

**ALL-OF-GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 15 SEPTEMBER 2021
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Tēnā koutou katoa, good afternoon and welcome. I'll hand straight to Dr Bloomfield to give you an update on the case investigations, and then I am going to speak a little bit about our vaccination programme, of course, and some news around managed isolation and bookings. But straight to you, Dr Bloomfield.

Dr Ashley Bloomfield: Ngā mihi, Minita. Kia ora anō koutou katoa. Ko tēnei te rā tuatoru o te wiki o te reo Māori, ko te manako kei te whakanui tonu koutou i te reo rangatira.

[Thank you, Minister. Hello to you all. Today is the third day of Māori Language Week, I hope you are still celebrating our noble language.]

So today we're in the third day of Te Wiki o te Reo Māori, Māori Language Week, as you know, and I hope you, like me, are also enjoying practising and improving your te reo during the week. Today there are 14 new cases of COVID-19 in the community. All of these are in Auckland, and it takes our total number of cases in this outbreak to 983. There are also three cases of COVID-19 in our managed isolation facilities.

Again today, early on, it's clear that all our current new cases are linked to existing cases. An analysis of yesterday's 16 cases showed that three were infectious in the community, creating 10 exposure events. However, these were all, largely, essential businesses such as petrol stations and dairies—the visits that we would expect people to be doing—and all prior to when people were notified they were a contact.

On testing, a huge thanks to people in the Auckland suburbs of Mount Eden, Massey, Māngere, Favona, Papatoetoe, Ōtara, and Manurewa who have been out and got tested. We saw an increase in testing across Tāmaki-makau-rau yesterday, with 10,341 people taking the opportunity. A huge thankyou to everyone across the motu, as well, who's been tested: a total of 15,105 tests processed yesterday.

In terms of the Auckland boundary, later this week police will begin checking that people who are permitted to cross the boundary have got proof that they have had a test in the last seven days. Anyone who does need a test can go to any community testing centre, GPs, or urgent clinics—urgent care clinics that are providing that anywhere in the country—or they could book in with their GP. Saliva testing is now an option, and we've seen a good uptake of saliva testing, with 176 employers covering more than 18,000 employees signing up to use that modality, and, in addition, over 350 individuals have also signed up.

On contact tracing, we've now got 996 active contacts being managed by our team here and public health units across the country. Of those, 93 percent have had direct contact, and 91 percent have returned at least one test. Continued follow-up happens of these people to ensure they get their later tests, as well. As has already been reported, a worker at the SO/ Auckland hotel managed isolation facility in Auckland has tested positive for COVID-19 as part of routine surveillance testing. There is a potential link with the community cases, so at this stage it's not being considered a result of in-facility MIF transmission, and ESR is re-running the whole-genome sequencing today, which should confirm that that case is linked to the existing outbreak. We know the worker was fully vaccinated and is also now in quarantine.

I want to emphasise the vast majority of doctors and other health professionals support our vaccination programme. More recently, this has sparked a deliberate grassroots initiative of doctors who want to help answer questions that people may have about the vaccine. This is called Doctors Stand Up for Vaccination. Within less than 40 hours of this being promulgated on social media, there were more than 2,000 signatures of support from doctors, and within a week, over 4,500. There's huge support from our health professionals, including doctors, for our vaccination programme, and just a very small number who don't agree with the programme.

There've also been claims on social media that people's natural immunity or vitamin C are sufficient to fight COVID-19, so there's no need to either get tested or, indeed, get vaccinated. This is not the case. This is an infectious virus that can cause serious and ongoing health problems—not just the acute, infectious illness, but, as you know, long COVID symptoms. And so, on to an update about treatments for COVID-19 in New Zealand.

Yesterday, I noted my warning about potential misuse of ivermectin, which hasn't been shown to be safe or effective for the treatment of COVID-19. However, even though there have been relatively few cases in New Zealand, we are up to date in terms of our knowledge and use of appropriate treatments. We have good processes in place to assess emerging and new treatments, and a fast and proven approval process when we decide on which ones we want to use here.

Just a note on how the main medications and treatments for COVID-19 work. COVID-19 infections cause two major issues in people. First of all is the viral attack on the body, and the harm that causes in and of itself, and the second is that in some cases, the virus can trigger an immune reaction, which can cause further problems.

So new treatments are now being investigated and, indeed, used to cover both these areas, and they concentrate on three domains. First of all, antiviral drugs that limit the ability of the virus to replicate and thrive in the body—an example here is remdesivir, which has been used for quite a while internationally and is being used in New Zealand.

There are then, secondly, medicines that calm the immune system overreaction that is prompted in some patients, particularly those who end up very unwell and in ICU—an example here is dexamethasone, which is a standard and widely used steroid and it's been part of our routine treatment protocols here for some time, for people who are very unwell in ICU.

