PRESS CONFERENCE: TUESDAY, 7 SEPTEMBER 2021
HANSARD TRANSCRIPT

PM: Kia ora koutou katoa. Good afternoon. I'll shortly hand over to Dr Bloomfield for an update on case numbers, but first I have a quick update on vaccine supply. When the Delta outbreak began, we had a choice: continue on with our plan, which was designed to very closely match our supply in New Zealand, or to stand up additional surge capacity. We chose to stand up extra capacity, and we've experienced demand at 180 percent of what we planned for. At our peak in recent weeks, we've been vaccinating more people per capita than countries like the UK, the US, Australia, and Canada were at their peaks. However, to sustain these record high levels in the latter part of September, we needed to obtain additional supplies. This will supplement our stocks until our large shipments arrive in October.

As such, the Government quickly reached out to Pfizer and overseas partners to see if we could bring forward orders or purchase vaccines from other countries. These rapid negotiations have been taking place behind the scenes over the last two weeks. To say they have been complex would be an understatement. Without going into all the details, such arrangements require new agreements to be developed, indemnity issues to be resolved, a process to ensure existing regulatory approvals apply, and extensive multi-party negotiations, not to mention a complex logistical operation. As a result of these efforts, we are now finalising arrangements that secure additional supply in September. This will enable us to maintain our extraordinary vaccination rates throughout September until our bulk deliveries land in October. We are still waiting for final contracts to be signed; so I cannot confirm specific countries or details on quantities. They are, however, Pfizer doses, and we will share further information as soon we are able. I'd also add that these arrangements will enable us to continue our support for our Pacific neighbours as they look to extend their vaccination programmes to the 12-plus age group. In the meantime, I do wish to say thank you to those countries and their leaders and to all the Ministry of Health and Ministry of Foreign Affairs and Trade staff who have been involved thus far.

While we wait to share more information, for now I have one simple message to New Zealanders: please get vaccinated. Let's use the coming weeks to really push our vaccination rates as high as possible so we can protect our loved ones from COVID, avoid having to use level 4 lockdowns in the future. If you haven't already, please go to bookmyvaccine.nz to make a booking or contact your local GP if they are vaccinating, or simply show up at a local drive-thru centre if there is one near you. And all of those options are completely free. I'll now hand over to Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Tēnā koutou katoa. So there are 21 new community cases to report today; all are in the Auckland region. There is one additional case which is yet to be determined whether it is a border or a community case. So the total number of cases associated with the current outbreak is now 841, and, of those, 147 are now deemed to have recovered. Ongoing investigations by our public health units—in particular Auckland Regional Public Health—has resulted in the total number of unlinked cases falling from 33 yesterday to 24 today. That work continues, and the number is expected to continue to fall. Whilst finding epidemiological links can take some time, especially when there is a small likelihood of exposure at this point, there may be no clear links to a source but, invariably, with whole genome sequencing and further discussion, most of these cases can be linked.

Analysis of yesterday's 20 cases shows that 17, or 85 percent, were contacts of known cases and 16, or 80 percent, were household contacts who were already isolating. Just four people were potentially infectious in the community, with eight exposure events between them. None were in essential worker workplaces, and none of these exposure events occurred after those people were asked to isolate; so thank you to them. Clearly, all the numbers are moving in the right direction, which is reassuring. We still have a number of people in hospital, with 39

cases, all in the Auckland region, still in hospital, and, of these, six are in intensive care or high-dependency units, and four currently require ventilation.

On contact tracing, 37,971 individual contacts are in our national database. This is a drop from yesterday, and includes adding some additional contacts but also some work to reconcile duplicates, and so the total number, net number, has reduced. Around 91 percent of all contacts identified have had a test, and our public health units around the country are continuing to follow up those with outstanding testing results. Yesterday, 7,255 swabs were processed in our labs, and around 5,800 swabs were taken across metro Auckland yesterday. So it's good to see an increase in swabbing in Auckland yesterday. As I noted yesterday and emphasised, testing does remain central to us being confident the outbreak is under control in Tāmaki-makau-rau. So the most important message from me today is, again, if you have symptoms, please get tested, in Auckland or, indeed, wherever you are in the country.

We're accelerating the roll-out of saliva testing as an option for more workers. We are currently finalising a contract with a further saliva-testing provider and expect that this will be soon an option for workers who might need weekly testing because they are travelling across the Auckland boundary. The details of how that saliva-based testing will be available are being firmed up now, and it will be complementary to the PCR-based nasopharyngeal swabbing. More than 830 border workers have now signed up to have saliva testing, and this will become an option for more groups over time, including healthcare workers, and, indeed, we will use it as part of our testing of our returnees in managed isolation.

Finally, on our vaccine roll-out, this continues at pace, with more than 66,000 vaccinations delivered yesterday. Over 60 percent of eligible New Zealanders aged 12 and over have now had their first dose, and nearly a third are fully vaccinated. It's a massive effort to all involved, and I want to thank them again, as well as, of course, everybody who has rolled up their sleeve and done their part to keep themselves and, indeed, the wider community safe.

