

**ALL OF GOVERNMENT PRESS CONFERENCE: TUESDAY, 14 SEPTEMBER 2021
HANSARD TRANSCRIPT**

PM: E ngā mana, e ngā reo, e ngā karangatanga maha, tēnā koutou katoa. Before I begin today, I'll hand over to Dr Bloomfield to give us the latest case numbers.

Dr Ashley Bloomfield: Ngā mihi, Pirīmia. Tuatahi e mihi ana ki a koutou katoa e whakarongo mai ana. E mihi ana ki te kaupapa o te wiki anō hoki, arā ko te wiki o te reo Māori.

[Thank you, Prime Minister. Firstly I acknowledge all of you who are listening. I also acknowledge the theme of the week, ie Māori Language Week.]

We're in the second day, as you know, of Te Wiki o Te Reo Māori, Māori Language Week. Kia kaha, te reo Māori.

On the Auckland outbreak, today we are reporting 15 new community cases of COVID-19, and they are all in the Auckland area. That takes our total number of cases in this outbreak to 970, of whom 397 people have now recovered, which is good news. The fall in the number of cases today is encouraging, and even more encouraging is that there are no unlinked cases today. All of these new cases are household contacts from five known households, with the majority linked to just three households. We do know, of course, that Delta spreads more easily within households, so to some extent these new cases were expected. While some of these houses have not yet been epi-linked to the wider outbreak, they have not popped up unexpectedly. Furthermore, you will recall that just one case from yesterday was, at the point in time we announced yesterday, not linked to the outbreak. That case has now been linked.

The number of cases in the last 14 days that are not yet epidemiologically linked has now fallen to 10. There are 22 people currently in Auckland hospitals, and, of those, four are in intensive care and all require ventilation. It does remain crucial we maintain high levels of testing in Auckland to detect any final cases of COVID-19 that there may be in the community. High rates of testing will help Auckland to get out of lockdown as planned, and stay out. Our priority is now on testing as many people as possible over coming days from the following suburbs in Tāmaki-makau-rau: Massey, Mangere, Favona, Papatoetoe, Ōtara, and Manurewa. If you live in these suburbs and you have symptoms, please do go and get a test. If you receive an invitation to be tested, even if you have no symptoms, I would encourage you strongly to take up that invitation too. It is part of our surveillance that we are doing in these suburbs.

Of course, anyone across Auckland—and, indeed, New Zealand—with cold or flu symptoms, no matter how mild, please come forward for testing. The latest data on influenza-like illness from ESR shows very low rates in the community, so it is particularly important that anyone with symptoms does get tested. We also encourage families with children to get tested all together, as we are seeing COVID-19 cases in children, including quite a number in this outbreak. So if you're going out for a COVID-19 test, bring your whānau with you.

Surveillance testing of essential workers continues across Auckland, because they are out and about during alert level 4. A wide range of essential workers from a range of industries have been asked to get tested, even without COVID symptoms. These include healthcare, emergency services, workers at petrol stations, transport workers, supermarkets, and dairies. Those who are permitted to cross the alert level boundaries are also required, of course, to provide proof of a test within the last seven days, and so far this month, since 1 September, we have tested 15,685 essential workers across the Auckland region, with no positive cases identified.

In terms of that testing for people crossing the Auckland boundary, nasopharyngeal swabbing is available, of course, nationwide, whether those workers are in Tāmaki-makau-rau or outside. Available at testing centres, community testing centres, GP practices, and, for a list

of testing places, please do go to Healthpoint. Testing, as ever, is free, and please let the tester know that you are doing it for the purposes of crossing the alert level boundary as a permitted worker.

On contact tracing, we're now focusing our efforts on 1,242 contacts that are under active management. This is a change to the reporting total contacts for the whole outbreak. The number of contacts under active management is now down to a much smaller number, as I said, over the last two weeks, as the majority of our contacts have now either returned negative tests or have had exposures more than 18 days ago and we are not generating significant numbers of new contacts outside of households now.

On the waste water side, there was a positive waste water result received from a sample taken last week in Pukekohe. Our public health team in Auckland advised that there have been four cases in the area who have previously been in quarantine who have now returned home; this could explain the result, but what I would like to say is anyone in the Pukekohe area who has symptoms please do go and get tested. There is pop-up testing available there and they have increased the people at that pop-up testing to make sure there is sufficient capacity today. There have been no other unexpected detections in waste water samples taken in Auckland or around the country.

