, that we could match our batches with—so quite complicated. It is fair to say, though, that there was some leader to leader engagement, and I don't think that was necessarily determinative. But it just so happens that there were relationships there that meant that I could have those conversations and did so, and that's sometimes, just possibly—I can't say either way, but sometimes it possibly speeds things up.

Media: Were you in the mix for the vaccine that Australia ended up dealing with from Singapore and from the UK?

PM: I didn't hear the first half, sorry.

Media: Was New Zealand in the mix previously for the vaccine that Australia ended up swapping with—

PM: Oh, I couldn't say definitively. It's fair to say that we had a number of early conversations, and some of those early conversations were to narrow down, because we have a very specific window, and it was, you know, those two weeks in September because, of course, we've got those large doses coming through in October. So that's when we were looking for particularly, you know, the availability of doses and the ability to deliver in that time frame all of the legal and regulatory requirements. So immediately that narrowed down some of those conversations quite quickly. As I've said, though, the next agreement that we're working on is larger than this one, but we have good confidence that, in conjunction, the two of them carry us through.

Media: Prime Minister, how concerned are you about freight supply, with two Interislander ferries out for maintenance later this month, leaving just one operational ferry, and is there any role there for—

PM: I've not had anyone raise any concerns with me over that issue, and of course, as you would expect with routine maintenance—of course, we'd always be seeking that those involved to have an eye to impacts on our supply chain, particularly given the environment we're in at the moment.

Media: And, Dr Bloomfield, can you please clarify the rules for hairdressers? There's a bit of confusion within the industry about whether when a client is in the chair with the stylist, whether they have to keep their mask on or if they need to take it off.

PM: It's the staff member that's meant to wear it.

Dr Ashley Bloomfield: The stylist is the person that has to wear a mask. I've been thinking about this myself, ahead of the weekend. I think it would be very hard to have your hair cut, whatever gender you are—

Media: Are you due a trim?

Dr Ashley Bloomfield: Apparently, so Twitter says. Yes, it's hard, I think, if you've got a mask looped around your ears, so it's definitely a requirement on the person doing the coiffure.

PM: I can tell you that we have very pragmatic conversations about these issues when we work things through as a Cabinet—yep.

Media: So stay away from Twitter.

PM: Yeah.

Media: The nurses' union's very concerned about the visitor policy at Auckland Hospital, and they've asked WorkSafe to get involved. Should this policy be changed?

PM: Yeah, I'm going to let Dr Bloomfield speak. It's fair to say I was asking similar questions.

Dr Ashley Bloomfield: Yeah, so two things on that. First of all, one of my staff members made contact with the NZNO after they wrote to me last week. Actually, on the same day, I had spoken to the DHB there, and what I can say is Auckland DHB's approach to visiting is consistent with our national policy, and we've encouraged—and I think they're proceeding, the NZNO, to engage with the DHB to resolve the concerns and issues they have. At the same time, our team is working with people from across the DHBs to review and revise the visitor policy in light of the Delta, as we are doing with a lot of our work, and that work's being concluded today. So there will be updated guidance, which—it will be our job to make sure that all the district health boards have got that. It's a set of principles and guidance, and then of course we also rely on them to apply discretion in individual cases, as long as

they meet the requirements which are keeping people safe, including staff, visitors, and, of course, patients.

PM: I'll let you ask a final one, and then I'm going to come to Rukawai.

Media: There's also an allegation of sexual relations between a patient and a visitor at Auckland Hospital. Would you say that this is a high-risk activity in the current climate?

Dr Ashley Bloomfield: Well, I think it's a high-risk activity, potentially. However, I don't know any of the details about that interaction.

PM: I would say, generally, regardless of the COVID status, that kind of thing shouldn't generally be part of visiting hours, I would have thought.

Rukawai.

Media: We spoke to a whānau of 10 with positive cases in managed isolation at the moment who's kind of having a hard time just grappling with things—it's a bit of a tough time. So what's your message to those whānau members split up over different rooms and struggling with things?