Finally, on the topic of vaccination, a special shout-out from a mum who asked us to share a positive story about her son's COVID-19 vaccination experience. This young man, who has a health condition which makes him very anxious, was seen by a wonderful nurse who gave him his first vaccination. His mother says the nurse, whose name is Louise, and all the staff at the vaccine centre made the experience a wonderful, relaxing one for him, and helped take his anxiety away. She says their awesome and very kind approach made this such a positive experience for this young member of the disability community, and I know that positive experience is one that has been a part for many, many New Zealanders who have been vaccinated to date. Thank you. Back to you, Prime Minister.

PM: Thank you, Dr Bloomfield. Yesterday we announced the move to alert level 2. Because Delta is so much more transmissible and dangerous than other forms of the virus, we have had to create a stronger alert level 2, and strengthen the rules at level 2 to take account of that. As I said yesterday, some of these measures will also form part of our new normal. So long as we have COVID in the world, and as we seek to avoid the use of lockdowns in the future, things like QR codes, scanning, and the use of masks will be some of the ways that we can continue to keep the virus at bay. I wanted to touch on a few of the common questions and, in some cases, misunderstandings that have arisen since the alert level announcement yesterday.

The first is a really key one, and it's on the wage subsidy. All businesses remain eligible to apply for the wage subsidy so long as any part of the country is in level 3 or 4. So that means, for instance, a business in Queenstown, which is in level 2, can still apply. You still need to meet the eligibility criteria of a 40 percent decline in revenue over the previous two-week period, but I want to assure businesses that the COVID economic supports stay in place as long as, for instance, Auckland is at those higher alert levels, and that, in part, is recognition of the fact that one part of the country being at that higher alert level can have a knock-on effect for other parts of the country. That should also take account of those in the hospitality sector who have raised concerns over whether or not some of the caps on indoor venues

make it viable enough for them to operate. They will, for instance, be able to access the wage subsidy also.

Second, on mask wearing. At alert level 2, you're required to wear a face covering when using public transport, airplanes, taxi or ride share, or visiting a healthcare or aged-care facility, and many of those rules are well known to people. The major change is that you must wear a mask if you are inside any retail businesses, including supermarkets, which, again, people have been practising recently, but also, now that you're able to travel and visit them, malls, takeaway food stores, or shops. You must also wear a mask in public venues such as museums and libraries—but obviously not swimming pools, even if you're a spectator. We know there are places where it would be impractical for customers or visitors to wear a face covering, such as hospitality venues like bars and restaurants where you eat and drink; so it's not a requirement there. And also exercising with a mask can obviously be challenging; so the face covering requirement does not apply to clients in gyms, either. In general, though, if you're around people you don't know, it is a good idea to wear a mask as much as possible.

Another change to keep people safe at level 2 is limiting the number of people who can travel on a bus, a train, or a ferry. Delta, and indeed COVID, unfortunately loves a packed bus, and we've seen that in the past with some of our cases. So we need to try and ensure we have appropriate spacing. To do that, these services won't be able to carry standing passengers. This new rule won't apply, though, to dedicated school transport services. So it's important you think ahead and plan your journey; there may not be enough seats available on the trip you would normally take, meaning that you made need to wait for the next service instead. If you normally travel at peak time, you may want to consider whether or not you alter up your journey time, just to be sure. Please, though, again, continue to be respectful of drivers and other public transport staff and continue to wear a face covering and keep a record of your journey. And please, do not travel if you are sick—do get a test, though.

Speaking of travel, the good people of Northland have raised some queries about transiting through Auckland, which is understandable given the area is, effectively, cut off from the rest of the country while Auckland remains at level 4. You will have heard me say that you will be able to transit if you need to, but you'll need to travel through without stopping, and with proof of where you're going to. There is not unlimited movement, though. If you need to travel for work, then you will be able to transit through Auckland, and I covered that off yesterday. Similarly, though, if you need to travel for personal reasons, including to attend a funeral or tangihanga, attend a wedding or a civil union, collect or accompany tūpāpaku, or attend an education entity, you can do all of those things as well. Again, if you can bring some evidence of why, and you just make sure you keep on driving—through Auckland, not through the checkpoints! The principle here is we want to allow those in Northland to experience level 2 the same as the rest of the country, but we do need people to play it safe and to follow the rules. The last thing we want is someone travelling to Auckland, picking up COVID, and taking it back to Northland with them.

And one final thing: we know that borders can be busy, and we anticipate there may be slightly more traffic at the boundary, although the reasons to travel out of Auckland really remain the same as they have been. Either way, though, Police have planned for this. So I would just remind travellers to have the appropriate travel documents on them to speed up the process. If you don't need to travel or don't have a legitimate reason to, then please don't. And, finally, please—as always—be patient and be kind. We'll now happily take questions. Jessica, then Tova.