And then, third, there are antibody treatments that help the body fight the virus. Studies have shown that one of these, a monoclonal antibody called tocilizumab may help hospitalised patients by reducing the severity of their infection and the length of time they require in hospital. Pharmac recently completed consulting with clinicians on funding tocilizumab for the treatment of moderate to severe COVID-19 in New Zealand; they will make a decision soon about its ongoing funding, but, in the meantime, it has already been used and funded by Pharmac for treatment in more than 30 patients through an exceptions-based process.

There are several other monoclonal antibodies in trials, or approved overseas under emergency authorisation, and Pharmac is actively discussing those with the manufacturers and suppliers. Two new treatments are showing the most promise. The first is Ronapreve, which is showing benefit in the early treatment of COVID-19 and can help cases from developing. It complements rather than replaces vaccination, as all these treatments do. An application has been made to Medsafe in the last couple of weeks, and the UK counterpart of Medsafe has actually approved that treatment in the UK. Medsafe is looking at all the evidence to see if this is a medication we will want to use in New Zealand, and then Pharmac will move on the funding on it.

A second promising monoclonal antibody treatment is sotrovimab. This is another one that is similar to Ronapreve, and it complements rather than replaces vaccination. Some good data coming through from evidence in trials, and Medsafe has not yet received an application. However, the ministry is engaging with Pharmac to already explore potential supply options and encourage an application for approval through to Medsafe.

In the meantime, any of these medications can be prescribed by a doctor if they are indicated and if available here. Even if there's not an approval through Medsafe, they can be prescribed off-label. We have a technical advisory group of clinicians who meet weekly, since late August, and it's providing updated advice to us all the time on emerging treatments.

Finally, a shout-out today for our midwives, in particular those working in Tāmaki-makau-rau during alert level 4. As you would imagine, much of their work is face to face and with the usual protections and use of PPE to ensure that pregnant women get the care and services

they need. Happily, babies don't know it's lockdown, and they continue arriving. It's timely to remind anyone in the country who is expecting a baby about the importance of getting vaccinated. We have seen some unvaccinated pregnant women arriving in hospital, with COVID-19, quite unwell as a result of the virus. It's now very clear from experience globally, and our experience here, with a large number of pregnant people now vaccinated, there are no additional safety concerns with getting the COVID-19 Pfizer vaccine. It is safe at any stage in pregnancy, and vaccinating during pregnancy also helps protect your baby, as there is evidence that infants can get antibodies of virus through cord blood and then, once they are born, through breastmilk. Most importantly, the vaccine will keep pregnant women out of hospital and, indeed, if they're very unwell, out of ICU. Birth is a time to celebrate, not a time to worry about the effects of COVID-19.

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

Hon Chris Hipkins: Thank you, Dr Bloomfield. Some good news just out of Auckland International Airport. I can confirm that the first batch of doses that we purchased from Denmark touched down a little over an hour ago. These 250,000 doses, along with the 275,000 doses that we purchased from Spain last week, means that there is now nothing holding back our COVID-19 vaccination campaign. Sixty-two thousand doses were administered across the country yesterday; 26,793 of those were in Auckland. That means nationwide, of our eligible population—those aged 12-plus—more than 70 percent have now received at least one dose of the vaccine, 36 percent have received their second dose and are therefore fully vaccinated. However, underneath those numbers sits some challenges that we still need to highlight.

Forty-eight percent of Māori have had their first dose, 23 percent their second; 62 percent of Pacific peoples have had their first dose and 32 percent have had their second. We're doing very well in the older age brackets: 90 percent of our 65-plus have had their first dose and 76 percent have had their second dose. For those aged between 40 to 64, those numbers are coming along nicely: 76 percent have had their first dose and 39 percent their second. So these are good numbers, they're encouraging numbers, but we need to see those continuing to climb. For those under the age of 40, we've got a lot of work to do there. And so please, if you haven't received your first dose and you're not booked in, please make sure you're booking in. There is a lot of availability of space in the vaccine programme. It is easy to book—bookmyvaccine.nz is the way to do it. It's easy to do and we are asking all New Zealanders who have not booked in to make sure that you're booking in to get your vaccine.

We are particularly focused on Auckland this week, of course. The Auckland DHBs have so far vaccinated over a million people, with over half a million people having received both doses. By the end of this week we want everyone across metropolitan Auckland to have had the opportunity to have had their first dose, and we are making every effort to make sure that happens. The northern response vaccination centres are allowing walk-ins at all of their community vaccination sites. The number of pharmacies joining the vaccine roll-out continues to rise. There are currently 51 pharmacies across metropolitan Auckland carrying out vaccines, and so far they've delivered over 170,000 vaccinations. A further 81 pharmacies will be joining the programme very soon. At GP clinics, 118 sites are live and a further 109 are being brought on board.