Just a reminder, too, that our hospitals are safe. I've spoken with and had a communication from Counties Manukau's chief medical officer Dr Pete Watson reminding people in South Auckland if you need emergency care, do not hesitate to go to the emergency department. There are strict protocols in place to keep you safe and, of course, to keep staff safe. All staff are using N95 masks, goggles, and gowns. Everyone who arrives at the ED is very carefully assessed to see if there might have been any exposure to COVID-19. If there's any doubt, they are treated as if they could be. Patients who may have been exposed to COVID-19 or who have symptoms are kept separate from other patients, and Middlemore Hospital is now testing a higher proportion of patients to be extra precautionary who are arriving at ED.

Finally, a shout out today for hard working Auckland paramedics who continue to go each day into the homes of hundreds of Aucklanders to assess them and take care of them and transport them to hospital if needed, despite the current outbreak. Thank you for your dedication to the wellbeing of Aucklanders.

Heoi anō. Ka nui tēnā. Kia ora koutou katoa. Back to you, Prime Minister.

PM: Ngā mihi, Dr Bloomfield. You may have guessed the theme over the past couple of days has been vaccinate, vaccinate, vaccinate, with a particular focus on Tāmaki-makau-rau in what we intend to be their last week in level 4.

As I said yesterday, there is nothing holding us back in Auckland when it comes to vaccines. There is capacity to administer 220,000 doses of the vaccine in the region this week. If around 130 of those are people's first dose, Aucklanders will hit 80 percent coverage of first vaccinations in one week's time, and we'll be well on our way to the city being better protected against the virus.

Let me be clear on why is it important: it literally saves lives and prevents hospitalisations. There is real world evidence here in New Zealand and internationally that proves you're far less likely to get COVID and far less likely to get sick and need to go to hospital if you are vaccinated. Getting vaccinated protects you, your family, your loved ones, and our economy. That's why it's so important to everyone, but especially those in Tāmaki-makau-rau to get vaccinated as soon as possible.

In fact, if you're sitting at home in Auckland watching this now or listening on the radio and you are yet to get your first vaccine, I'm going to suggest that as soon as I've wrapped up you go and make a booking. That includes people who may have bookings later in the month or in October; chances are you'll be able to bring that booking forward to this week.

You can do this online at Book My Vaccine—just remember though to cancel your original booking. There are around 90,000 available spaces in Book My Vaccine for this week, so

bringing forward a booking shouldn't be a problem, and you can also try your GP. More GP clinics and pharmacies are coming online every day. There are now more than 100 GPs and 30 pharmacies delivering vaccinations across Auckland, so give them a call and see if they have any spaces available this week.

Meanwhile, our two drive-through sites at the Auckland Airport Park and Ride and Trusts Arena in Henderson can do over 5,000 per day across each site. No booking is required, you can simply show up.

As well as these standard options, there are some other great examples of initiatives that are making the vaccine accessible to everyone. I thought I would touch on a few of them briefly. A pop-up clinic at the University of Auckland for onsite residents, students, and staff began on Saturday and has its final day today, it's in the Owen Glenn building on Grafton Road. The Northern Region Health Coordination Centre has been running vaccination centres at four specialist schools at Auckland: Sommerville, Parkside, Wairau Valley, and Wilson, with hundreds of students and their families vaccinated at those sites over the last two weeks.

International evidence tells us that COVID has caused disproportionate harm for disabled people, so we're working hard to get the vaccine to this group of New Zealanders. This morning, Minister for Disability Issues Carmel Sepuloni helped launch a Taikura Trust initiative at Papakura Marae to get disabled people vaccinated. They will be prioritising vaccinations for the disabled all week at the marae. The clinic is open from 9 to 3, Monday to Friday, at 29 Hunua Road, Papakura. You don't have to book, but try to be there by 2 p.m. at the latest so you can be processed.

This follows similar initiatives elsewhere in the country. For example, the Hutt Valley DHB and Autism New Zealand provided an autism friendly vaccination option in Pētone, and I've heard really encouraging stories of those with autism who have never before participated in a vaccination programme accessing a vaccine against COVID.