Media: Where are we at with our vaccination supply? Is there any update that you can give us on that?

PM: Last I checked, we had over half a million doses in-country—forgive me; while I'm talking to you, I'll see if I can get you the very latest numbers—but certainly enough that we can keep on rolling out as we intend, and with that extra surge going as well. But what we're indicating now is that we have secured additional supply. We're finalising some of the

contractual arrangements, and I'll be able to give you a little bit more detail—quantities and where they're coming from—in the coming days.

Media: Is it a multi-country deal?

PM: There is more than one involved.

Media: Can you say who?

PM: No, not at this stage. While we're still finalising contracts, there are some details we won't share, but they are Pfizer doses, they are meeting all of our regulatory requirements and standards, and they will enable us to keep, through September, maintaining that extra surge capacity we've brought on. Tova?

Media: This need to acquire additional vaccine and the uncertainty that it's caused—can you give an assurance that we won't find ourselves in this situation again?

PM: Well, of course, these circumstances have been very particular to the outbreak—180 percent more doses delivered than what had been planned for—and, of course, the limitation we always had simply was the amount of supply we had available in September. We made a call, though. We just wanted to keep that surge going, vaccinate as many people as possible, and do everything we could to then secure additional supply. That's what we've been focused on, and, look, that's what we believe we've been able to do, pending a few final contracts.

Media: But we knew that a Delta outbreak in New Zealand was inevitable. That's what all the experts were telling us. So did we not properly plan for that and—

PM: Not at all.

Media: —and that inevitable spike in vaccinations?

PM: Of course, as I've said, this is actually a matter of weeks where, during the September period, we always knew that we did have some limitations on our supply before we saw all of our remaining doses delivered in October. Our view, though, was, when Delta arrived on our shores, that we needed to surge up those vaccines even if we didn't have the supply available and work to do everything that we could to then meet that demand. There was never a chance of running out, but we didn't want to dampen down the demand that we saw.

Media: I know you can't say how many you have secured, or you're working to secure, but how many did we need—how many did we seek—to tide us over?

PM: Well, one thing I'd say is that we had planned for roughly 350,000 doses a week, but what we saw, when we provided that extra capacity, was demand go well over half a million a week. So that's the difference between the supply we had and what we were seeing. We've worked very, very hard, though, and I just want to acknowledge the teams who have worked on this to continue to meet that huge demand even though we had those limitations—simply not enough doses being supplied to us.

Media: Can you tell us how much money, if any, this deal or the swap is going to cost?

PM: No. No, I can't, and nor do I anticipate that that's something that we'll give too much detail away on, of course, because those would be commercial arrangements.

Media: But the Government is paying money for this; you just can't tell us how much?

PM: Of course—well, actually, one of the things I'd say is that, when you've heard people talk about swaps, it's not usually as straightforward as that; they require, in both cases, purchase agreements in both directions. So there's no such thing as a simple swap of vaccines. One country purchases, and then the other country purchases back.

Media: Right, but can you tell us if money is changing hands? Is the Government sending money to—

PM: I'm not going to get into that detail here and now. I'll work through whether or not there's any limitations on sharing that, but, in terms of quantums, it's highly unlikely we'll share that information.

Media: You can't just tell us a yes or no? I don't care about the number at this stage; just a yes or no.

PM: What I'm telling you is that there is a purchase arrangement in place. You have to buy them. Even if a country's taking them back in the future, you have to have a purchase arrangement in place.

Media: Dr Bloomfield, how many saliva tests are being processed every week at the moment?

Dr Ashley Bloomfield: I think the figure I gave that we've got over 800—was it 830 border workers—and most of them will be on saliva testing every two days. So that's from our border workforce, which has gone beyond managed isolation and quarantine to a number of ports and airports around the country. There are other employers who are doing their own saliva testing. I know Air New Zealand, Fisher & Paykel are a couple. So there's quite a lot of saliva testing being processed. But what I would say is, just a reminder, the only difference is the way the sample is collected; it's a saliva drool into a cup rather than a nasal pharyngeal swab, but it's still a PCR-based test that goes through the normal lab process.

Media: So, because of that, are there no capacity constraints about ramping up saliva testing?

Dr Ashley Bloomfield: There are no capacity constraints with our current provider who's providing it across the border. However, we are just finalising a contract with an additional provider to help support that new surveillance testing for people who will be going across the boundary, the Auckland boundary, and also to support some of the other focused surveillance testing, if needed, across some of those employers in the Auckland region over the next few weeks.

PM: Just to answer that previous question, 682,000 vaccines in stock; 510,000 of those are at sites across the country.

Media: Dr Bloomfield, how many of the 24—I think you said it was—unlinked cases in this outbreak have been under investigation for more than a week or more with still no resolution? And, also, have any new variants emerged in the community that don't have a clear genomic link to the other cases?