PM: And we've talked about this on calls, because it is hard enough to be told that you and your whānau have COVID, to also then know that you're going to have to go into a managed facility and that we may not be able to keep everyone together—that is really hard. I know the teams in our managed isolation facilities do their very best, but to the whānau in those circumstances, I really just want to say thank you—thank you for your patience, thank you for everything that you're doing to help us through what I know is a really tough time.

Media: [*Inaudible*] also talked about the need for—urging Māori to get vaccinated, urging Māori to get tested. How important do you think telling those types of stories is going to be to lift the number of Māori vaccinations? Is that something the Government's willing to do—maybe talk to Māori families and try and spin that on?

PM: Yeah, of course, of course. And, actually, the more willingness that we have from everyone to talk about their experience with COVID—you know, it's one thing for us to stand up here and talk about it, but I've not had COVID-19. I've not had the experience of getting that phone call to tell you that "You have COVID.", and I'm sure the fear that that creates in people—I haven't had to stand alongside a hospital bed or see someone in my family with COVID-19. Those are the stories that we all need to hear, because that's the reason we need everyone to be vaccinated.

I'm just going to go around—I haven't had Luke, and then I'll come to you in the front there.

Media: Just a couple—just, firstly on the terrorist, Prime Minister. You said last week that there were things being done to keep the Auckland terrorist in jail and the public safe. The police didn't oppose him being bailed. Do you stick to your position that everything possible was done, and were you happy with that bail being proposed?

PM: Yes, I do. I have seen the police's explanation for those circumstances, and my recollection is that they had previously sought bail, but I would want to go and check their account again of those circumstances. But I know part of their rationale, as well, was that—their view was that they had exhausted all those legal channels and needed to begin preparing for what they perceived to be an inevitable release at some point into the community. Keep in mind, he had been kept in prison for three years, and large portions, as I recall, was on remand.

Media: Just on—one for you, Dr Bloomfield. Firstly, did we pay the same price for the vaccine as we've been paying for Pfizer, or did Spain get a bit of a finder's fee, and—for Dr Bloomfield—is there any specific advice about person to person interactions within the mental health space, because, obviously, mask wearing can be a bit of a barrier and can make some of those interactions much more difficult, so I'm just curious about that, as well.

PM: On the commercial arrangements, there's obviously going to be limitations to what I can talk about there, but what I can clarify is that, very much, New Zealand was going out and seeking the additional doses. So that might help, in part, answer one of your questions around finder's fees—was it? Otherwise, what I would say is that just our experience here is that, essentially, the European Commission and those countries who are looking to make sure that there is no wastage are working, really, in good faith. That's—all I've seen is nothing but good faith here in the experience we've had.

Dr Ashley Bloomfield: Yes, just around precautions, really, where there's a face-to-face interaction for a mental health consultation—yes, I imagine masks could be a bit of a challenge there, and the important thing is that people take the sort of precautions that would be taken in any sort of clinical consultation, and that may include using physical distancing. But the most important thing here for anyone seeking care, of course, if you've got any symptoms that could be COVID-related is to stay at home and get tested first, and a lot of interactions, mental health advice, and interactions and sort of consultations at the moment are being done by video, as well, at the moment.

PM: Just to Luke, if I may—I have in front of me now the additional explanation on the question that you asked regarding Friday's terrorist. At the time that he was sentenced in the High Court in July 2021, he'd been in custody on those charges since August 2018, and the start point for sentence was set at seven months' imprisonment. He'd been in custody in relation to the District Court charges for 10 months, so given the nature of the remaining allegations in the District Court, imprisonment for 10 months was more than the equivalent of any custodial sentence that would have been imposed for that offending. So, yeah, I can give you that written in full, but I believe that's information we can absolutely make public.

Yeah, in the front.

Media: On the Spain deal, shouldn't New Zealanders get a bit of a ballpark idea of how much we've paid—sort of hundreds of thousands, millions?