Now, there has been much talk of a Mr Whippy - style mobile vaccination bus or portable vaccinations. I'm pleased to confirm that the Northern Region Health Coordination Centre will launch its first buses this Thursday. The initial plan is to take them into areas where we know vaccination numbers have been low or people have not been able to access vaccination services as easily. The aim is to increase the network from its expected six on Thursday to 12 over the coming week. A huge thanks to Auckland Airport and Bus Travel New Zealand, who have supplied buses for this work. I know in Australia they've started operating something similar, and have named their mobile outreach clinics "Jabba the Bus". I'm sure that we can do better.

The vaccine is the best tool we have in our tool box and our ticket to greater freedoms. The more people who are vaccinated, the fewer restrictions that you have to have. Just as we've been world-leading with the success of our elimination strategy, in the future I want New Zealand to be world-leading, both on the level of freedoms and our health and wellbeing, and high rates of vaccination is how we can achieve just that.

I'll now open for questions.

Media: Have you had any updates yet on whether there is a surge starting in Auckland—whether people are starting to turn up in numbers for vaccines?

PM: No, I haven't had an update on that. We do know that—if my recollection is correct—3 September was the last date where we had the highest reach, and you would expect that during that period of lockdown in those initial days we really did have a large number come through, but my message to Aucklanders is you don't need to wait. If you have already booked but it's not till October, bring it forward. If you've not yet booked anything, please go today to one of our drive-through sites. We want to vaccinate as many people as possible as quickly as possible, and that goes for all of Aotearoa New Zealand.

Media: Why doesn't the health ministry have any plans to randomly test shoppers at places like supermarkets in the known virus hotspots?

PM: Yeah, so we've discussed this question quite a lot. We've talked about the past where supermarkets have been used. And in the past, what our health team have advised us is that supermarkets have been used well when you have, for instance, a waste-water test and you want to do a lot of surveillance testing very, very quickly in certain sites where you haven't had ongoing testing. Their feedback has been that in the current environment, their testing stations they've established for symptomatic and their asymptomatic plans are still reaching into those communities at high rates, but we continue to say, "Let's consider everything.", and certainly supermarkets have been on our agenda for something that should be considered.

Dr Ashley Bloomfield: Yes, and just one other point to make is rather than random testing, the testing that's happening in Auckland is targeting specific suburbs where there are households that there is a sense there could be other cases out in the community. So they're not randomly going along and picking people out, but they are just messaging out into those communities, and we're seeing really good rates of testing.

Media: Yeah, there's a particular PAK'nSAVE in Auckland that's been noted as a location of interest, I think, six times now. Would it make sense to try and capture that community at that supermarket?

Dr Ashley Bloomfield: Yeah, look, I take advice from our team in Auckland; they've been doing this for a while through several outbreaks now, and their current thinking is very much that, actually, they've got good coverage in the suburbs to cover off those populations they want to get the surveillance testing of. And they do have some experience, having tried it before and not finding very high rates of take-up because people, if they're going to the supermarket, may well be joining a queue to get their groceries, and it may be a lengthy outing already.

Media: We're hearing from some Aucklanders that you're asking them to get tested, but some of them can't get to the testing sites. Is more effort required to expand the mobile testing teams to get to those who don't have cars or can't afford to travel?

PM: Yeah, and we do use mobile testing—yeah.

Dr Ashley Bloomfield: Yeah, look, there are still over 20 community testing centres set up, as well as, of course, general practices and urgent care clinics, and I know that they are using the mobile testing teams to get out particularly into those suburbs where they are looking to do the surveillance testing.

PM: Look, I'll ask the question of the team, because we've talked a lot about the use of supermarkets. Look, ultimately, what we want to do is reach into certain communities and get good levels of testing of those with mild symptoms but also have our teams reach in and determine who they want to do that asymptomatic testing of. It's just a matter of where and how you find those people. We've raised the option of supermarkets. The team on the ground have had a particular view of how they see it as being best done, but we'll ask the question about the PAK'nSAVE, because it's a good question to ask.

Media: Prime Minister, can I ask you about a Cabinet paper in August last year, which I'll quote to you: "vaccines for early delivery will be more expensive—for example, 75 to 150 per dose compared to later delivery, perhaps less than \$15 per dose. Our modelling suggests the size of the funding required is highly sensitive to the number of early access vaccines that we choose to purchase." The Government then didn't announce our advance purchase agreements until October. Did Cabinet decide not to try for early access?

PM: Absolutely not. I do not need to go back and look at any Cabinet papers from that length of time to tell you that we absolutely did not make a decision to delay vaccines for price purposes. Absolutely not.

Media: [*Inaudible*] ask for early access?