Dr Ashley Bloomfield: So, in response to your second question, first, no. All of the cases that have been sequenced in the outbreak, and it's the vast majority so far, except where the sequencing has failed because there wasn't enough RNA material—they've all been clearly linked to the single introduction of this Delta case. And, furthermore, there are a number of little variations that are happening that are helping to map the time line of the outbreak. When we talk about the cases not being epidemiologically linked, most of them are linked to other cases and it's just there's no clear description of how they might link into one of the existing outbreaks or an earlier case, but it doesn't mean that there's not sometimes a strong suspicion or that it is preventing the control of the outbreak.

Media: The 24 that are still under investigation—are they cases that have popped up over the last week or so or are they more historical cases that we just can't find a map for?

Dr Ashley Bloomfield: It's a mix. So some are cases—and the ones that are more historical from the start of the outbreak we're less concerned about. Of course, we are much more interested in these latter cases and making sure we can find out just how the first person—if it's an individual, or sometimes they're a member of a wider family. For example, of our 21 cases today, seven of those are new cases in one whānau, but it's finding out who was infected first in that whānau and then linking that back to a particular exposure, and, actually, some great work going on that is, in that particular instance, identifying where the link probably is.

Media: Would you need to see those unlinked cases at zero before you recommended to the Government to shift down to alert level 3 for Auckland?

Dr Ashley Bloomfield: Not necessarily. What is also of interest—and, as I talked about today, we had four people infectious in the community but none of their exposure events were after they had been identified and asked to isolate. So it's also whether, when we find those exposure events and the appropriate actions are put in place, including isolating and testing people—just making sure there's no onward spread from those cases.

PM: Yeah, Jo, in the front, and then Luke.

Media: Dr Bloomfield, I'm just curious if you've managed to eyeball that pre-departure testing advice that you gave re New South Wales?

Dr Ashley Bloomfield: I have managed to eyeball it, and so I can confirm what the Prime Minister said yesterday, and I've looked back through both the advice and the public health risk assessment my team did, which was on New South Wales and travel back from all other states in Australia at that point in time. And the advice was to retain pre-departure testing where people were travelling from states with cases, which included Queensland at the time, and we had already deployed it for people travelling from Victoria, if you recall. But, in the case of New South Wales, there was a sort of a window for people to come back on sort of repatriation flights. But, having given advice, and the Government accepted that advice, to bring all those people into managed isolation, where they would be both in managed isolation and going through the usual testing regime there, the advice of my public health team was there was more risk in sending them out for a pre-departure test rather than having them isolate, as they had been, at home for a couple of weeks, because Sydney was in lockdown, and then travelling straight to the airport. So that was the advice: not to add in a further pre-departure test for those travelling from Sydney.

Media: So your concern was not about getting the test back within the 72-hour period; it was about the state of the health system, I guess, in New South Wales and the chances of catching Delta going out and getting a test?

Dr Ashley Bloomfield: It was a mix of both. First of all, as you pointed out, actually, these flights were being put on speedily, people were having to book, and there was a short window for people to get back, but also the considered view of our public health—

Media: It was five [*Inaudible*]

Dr Ashley Bloomfield: Yes, but they would have to have got out, got the test, and they were trying to book whatever flight became available. But, most importantly, the considered view of the public health team was that because they were coming into managed isolation with a very rigorous testing regime, then there wasn't a requirement for a pre-departure test, and also that, on balance, my team's view was that there was probably greater risk in them going out, being around other people and out in the community, than there was in just staying isolated at home and travelling directly to the airport.

Media: OK, and just lastly on that, to come back to the question from yesterday, then, I guess, given the messaging that you have given about the importance and the risk of transmission on flights and that sort of thing, and, I guess, the reduction that you've seen of pre-departure testing on those day one/zero tests, was the Sydney returnee—given he tested positive so early on, it's likely a pre-departure test would have picked him up, isn't it?

Dr Ashley Bloomfield: It's possible, but this is the thing about pre-departure testing, is that if someone's early on in their infection, it may not pick it up, and, secondly, it may be that, in the time after they've had the test, they could become infected, and that's why, on those flights from Australia, as with any flights coming in, there are good infection prevention control procedures in place. And what I would say: in the many thousands of people that have come in from Australia during that period and since, there have only been three cases in managed isolation, and this was one of them.

PM: We may not necessarily—my recollection of the timeline of that particular case, based on the person that we think may have been the source, there is a chance that they could have got their test in the earlier part of that 72 hours pre their exposure to that individual. So they may have; it may not have. But I think the only point I would add is that—as Dr Bloomfield has—we stuck to the advice. We didn't vary up what we received on pre-departure testing for New South Wales.

Media: Prime Minister, back to the vaccines. So can you confirm that the Government did not try to source vaccines from any other kind of third parties outside of the schedule from Pfizer before this Delta outbreak?