PM: Of course, I think New Zealanders' interests would be that we are ensuring that we are—as we always are in these commercial arrangements—negotiating with the taxpayer in mind, but it would not serve the New Zealand public if I were to, I think, reveal the outcomes of some of those commercial negotiations. What I will do is see just how we look to represent some of the overall, because you've seen previously we've talked about the overall spend on our vaccine programme—so how we might represent that. But, again, this has really been a good—you know, I've seen nothing but goodwill, and I've seen that represented at every element of this arrangement.

Claire—oh sorry, I'll let you have another one, and then I'll come to you, Claire.

Media: Prime Minister, what other leaders have you spoken to about getting vaccines to New Zealand?

PM: One I'll speak to at the time that we talk about that arrangement—because I've been engaged with that second arrangement as well. But, actually, it's been those that we have been progressing that I've had contact with, yep.

Claire.

Media: Can you at least say whether buying vaccines off another country rather than direct from Pfizer comes at a significant premium over buying straight from Pfizer?

PM: No. I would say you can see in the fact that I'm using language like "good faith" and so on that what I'm trying to imply here is that the answer to your question would be no.

Ah, yes—and then I'll come back to you, Jane.

Media: Just on the stoush on Pfizer vaccines, how much of that proportion will go to the Pacific, or at least what would the distribution look like for the vaccines?

PM: So one of the things that we've already confirmed as a Cabinet is that we do, and will, support our Pacific neighbours with their under-12 vaccinations. So it does enable us to do that in a timely way, and I think we're working through with MFAT the timing because in some cases we will need to go in and provide physical support for those roll-outs. But for the 12s—down to age 12 is the next phase that they're looking to roll out, and this will enable us to support that.

Media: And is there a number that you have for how many will—

PM: Yes, we do have numbers for that, and we've made provision for that in our supply—so yes. I'll see if I can get you more detail on that.

Media: Dr Bloomfield, it was briefly mentioned by the Prime Minister about the Tongan community in Auckland who have started their own vaccination drive for their own community. I understand the Niuean community are doing their own vaccination drive. What do you make of these like specifically targeted ethnic vaccination drives within the Pacific community?

Dr Ashley Bloomfield: Oh, look it's fantastic, and a huge support really for both the teams that are setting this up and also the people who are coming to be vaccinated. I saw a photo this morning from very early in the morning for the event that's happening today among the Tongan community, and already a big queue of cars there. So just great to see that response that people are taking up that opportunity.

Media: Coming back to the border plan, is there anything that's happened since you unveiled the plan in August that would push out the timetable for next year, including the trials for home isolation that are due to start in October?

PM: On the overall time frame, no—no, there isn't. If anything, of course, we're seeing our vaccination programme really speed up, and the quicker we can move through that, the more flexibility it does give. On the self-isolation pilot, that work is continuing. I've seen briefings come through for extra decisions to be made on that, so it is continuing. What we're just mindful of, though, is we would want to deliver that in an environment that wasn't, for instance, a level 3 environment. In part, it's because it will call on our health resources in order to be able to deliver it successfully, and we're just mindful in a level 3 environment there's a bit more constraint there. So we'll be thinking about that as we continue to make those final decisions on timing.

Media: And do you expect public servants to come back to work, into Wellington, to give central city businesses a bit more of a boost?

PM: Yeah, you'll remember that that has always been our position. Different departments will, of course, be issuing different guidance, and sometimes—you know, I notice that some start things on a Monday in bringing people back with their guidelines, but that has often been our urging. But, of course, the Public Service Commission will be much more familiar with some of the individual advice that's going out.

Maiki, and then Tova.

Media: Prime Minister, I just wondered if you have asked for an explanation as to why the terrorist was kept in custody for three years when he was only facing a seven- or 10-month sentence, and are you satisfied that that didn't impact his mental health further?