PM: In all of our advance purchase arrangements, keep in mind we were in talks with vaccine companies who were, at that time, promoting vaccines that hadn't even finished their

clinical trials. But we were entering into discussions and arrangements and sometimes purchase agreements before completion simply so we could make sure that we were in line to receive doses if those then proved to be safe. So we entered in those negotiations very early on, but I can tell you that at no point did we, for instance, say, "We'll delay ordering something from there so it will be cheaper." Absolutely not.

Media: Just to be clear: we did seek those higher-price early access vaccines?

PM: My recollection of all of the negotiations was that we were entering into discussions as soon as we could for those vaccines across our portfolio, because you'll remember that we chose multiple vaccines, because there were different ones under trial—you know, RNA vaccines, AstraZeneca, those who were slightly more traditional. We were entering in discussions with all of those to cover ourselves so that if one proved to be unsuccessful, we'd have alternate options. That was the basis of our choices and our negotiations, not price point. We wanted the best vaccines possible for New Zealanders.

Media: Did Cabinet make a conscious choice to try for those early access vaccines even though the prices were high?

PM: Yes. Yes. That's my absolute—at no point did we say we're opting out of any of those options because of price. It was all about efficacy, which ones cover us, because, as you saw, there were a range being developed, and our portfolio was all about how do we make sure that we're covering all our bases, keeping all our options open, while everything's in a trial stage.

Media: And yet in May, June, July, many countries had already announced advance purchase agreements. Were we late to that party?

PM: No. So you can see that we often announced advance purchase agreements well before even clinical trials were completed, and then, at different stages, different countries then engaged in roll-outs depending on their comfort level with where those trials were at and their regulatory processes, as that often determined the difference for most countries.

Media: Prime Minister, would it be your expectation that if police saw a funeral or a tangi happening somewhere in the community with well over 50 people with a lot of people unmasked, they would work to break that up?

PM: I'm not, from the vantage point here, going to give a view on how police undertake their operational duties. They are best placed to make those decision in the moment in time. They, of course, know the orders that they are able to enforce, and we'll leave it to them to do that job.

Media: But shouldn't it be a blanket rule that if that was happening in the community—

PM: Well, the order and the ability to enforce exists, but we leave it up to the police to determine how and when that is done. Those are all operational decisions, and they, of course, in those moments, are best placed to determine how to do that safely.

Media: So you would be disappointed to see a large-scale gathering in level 4?

PM: Again, I'm not going to stand here and make judgments around the way that police are doing their job. It's their job and it's a hard job. But look, you know, from time to time, we have seen, from time to time, breaches. That is not representative of what the vast majority of New Zealanders are doing, and the police do a good job on our behalf of dealing with those scenarios when they arise.

Media: Have you given the police any advice, and if so, what was that advice around the couple that travelled to Wānaka? Previously they've said in situations where people have breached health orders they take advice and lead from health officials.

Dr Ashley Bloomfield: We haven't been asked to give any advice to police, and the matter for prosecution is in their hands. And I think it's very clear in the order what the

expectations are, so I don't think they've needed to come back to us for any further advice on that.

Media: Why haven't they come to you? Last August, I think, or maybe in February this year when there were other health order breaches, police would come to you or the ministry.

PM: Some cases you were involved in, as director-general taking a role, but these are very clearly set out in the orders.

Dr Ashley Bloomfield: Yeah. It must have been a different scenario. I do recall the one you're talking about, but that was a different scenario, and, yes, they were asking us, in a sense, to lay the complaint with police and advise around prosecution. That's not necessary in this case.

PM: Yup.

Media: Is the ministry or Medsafe working on approving COVID-19 drugs such as—you'll have to excuse my pronunciation of these—REGEN-COV or sotrovimab for preventing illness, and, if not, why not?

PM: Is it treatment of illness, I believe?

Dr Ashley Bloomfield: Yes. So we've got efforts going on to both, of course, follow the evidence around emerging treatments. Pharmac is part of those efforts to ensure that if there are effective medications that those can then be funded. And I do know that there is a medication that was approved in the UK a couple of weeks ago, and an application is with Medsafe. That was put in really quite quickly, and is going through their process at the moment.

Media: Australia approved one of them last month, and the US approved another one of them back in May. Why is it taking so long to approve them here?

Dr Ashley Bloomfield: I just need to know exactly which medications they were, and I can check in with Medsafe to see. They may well have had applications, but they can't approve a medicine until an application comes in and all the evidence is provided. But I'm happy to follow that one up.