PM: Well, we had—at that point, we were surging up to 50—we had enough for 50,000 vaccines a day; 350,000 across the course of a week. And then, within a three- to four-week period, we hit just those enormous deliveries across the course of October. So we'd always planned our vaccine roll-out to incorporate the limitations to our supply through those weeks, then into the big surge in October. So, at that point, you know, we were meeting the demand that was there. We knew that when we had tight supply, but actually it was only for a matter of weeks.

Media: OK. And just so I've got the time line—so we've got 680,000 in the country. When's the next—

PM: 682,000—510,000 distributed. We tend to get our deliveries once a week, at the latter end of or beginning of the week.

Media: So we've got another sort of 300,000-odd arriving in the next week, as per the schedule?

PM: Luke, I'm not here telling you that we're going to run out today. I'm telling you that we believe that we're going to be able to meet the demand.

Media: No, no, what I'm curious about is this other deal that you've worked out—like, once all the contracts are signed, is it a pretty simple matter of then finding a plane and it can be on its way within 24, 48 hours?

PM: Gosh, if only this process had been that simple. I cannot even—there are no words for the complexity required for these agreements. They are not easily delivered; so a lot of work has gone in. And I'd be happy to share a bit more detail around that just when I'm—it'll be easier once I'm able to explain.

Media: So the complexity is both on the contractual side but also on the logistics side—is that what you're saying?

PM: The logistics side as well—yes, there is. Also the regulatory side. Because, of course, we have a regulatory approval process that is not just around Pfizer; it's right down to point of manufacturing—batches. So there's that side of things as well that we have to go through. So it's a very complex, complex arrangement.

Media: Australia didn't seem to find it that difficult to get those 4 million doses from the United Kingdom.

PM: I doubt that you were in the room, necessarily, asking them the same questions. I imagine that you would have found that these things are not straightforward. And, of course, also it depends where you're going.

Media: Can you promise that anyone who wants a vaccine will be able to get a vaccine?

PM: Yes, yes. We have ordered more than enough for every eligible New Zealander. In fact, we've even ordered enough for those who may not currently be eligible but may become eligible. We've ordered enough to even ensure that we're able to supply to Realm countries as well. We have ordered enough. That is not the issue for New Zealand. It is in some countries, but not here. It will simply come down to people coming forward.

Media: National have called—

PM: Sorry, do you mind if I just pan around a little bit, Jessica, down the back to those who haven't had a question. Who hasn't had a question?

Media: So, with mandatory record-keeping coming into force from midnight, will the Government make legislative changes to ensure the data won't be misused? So Chris Hipkins has assured us it won't be misused, but why not sufficiently protect it under the law?

PM: I'm sorry, forgive me. You asked me this question and I was meant to go away and come back and determine whether or not that additional protection was required, because, of course, that information is only available if an individual makes it available to us in the course of contact tracing. So there are already quite a few protections in place. But you asked about a legislative protection; so please let me follow up on that for you.

Media: Can I just follow up on that too—

PM: Yeah. Sure.

Media: In terms of the mandatory record-keeping, what happens if a person refuses to sign in? Can the business refuse their service, and should they do that?

PM: So one of the things that we really debated was the degree to which we wanted to create those situations for a business owner to end up feeling like they had to be the enforcer, and that is one of the difficulties with mandatory record-keeping. However, you'll see the places that we're doing that are those places that we consider it the most appropriate because it's harder to do things like wear masks and have other mitigations, but they also happen to be places that, by and large, people already often keep records. So, when you're going into hospitality, often people are keeping records for reservation purposes, or for hairdressers or beauty salons—places that, actually, record-keeping is part of what they do. So I think there are ways that businesses can incorporate record-keeping in a way that's really seamless and part of their day to day.

Media: On the home isolation trial set for later this year, how has the outbreak impacted the timing of that, and when might we learn which companies are involved?

PM: So we're still doing the work. In fact, we had a meeting last week on some of the reconnecting New Zealand work. The trial for home isolation is just one part of it, and it wasn't due to start until the latter part of the year. So we're doing the work, but, of course, you wouldn't undertake such a trial if you were in a level 3 or level 4 environment. So we're taking that into account. The rest of the work needs to continue regardless. It's all about arrangements for rapid testing at the border, vaccine passports—all things that need to be done regardless of whatever restrictions are in place—and that work is progressing well. I'll look, some time in the future, after Ministers get another update on vaccine passports, for instance, to share where some of that's at, but I'm really pleased with the work officials are doing.

Media: Judith Collins has said—

PM: I'm going to just take an orderly queue if I can, with Māori TV and then I'll come to Claire. I'm sure you wouldn't mind that.

Media: Thank you, Prime Minister. The National Party are calling for the release of the Māori and Pacific vaccination plans, saying that this information would be quite valuable to, like, the DHBs, etc. Will this information be made available, made public?