PM: There were multiple—so there's additional information that sits alongside what I was just sharing with you, and I'm happy to give both Luke and yourself copies of that. But keep in mind that—so, for instance, if I recall correctly, he had one set of charges relating to objectionable material and possession of a knife that he received bail for. He then immediately—almost immediately on release—then went out and bought a knife again, went back, faced charges again, and on that occasion was not granted bail because he had immediately reoffended on release, and over the course of his remand period, he also assaulted corrections officers. So there would have been a number of layered reasons, and there were multiple charges he was facing that were the cause of him continuing to be kept

in prison for that period. Keep in mind he was also offered mental health support whilst in prison, but that was not accepted.

Tova.

Media: Prime Minister, yesterday we—maybe this is for you, Dr Bloomfield. We sought clarity from the Minister yesterday about whether a hospitality venue that has a function room as well as a bar can use the function room and be classified as a private social gathering venue, or if applies under the kind of bar, night club - type restrictions.

PM: Yeah—do you mean at the same time?

Media: No. So if you could, basically, host a private function and the slightly more relaxed social gathering rules would apply, rather than the bar and night club—

PM: Yeah, but the same numbers are attached to each of them for consistency—yeah.

Dr Ashley Bloomfield: Look, I think the principle here is if the facility has been hired as a room, as a venue, then it could be considered a private function. But if hospitality services are being provided there—food and drink are being provided by that establishment—then it's a hospitality venue, and I would expect then that the normal considerations would apply around spacing and seating, and so on.

PM: Let's just get some confirmation of that, because my recollection—for instance, there'll be people that for a wedding will hire a venue in that nature, and I think we might have some examples that we might be able to tease out. So do you mind if we just go away, just so we make sure that we—

Media: Yeah, because I think there's been a bit of a disparity between perhaps what the advice is, and then also some of the enforcement with some of these venues.

PM: Noted. If you could provide us with those examples, that will help us a little bit—so happy to take that away. It shouldn't be different to what we were doing previously. The only thing that's changed is the cap for hospitality.

Ben.

Media: On the terror attack, have you given further thought to the appropriateness of what sort of inquiry is going to be held, because obviously the Opposition leader has written to you seeking a public inquiry and asking if you're going to do it?

PM: Look, some of the rationale that's been given by the Opposition leader, I disagree with—the statement, in part, to support that is, for instance, a misrepresentation of the immigration law. However, on the question of an inquiry, we have not ruled anything out at this stage, because, really, what I'm waiting for—there are multiple agencies, or external entities that have the ability to inquire into this event and we haven't yet seen the breadth of those inquiries in the way that they may operate, and I really want to see that detail, because we may find that either they cover the full breadth of what we do need to look into, or we may find there's a specific gap that needs to be filled.

Media: So what's likely, and when will it start?

PM: So I don't have an exact time line, but keep in mind there's entities that have the ability to review individually into Corrections, such as the Ombudsman; there's the IGIS, that has the ability to look into our security and intelligence agencies; there's the IPCA; and the coroner. So I want to see the breadth of some of that work, just to make sure—as I say, if there's a gap, we fill it; if there's not, it may yet well be that they'll cover everything we need to know.

OK—I'll have the last question.

Media: Regarding contact tracing data, what is the specific legislation that protects people from their data being misused, or do we just take your word for it that it won't be?

PM: No, you don't need to take our word for it—I'm looking down the back, because I know Minister Hipkins was seeking a bit more advice on this matter, and I haven't seen it back yet. So—

Dr Ashley Bloomfield: Yeah, can I just reiterate—

PM: Oh, Dr Bloomfield might be able to speak to it.

Dr Ashley Bloomfield: —one point though. Of course, when people use the app, the data that is collected from their scans, or any data they enter manually, does not go anywhere. It stays on their phone, and it's only released with their permission once they receive a message that suggests they may have been at a location of interest. So that data, right from the start, has been protected, and the Privacy Commissioner has approved that as a feature of the use of the app.

PM: OK, thank you very much, everyone.

conclusion of press conference