PM: Some of them are existing drugs that are then used for the treatment of COVID-19, so that also may be a complicating factor.

Media: Prime Minister, on vaccination rates—

PM: Oh, Ben.

Media: Thank you. The 55,000 today I think is the worst day in the month, when you take out weekends and the day that you couldn't vaccinate. What's the advice on why it's so low, and is it good enough?

PM: Well, I mean, keeping in mind that, of course, at some of our highest planned rates previously, we were scheduled to be around the 50,000 mark, so circumstances have definitely led us to be in a position where we know that we have the capability and the capacity to go much, much higher than that. And so really that's my message today: we know we have that capacity. We know that we can do more. So for everyone that is currently booked and might be just waiting their turn, the message we're sending out is you can bring that forward and you should bring that forward. Get vaccinated as soon as possible.

Media: Were you expecting that number? Because it does feel low compared to the last three weeks. Were you expecting this natural drop-off?

PM: Look, so we do, within the team—of course, there's a number of things that you expect to see with the distance between from when you have a large number of first doses that then you then get large numbers, of course, when they come through for those seconds when they're due to it in 21 days to six weeks' time. So there's lots of modelling around what to expect then. The modelling in this period of time has been difficult because we've seen such extraordinary rates, so we've already moved away, really, from those planned

projections where we had anticipated that at a maximum we would be doing 50,000 a day. We're doing more than that, and we've consistently done more than that, and now we're telling New Zealanders, "You can keep going. We've got the capability to do that."

Media: Can I also ask on the flower protest outside Parliament—I understand Ashley Bloomfield was given a bouquet of flowers. Do you have sympathy for the hundreds of—

PM: Yeah, I do.

Media: —thousands of flowers that have had to be mulched over the last month?

PM: I do. I do, and they sit alongside a number of industries where, because our goal, at this point, is just to limit as much contact between people as possible, that they haven't been able to go about their usual jobs and their usual livelihoods. And I can only imagine how tough that would be.

Media: Why can't they sell under level 4, and will you take—

PM: It's all about cumulative risk. So the people that are operating at level 4, of course, are those that are determined that we need in order for New Zealanders to continue to survive and continue, as much as possible, those essentials of life. And so that heavily falls around food production, but you can see in Auckland that we've actually had a number of cases that have happened in those food production environments. So we try and reduce risk simply by having as few people who need to be working as possible.

Media: Why is moving the school holidays—sorry, on another topic. Why is moving the school holidays only being looked at now, at the last minute?

PM: No, it's been under consideration for a while. The complexity, of course, is that for our teaching workforce they are working through lockdown. So they continue to work, and then, essentially, what you'd be asking is for that then to continue on in the aftermath of lockdowns as well. So it's very much, you know, wider considerations around workforce as well.

Sorry, I'll just come to a few who haven't had questions. Actually, I'll come to Whati and then I'll come to you.

Media: Dr Bloomfield, are you concerned at all around the mental wellbeing of Aucklanders with the extension, and are you also confident that there's adequate mental health and wellbeing services available to people in Tāmaki-makau-rau?

Dr Ashley Bloomfield: Kia ora, thanks for that question. Yes, I am concerned. We know that the lockdown period is tough on people, and in particular the feedback I've had is that it's really impacting on young people there. What I have been asking and been getting from my team is a read-out on what service usage we are getting, and we're not seeing big spikes, including, for example, in the 1737 number, but there is a range of services available for people. So I guess what I would be wanting to do is encourage people if they are stressed, anxious, and finding it a bit of a struggle, to reach out and get support, because it is available.

Media: Any consideration, also, for COVID-positive cases who might find it quite overwhelming to try and reintegrate themselves back into their communities, back into work at all, and how will they be supported?

Dr Ashley Bloomfield: Yeah, I think this is definitely a thing. I mean, having COVID-19 is—often people are unwell, but also there's still a little bit of stigma and other things that can go around it. I know that our public health teams do keep in contact with and provide support to whānau and to individuals who are discharged, for example, back out of quarantine into the community, and it's great to see many people now have recovered. So there is that opportunity to ask and have questions answered and just make sure that those people are getting the support they need as they reintegrate back into the community.