PM: Well, one thing—I'll actually hand over to Dr Bloomfield to speak to that. One thing I know the select committees are talking about: whether or not they bring forward people to give their view on those roll-outs. And I think it would be helpful if we provided the ability for the Ministry of Health to talk to some of those plans. You'll see that we're releasing all the data; so you can see how we're progressing. When it comes to the plans themselves, I see no reason why we wouldn't share some of that detail, but what I would say is that some of this is actually being delivered by providers within DHBs on the ground. And so we are trying to just ensure that there's enough funding and support for them to develop up those plans

that they know are going to work for them locally. We may not always have every single innovation that they're undertaking, but you can see in the numbers whether or not we're making progress.

Dr Ashley Bloomfield: Yeah, certainly happy to make available our Māori and Pacific plans and the documentation around that. And, as the Prime Minister said, the really important thing is how those then translate into the actual operational delivery that is part of the DHB plans that they then provide to us to achieve what's in our national plans.

PM: What's interesting at the moment is we've got comparable rates for, say, our over-55 Māori who have come forward to be vaccinated, but less comparable for our younger people. So that's telling us where we really need to be targeted.

Media: Just in relation to the counter-terrorism legislation, are you confident that you've had adequate input and consultation with Māori?

PM: Well, yes, we have had the same process that any bill goes through, where we've had submissions and the chance for the public or any community organisation or anyone to participate in sharing their view. And I would expect, of course, that we'd have, also, the usual outreach that you would expect as well. We haven't shortened that process. And so, really, the only thing we're looking to shorten is the part that Parliament goes through after the public have been engaged. I haven't got a list from the select committee process, though, specifically, or necessarily what Justice did beforehand, but they have been working on this law change for a number of years.

Media: Can you be certain, though, that the law will prevent things like overreaching, over-policing, and over-surveillancing of Māori, as seen in the 2007 Tūhoe raids?

PM: Well, actually, these are things that, you know, all of—it's not just up to submitters to ensure that that's the case; it's up to us as Ministers and as a Cabinet, as well, to make sure that we get the balance right, that we are targeting those areas where we do have a genuine concern that we've got a gap in the law without seeing any overreach. And I think all New Zealanders know that we need to strike that balance.

Media: Dr Bloomfield, what levels of testing would you be needing to see in Auckland ahead of making any decision about alert levels, and what measures are being taking to try and get testing up to that level? And, while you're at it, any link found for the Middlemore case yet?

Dr Ashley Bloomfield: So, on the testing rates in Auckland, I think I talked yesterday or the day before around the estimates we've got is at least we want to be seeing around 7,000 tests a day, which would equate to a good proportion of symptomatic people in Auckland. So, at the moment, it's under that, and probably because of the number of symptomatic people, it has dropped and is continuing to drop. So we're supplementing that with the targeted testing of some of our essential workplaces, and that will start from tomorrow. And that's in addition, of course, to the testing of all those who are looking after the people either in hospital or in the quarantine facilities, and the testing of people crossing the boundary. So the number we'd be looking for would be a minimum of around 7,000 swabs a day. The other question you had was the Middlemore case. And so, yes, this person is part of a family that I mentioned earlier on, where eight of the 11 people in that household have tested positive. And, through conversations with all the people in that household, Auckland Regional Public Health is quite confident about where the link is, some time ago, to the outbreak and how that infection may have got into the household. But they're just confirming that at the moment.

PM: Really pleasing, though, thus far, as I recall, we've got great compliance with level 4, as well, for that family. I did say I'd come back to Jessica, then Jenna, then Ben.

Media: National is calling for rapid antigen testing to be part of the tool box. Why is that not being considered, or why is that not in our tool box?

PM: So, actually, this is something that we've asked our expert testing advisory group to take a look at, particularly whether or not that's something that you might overlay with testing at the border if you, for instance, as part of a pilot, might be having vaccinated travellers being tested on re-entry before they go into isolation. So we are exploring those possibilities, but antigen testing relative to, for instance, the PCR testing—there are some big differences there. So that's why we rely on our experts. For that, I'll get Dr Bloomfield to explain.

Dr Ashley Bloomfield: Yes, two things. Where rapid-antigen testing has been used and is useful is if you've got infection out in the community. In our case, with an elimination approach, PCR-based testing, whether through saliva or swab-based, is the way to go. I actually, as director-general, get to approve the importation of rapid-antigen tests, and I have done so so that we can start trialling it as part of our preparation for reconnecting New Zealand, at the border while people are still going into MIQ, to see how useful it is in that setting and, indeed, whether operationally it can be implemented on quite a large scale, as people come through the border into the country, as part of a possible mix of things we might have in the future, along with vaccination status and so on.

Media: Wouldn't it have been better to have it as something there ready to use in case we did get outbreaks more widespread in the community? Wouldn't it have been better to have it ready to go?

Dr Ashley Bloomfield: Well, it's not difficult to stand it up quickly, but to date there just hasn't been—and this has been the expert advice, as the Prime Minister said: that it is not appropriate to use rapid-antigen testing in a setting which New Zealand has had, with, essentially, no community transmission. And then, when we do have an outbreak, we want to use PCR testing to find every single case.

PM: Definitely it's one of the things that we've asked Professor Skegg about, and he's suggested looking forward to the future, in incorporating it as part of our trials, but certainly I haven't had any of our experts suggest that we should've been using it as part of our elimination strategy to date. Saliva testing, yes—you've seen that we're integrating that now—but that's because it still has that PCR quality to it.

Media: I just had a couple of questions for you, Dr Bloomfield, about the Middlemore case. Are you considering testing all patients and visitors to hospitals in Auckland when they arrive on site, and if not, what's actually being done to ensure what happened at Middlemore doesn't happen again?

Dr Ashley Bloomfield: So, on the first question, no, that's not the intention. And, in fact, under alert level 4, whether it's Auckland or elsewhere, there is a set of procedures that are put in place for anyone being admitted or arriving at the ED—and you're right: visitors as well—to check for what we call high index of suspicion and to get a declaration from someone about any symptoms they may have or, indeed, if they have been at a location of interest or are a contact of a case. In the case of this Middlemore situation, that's exactly what happened. I've actually seen from my colleague—Margie Apa, who is the CE up there, sent me a detailed description of the events that happened, and I'm very satisfied that the clinicians made good decisions based on the information they had available at the time and had IPC—infection prevention and control—advice throughout. There were a couple of points where there was a delay in the processes, and that's the area that the DHB is going to have a look at and just see what might have been behind that.

Media: What would be the harm in testing everyone that comes on site if you're going to pick up cases before they get to a situation like this, and how concerning is—or how high is the risk of transmission for that eight hours that that one case was in the same room as a whole bunch of other patients?

Dr Ashley Bloomfield: It's just not operationally feasible to test everybody coming on site or coming into the hospital, some of whom are, of course, coming in because of trauma-

related admissions or coming in to be assessed for conditions that are completely unrelated to COVID-19. So there is a process—

PM: To have a baby.

Dr Ashley Bloomfield: Or to have a baby, yes. There are red or green lanes depending on whether there's a suspicion someone could have COVID, and they are dealt with in different ways. In terms of the potential for others to be infected—as I said, I've had confirmation of this from Margie Apa—there was good infection prevention and control advice throughout to minimise any potential risk of others being infected, and subsequently there's been a very precautionary approach taken to standing down staff and to testing other patients who may have been exposed to make sure—

Media: Was it really good infection control? No one was wearing any PPE.

Dr Ashley Bloomfield: People were wearing appropriate PPE for the circumstances in which that person was being assessed and managed at the time.

Media: Prime Minister, just back to Friday's attack, we're getting new perspectives and different voices come out around that since then, including the Australian criminologist who wrote a piece in *The Guardian* who assessed the man in 2018. His argument is that Police opted for a surveillance approach over rehabilitation and that a mental health treatment pathway was ignored. I mean, you obviously have more information than is out there in the public; do you in your heart of hearts believe that any sort of rehabilitation might have worked on the man to stop his pathway to violence?

PM: I don't know that I'm in a position—I'm just not qualified to make that judgment, but what you can see from, for instance, all of the information that's been put out, and there was a quite a comprehensive statement made by Corrections. Keep in mind, they had exposure and engagement with the individual over the course of a three-year period, and you can see one of things repeatedly in there is that, yes, mental health support was available and offered, that there were a range of other forms of engagement offered that were quite difficult—as in the engagement was difficult for most agencies that had cause for engagement. And so I, of course, was not involved in assessing at that level, but what I do see is a consistent theme of agencies who have done what they can, and Corrections, for instance, have said that they went over and above what they usually even would be expected to do so, to try and engage and change the pathway that this individual was on, and found it very, very difficult.

Media: Thank you. In July 2020, he was moved to the maximum security prison—

PM: Correct.

Media —had oversight from the Prisoners of Extreme Risk Unit.

PM: Correct.

Media When you learnt that, did you seek an assurance that he would be kept apart from the March 15 terrorist, who also resides there?

PM: Look, that wasn't something that came into my mind that that would be an issue, because Corrections manage those issues so, so carefully.

Media: Do you know that they were kept apart?

PM: Sorry, what was that?

Media: Do you know that they were kept apart?

PM: I have not asked the question, but the reason that that individual is—I assume the reason they were moved is when you have particularly difficult behaviours. I assume that that was the linkage there, because my recollection is it occurred after the assault on the Corrections staff.

Media: Dr Bloomfield—

PM: Sorry, I think I did promise Jason, and then I'll come back to you, Tova.

Media: National's Judith Collins has said that the Government and yourself had days and weeks to give businesses any sort of indication as to what you were announcing was yesterday the "level 2.5"—whereas you described it the "Delta level 2". Why did the Government wait until yesterday, when the measures are coming in, effectively, tomorrow, when it could have been giving some hinting or some road map prior to it?