PM: Whati, when we had our conversation as a Cabinet around the extension of alert level 4 for Tāmaki-makau-rau, one of the conversations we particularly had was around the

impact on tamariki and rangatahi. We are concerned about, you know, those lengthy periods of time where people aren't around, you know, friends and whānau, but we also know that we need to put in the supports for those young people but also do as much as we can to get as much normality as quickly as possible back for them. And I'm mindful, in some countries they've had very long periods where their children have been unable to go to kura to engage with others, and we want to avoid that, too.

Media: Thank you. Dr Bloomfield, so all of today's cases are household contacts. Can you explain why we're still seeing household contacts this far into lockdown? Surely we would've run through everyone by now.

Dr Ashley Bloomfield: Two reasons. The first is that some of these are households that have only been identified in the last week or two. You'll recall that, especially through the last week, we had several people who received services at Middlemore Hospital in a range of different places and, in following up those individuals, that led to households with others who had been exposed to the virus, and so we're seeing those cases coming through now. And the second is, of course, that the incubation period can be quite lengthy for some people, and so, again, we've seen around 16 percent of people testing positive at their day 12 test, even though the index case may have been found, you know, nearly 2 weeks prior to that.

PM: Yeah, and particularly when you've got large families, you can have just the knock-on as it goes through. So someone may originally have been infected some time ago, but we're then seeing the wider family being successively then infected, and then, sadly, in some cases it's taking until one of them becomes very unwell until they're seeking medical attention.

Media: Shaun Hendy has said that population immunity would have been possible with previous variants and the vaccines we have, but now that's probably not going to be the case with Delta. How does this affect, you know, New Zealand's COVID response in the short and long term?

PM: I think what Shaun's reflecting is something that we've talked a little bit about over the course of the last few weeks—in fact, right back to when we launched the reconnecting New Zealand strategy, which was factoring in the fact that Delta was changing things up. And what, I think, you know, Shaun Hendy is referring to is the fact that we are seeing different rates of transmission in vaccinated people with the Delta virus than necessarily what you might have seen with other variants. However, that does not necessarily mean that it is any less successful at keeping people safe, because we are still seeing very, very high levels of effectiveness when it comes to hospitalisations and deaths. But, because of that transmission and those breakthrough infections, it does change the dynamic. And that's why I think you're seeing countries around the world changing up their strategies, whether you're looking at Singapore or any of the EU countries, you do see them altering their strategies and their use of restrictions as a result.

Likewise, we're reflecting on ours. Elimination continues to be the best option for New Zealand at this point in time while we vaccinate New Zealanders. The next stage, of course, is continuing to vaccinate and get the highest rates possible, then we're able to determine from there what we couple together around vaccination to continue to keep the highest levels of safety and freedoms as possible. But you'll see every country's still using restrictions; we just don't want to use the highest alert levels as part of them.

Media: Just for clarification on the Mr Whippy – style bus. Was that in the Northland region, not north of Auckland, and did you have any ideas for a name yourself?

PM: So that's being developed by the team that are working across Auckland and testing across Auckland. I'd need to come to Dr Bloomfield as to whether or not we're seeing those in other DHBs, but initially that's the region you'll be seeing the use of those.

No, I haven't got any bus ideas, but I'll leave it in the hands of creative New Zealanders. I know that when you've seen challenges like this put out, you see enormous amounts of creativity. But, I think, probably Bussy McBusface is probably already a given!

Media: What about some sort of a system where New Zealanders get to vote, you know?

PM: Yeah. Look, how about we see how many suggestions come through. I'll pop something on my social media, and then we can vote on one of them. But let's rule out Bussy McBusface right from the beginning!

Media: Just on vaccinations, vaccination status is being pretty widely used overseas for going into businesses and even employment, and we're starting to see that here, perhaps, with competitions and starting to be with employment. Is that something you support, and are you seeing any legal issues with that in the future?

PM: I support anything that works, and so we have had a team, including those with a background in human behaviour and psychology, look at the different incentives that have been used in other countries. You know, a major factor for me will be "Does it work in bringing out more people to be vaccinated?", and, secondly, just making sure it's fair. You don't want a situation where you suddenly bring in an incentive that those who have shown up early miss out on. But I continue to be really open-minded. So if anyone brings to us an idea that we think will make a difference, we'd be happy to take those on, because it's good for all of us if we have as many people as possible being vaccinated. Your thoughts, Dr Bloomfield?

Dr Ashley Bloomfield: I couldn't agree more. And to go back to the earlier question about the modelling and around Delta, what it emphasises is the importance of vaccinating. It doesn't mean that vaccination is not helpful; it means that we need to get an even higher rate. It's very, very important we do so. And from this outbreak, the latest data I had a look at just before I came down, around 78 percent of those who are eligible—that is 12 and over—of our cases were unvaccinated and just 4 percent were fully vaccinated. So it's living proof of the protection that vaccination does give when Delta is in the community.

PM: And none of those fully vaccinated people are hospitalised, for instance.

Media: If I can follow-on from Katie's question about the treatment of COVID dominants, if there is anything that's on your radar that has been working. One of the treatments that was approved in the US was by Regeneron Pharmaceuticals which make free monoclonal antibodies. Is that something that's on your radar?

Dr Ashley Bloomfield: I do know there is a number of medications that are being looked at at the moment. And, if you don't mind, maybe I can give that a bit of an emphasis for my comments tomorrow and come well prepared to talk to that specifically.

PM: Yeah, so one general comment: not to get into too much detail, but some of the treatments that I've seen some reporting on has to be applied very early on into someone's infection. And, equally, very early stages, I think, in where they've been used in some countries, sometimes where they've had much larger outbreaks, and enormously expensive and still waiting for someone who has COVID and then is being treated. The best thing we can still do is vaccinate. That prevents us being in a situation where we are treating people after the fact. But, of course, we continue to look at all these options for treatment as well.

Dr Ashley Bloomfield: One thing I can say categorically about treatment here and now: ivermectin is not a proven safe treatment for COVID-19. I receive dozens of emails a day—

PM: Do you?

Dr Ashley Bloomfield: —promoting it, but I can say that there are existing medications that have been shown to be helpful for people particularly with more severe illness; ivermectin is not one. I'd certainly encourage people strongly not to take ivermectin either as a preventive or for treatment for any symptoms that could be COVID-related.

PM: Yep, good plug.

Media: Can I just ask the Prime Minister about—you gave some pretty big reassurances about a Kiwi summer yesterday. How do you propose that that will be possible—

PM: Oh, I think I gave you my aspiration.

Media: How do you propose that would work with the planned phased reopening of the border when it's pretty much considered it will be inevitable that we will have cases in—

PM: Well, actually, no, I think I would challenge that. You will have seen that when we released our plans around reopening, which still stand, they were still all about preventing cases at the border, and so that's still a key part of that work because it was a key part of the advice from Professor David Skegg. So the comments that I was making around a Kiwi summer is really—what we want to do is think of the kinds of measures that you might want to have in place. I mean, regardless of what might happen over the course of the summer, what can we do to try and ensure that some of those events can continue on regardless—are there options for us that mean we can give that level of certainty? It might take an ask on behalf of all of us around the way we behave or what we do, but let's see if there are those measures that we can apply. So that's the active question I'm asking of the teams so that we can just have that bit more of certainty.

Media: Would it be appropriate for the climate change Minister and the COP delegation to take part in the self-isolation trial upon their return, and doesn't that risk calls of special treatment for the Minister?

PM: Oh, no, no. So, look, no decisions have been made about specifically who is able to participate at this stage. We have left open the opportunity or the possibility of Government officials because we—for instance, there are two reasons for that: (a) it gives us the ability to actually get very close feedback from those who work within government into how it's working, and also (b) we have a very small number of people who do have to travel for their work—trade delegations, in particular—where they have already been travelling and have already experienced MIQ. One of the issues with the COP delegation is whether or not they would fit within the time periods that we've set for the trial. I think they might leave and return—I can't quite recall whether or not they would, but no decisions have been taken at this stage.

Media: But why is it so important for that COP delegation to go when there are so many Kiwis wanting to come home and can't get spots in MIQ, or businesses who need to send people overseas?

PM: So we are still—of course, we still continue on a regular basis to have anywhere between 4,000 and 5,000 people coming into New Zealand and into our managed isolation facilities over the course of a fortnight. There are a small number who may be from within Government agencies who need to continue to travel to ensure that New Zealand is represented in critical talks like, for instance, trade talks for our UK trade agreement or our EU trade agreement, or, for instance, in important negotiations around climate work. We are scaling back those delegations. They are irregular—in fact, my recollection is that we have only had one Minister throughout this period who has used our managed isolation facilities.

Media: And can you just—is there any update on when those bookings will review for MIQ?