PM: Well, we didn't. So the mask rules—so mask rules and scanning were all determined before we even had the outbreak. Of course, there's a bit of implementation time that's required, and so we chose to use the point at which people were engaging with mask use to share what those new rules were. Some of them haven't been relevant until level 2, though. So I absolutely accept that not everyone would have engaged with the new rules around wearing a mask when you're shopping, for instance. On the scanning, that was also released by Minister Hipkins as well, but again, if you're not out and about, then you're not necessarily engaging with those rules. The ones that weren't—

Media: She was more talking about—

PM: Sorry, with the cap on—there are two things, two changes: the cap of 50 for indoor hospitality venues. So we've always had that cap of 100. The public health advice was to drop it down. The second change was just a bit more physical distancing in those public facilities. So we already have that for shopping; we're extending it to things like museums and libraries. So they already have the protocols in place there. They'll do a bit of a recalculation. I accept that, for hospitality, that was a change. When we received that public health advice, we did reach out to hospitality representatives, but there wasn't a huge amount of time, but that's because the public health advice we get is in real time. There's not a lot—there's not a huge amount—of academic literature around transmission in Delta. What is available we've supplemented with what we've seen through this outbreak, and we make those decisions often in real time. So I understand why it's happened in that way, but, where we've been able to give advanced warning, we have; at other times, unfortunately, sometimes it will be the period that we make the announcement.

Media: When did you get health advice? When, Dr Bloomfield, did you advise the Government that there was—

PM: I verbally received that on late Sunday afternoon.

Media: Can I follow on the Delta level 2? Can we just get some clarification on mask use at Delta level 2? Specific question: do you have to wear masks while singing at church? And, two, you clarified at the top of this that you don't have to, or it's not a requirement to, wear them in restaurants, but is that a rule change from yesterday—

PM: No.

Media: The website said that you should wear a face covering where possible, except when eating and drinking.

PM: Yeah. So there's no—we accept that, in hospitality venues where the primary purpose is eating and drinking, people will not have face coverings on at all times, and so therefore are not required to. But we keep encouraging people, as much as possible, to wear masks. My recollection for things like social gatherings, for which we've classified churches, we have mandatory record keeping there. So we are asking people to keep mandatory records, whether it's a funeral, whether it's a wedding, whether it's a social gathering, and whether it's church. We want to know who is there, but that's because we haven't got the accompanying requirement around mask use, but, again, we encourage it. We are encouraging that mask use.

Media: Dr Bloomfield, is it possible to release that blow by blow that you got from Margie Apa?

Dr Ashley Bloomfield: I'll talk to Margie—very happy to provide further detail on the outline and the time line. Yep, absolutely.

Media: I've got a few questions, logistical questions about the—

PM: Yeah, and then, if you don't mind, we might wrap given we've got the House in 10 minutes.

Media: The Northland corridor—can people south of Auckland travel through to visit Northland?

PM: The focus, as I understand it, with the work with officials and with mayors has really been those coming in Northland to come out. But, of course, we would want to make sure that there is the ability for people who, again, for work purposes—so we'd want to make sure that was reciprocal, but I'd just need to check whether the order work has been done. It is not a free for all, though; we have narrowed it down to those essential kind of social events, work purposes, and so on, because we just want to limit the possibility that people may stop in Auckland.

Media: And how will that be enforced logistically?

PM: So we have the same—again, it's a bit more light touch there for the northern corridor. We do ask people to carry evidence with them, and they can be stopped at the border.

Media: Can you fly out of Northland, and is it—

PM: I can't give you the exact flight schedules, but flights have still been moving. People are being checked at airports—previously, till now, in the outside the level 2 environment—to check they're travelling for essential purposes. Most flights do, though, out of Northland are going via Auckland, though. So I imagine they will keep up those checks—I imagine.

Media: Could there be any, I guess, conversation with Air New Zealand—

PM: But people—of course, that's the only ability to get onward.

Media: Yeah. Could there be, maybe, a conversation with Air New Zealand to have them not stop in Auckland, so people in Northland could have a holiday like the rest of us?

PM: Well, of course, in Auckland, once you're transiting in—I think the checks are actually as you come into the airport. So I imagine, if you're doing all those checks at Northland itself—so you're asking the question in reverse, though, to get into Northland?

Media: Get out of Northland and bypass Auckland and go to Queenstown.

PM: Yeah, I would just need to check how officials are working that at the borders. Our main focus has been really just ensuring those who are in Northland aren't unnecessarily disadvantaged, because they are a level 2 environment, just like everyone else. But they are disadvantaged by having Auckland sandwiched right in between. But we have focused on some of those essentials: weddings, funerals, tangihanga, and work.

Media: Wellington to Kerikeri would be a great new route, though!

PM: Just a direct flight would resolve all those problems. Well, put your bid into Air New Zealand! Thank you, everyone.

conclusion of press conference