PM: So there have been talks about when we'll be doing that, keeping in mind that's the regular ballots, and I imagine we'll have more to say on that soon. People are still coming in; it's just we continue—we usually have a regular release of vouchers, and that hasn't been happening for a little bit because we've had to prioritise those in the outbreak in New Zealand into going into our managed isolation facilities, and I think people understand why.

Media: A couple of things: firstly, do you have any information on how these two people who breached the Auckland lockdown ended up in Wānaka and about how they got back to Auckland?

Dr Ashley Bloomfield: No, I don't have any information on that other than what's in the public domain, but I imagine that the police are looking into that as part of their investigation.

PM: Yep.

Media: OK, and the second question: do we have a headline figure of the 900 and some cases in this outbreak of how many people who caught COVID had had one or both vaccines?

PM: Yes, we do have breakdowns on all of that. Forgive me, I don't have those figures in front of me right now.

Dr Ashley Bloomfield: Yes, I've got them here, and I mentioned sort of the headline figures before, but what I might do is come back to you because I've got the numbers here for the total—955 people—but I then went and asked for them to take out the zero to 11s, who are not eligible. But the headline percentages I gave before are up to date and based on just the 12 and overs, and that is 78 percent of people, no vaccines, and just 4 percent fully vaccinated—that is, they've had their second vaccine at least two weeks before they became a case.

PM: And this is where Andrew gets grumpy with me, because he gave me those numbers on the way down and I didn't bring them with me. So we can provide them.

Media: Just on James Shaw potentially taking part in the self-isolation trial—

PM: There's—

Media: But, yes. No, totally hypothetical.

PM: Yeah. I don't think it's likely at this stage, but go ahead.

Media: Wouldn't UK qualify as one of the approved list of countries in that trial?

PM: So all of that work is still under way, and there's a number of factors, including the criteria, those participating countries, what would be required of those participants as in what would be a suitable facility, or home, or so on, and the way that they even access testing. All of that's being developed. It's been narrowed down, so I've seen initial briefings on it. We would be looking to run it really across, substantively across the parts of November, is where we're looking. So it does, of course, mean we do want to see Auckland in a better position than they are now before we run it as well.

Media: Reuters are reporting that the US and the EU are about to launch a call for countries to set a 30 percent reduction [*Inaudible*] emissions by 2030. New Zealand is named as one of the 12 countries which is on the naughty list in this call. Have you had any overtures from ambassadors on that target, and what is your likely response to that target?

PM: So two points I would make, and the first is that our targets are based on the IPCC risk reports on methane reduction. So that's where we based our target ranges. So we've tried to really lean into the international science in this space, because it's important to us and it's important that we do our bit. And the second point I'd make is, of course, we do that in the context of those emissions derived from food production being the most significant portion of our overall emissions profile. And my view is that actually by developing initiatives that substantively reduce those emissions, we will have something that the rest of the world would be very grateful for. So yes, and the one point that I'd also make, it's also about what you do. We are working very hard to actually reduce those emissions in real terms. We are the only country in the world that I know of that has made a commitment to how we will price emissions that are produced through our food production, and you're just not seeing that in other countries.

Media: Wellington businesses are crying out for the Public Service to return to the CBD. What's your message to public servants? Should they return to the office?

PM: Yes. Yes, we are encouraging people to come back into the city. We've got all of the measures required to keep people safe while they're out and about, so they should feel free to come back into the city, frequent their favourite local café, pop into their local retailer, and definitely support local.

Media: The Māori Party has launched a petition today to officially change the name of the country to Aotearoa and to restore all of our place names to their original Māori names. Would you support that?

PM: Look, we've got no plans to go through an official process to change the name of New Zealand, but I would say at the same time that actually I'm encouraged by the fact that people are using place names interchangeably, and I think that will only continue to grow.

Media: Would it be appropriate to put it as an official name alongside New Zealand?

PM: Well, of course, te reo Māori is an official language and so therefore we use those names interchangeably and I think we should continue to do so. Yeah, I might wrap up here, in the front.

Media: Four of the Silver Ferns in Auckland have applied for exemptions to fly to Christchurch to play England next week. What's the chances that they'll be granted those exemptions?

PM: That's not something that I have anything to do with and I would not want to speculate. The Minister for Sport and Recreation is sitting at the back of the room and you may wish to grab him on the way out. That's a warning for him to leave quickly! Before we leave, I see we have some front runners—Double-jab Ute, and the Jabbing Wagon. So everyone keep putting forward your ideas and I will report on them tomorrow. Thanks everyone.

conclusion of press conference