As the Prime Minister revealed previously, we are launching our first vaccination buses tomorrow. Details are being finalised, but they'll basically be acting as pop-up vaccination centres to deliver outside of the bus to ensure that appropriate social distancing can be observed. We'll be taking the vaccination buses to areas where vaccination numbers are low or where we know communities might be finding it more difficult to access the existing vaccination services we're providing. We're looking to extend this programme to up to 12 buses to make sure that we can reach communities across the wider Auckland area over the coming weeks. So we want to make it as easy as possible for everyone to get vaccinated, and particularly so if you're in Auckland. It is our best protection as we plan to move down alert levels.

On to managed isolation and quarantine. As I indicated here a couple of weeks ago, we did have to make a very difficult decision to pause the further release of vouchers to managed isolation in light of the growing number of community cases we were needing to accommodate in our MIQ facilities—and I do want to acknowledge again now, as I did then, that that poses a significant challenge for Kiwis who have been looking to return home and for others who have a good reason for wanting to come to New Zealand. So today I have some further good news: I can confirm that that pause will be lifted from Monday, 20 September. The local pressure on our MIQ system has started to ease, and we do have rooms available between now and Christmas. The first 3,000 or so of those rooms will be released from Monday. Four-thousand rooms a fortnight will be released in stages over these months, as is our usual practice.

As I signalled previously, the way people apply for these rooms will change. So some critical times: from 8 a.m. on Monday New Zealand time, the lobby will be open and the room releases will start from 9 a.m.

The whole system is designed to improve the experience for those using the managed isolation allocation system—MIAS—and to level the playing field, but I do want to stress, again, it isn't a silver bullet, and we are fully expecting that there will be more demand for the rooms than there are rooms available.

While we make it easier for people who are fully vaccinated to come into New Zealand, while we're looking at the options to do that from next year, we do expect that pressure on our managed isolation facilities will continue through at least until the end of this year. More than 170,000 people have come back into New Zealand through that system. That is a much larger portion than other comparable countries have accommodated through their managed isolation, but there, of course, are still those unavoidable constraints.

So the lobby system is a big change, and all the detail on how it will work will be up on the MIQ website shortly, but I want to make a couple of quick points. It's not a first-in, first-served model. So if you join any time between 8 a.m. and 9 a.m. New Zealand time, that will secure you an ability to participate in the process. Everybody who enters the lobby during that time will have an equal chance of getting an invitation to book. People will be held in the lobby until the room release begins. Then people will be automatically and randomly moved into a queue. When they get to the front of the queue, they'll be gradually allowed through the website in order to secure a room.

There's no need to refresh the website regularly anymore. There's no limit on the number of people that can enter the lobby, thus registering that they are trying to secure a room. Once all the rooms have been taken, all of the available rooms have been taken, the lobby will be closed. Anybody who is left in the queue or left in the lobby will be informed that the bookings have been completed for the day. That is until the next tranche of rooms is ready, and we will signal when those rooms are being released, so that people will be able to come back to the site and take part in that process again.

A few very important points. It is important that people know their preferred flight route and select the correct date for arrival once they are in the system. We don't want people to just grab any date if there aren't flights available that will get them there at that date. That could potentially see us wasting rooms. When we've got demand at such high levels, we don't want to see that happen. So people need to check the flight checker on the website before the lobby opens and make sure they're selecting an appropriate date.

For people who are wanting to travel from Australia, Monday's voucher release will not include red flights from Australia at this time, so they won't be able to participate on Monday. However, we are planning another voucher release in September, which we do expect people in Australia to be able to access. We'll be able to confirm that when a decision on the trans-Tasman bubble, which we're expecting to be able to make in the next week—when we make that decision, we will signal the availability of red flights for people coming from Australia.

I also just want to remind anybody overseas, Australia or anywhere else, that where there is a need for urgent travel, you don't have to chance your luck with the MIAS booking system. There are criteria for urgent travel, and we have rooms ring-fenced for that. So if you meet those criteria, if you do need an emergency allocation, please check the website to see whether you meet those criteria, and put an application in for those. If you are successful going through that process, then you won't have to go through the MIAS booking system.

So with that, happy to open up for questions.

Media: Minister, this system is now based on luck rather than on need or the length of time you've been waiting. Why is that better?

Hon Chris Hipkins: We've got an emergency allocation. So those with a pressing need, with an urgent need to come home—they can come home. If there is time sensitivity around that, we work very hard to try and accommodate that within the emergency allocation system. This new process that we've put in place means that the luck is equally shared, rather than whether your web browser is faster and you're refreshing faster, or whether you, you know, happen to be online at the time the rooms are being released. So we're trying to give everyone an equal opportunity here.

Media: People like Maurice Williamson are suggesting a points system—so, if your need is greater, if you've been waiting for longer. Is that something you considered for this?

Hon Chris Hipkins: There's a lot of complexity with a points-based system, and for a two-week stay in managed isolation, standing up a booking system that was based on what would, effectively, be quite a detailed needs assessment where people would have to be able to produce evidence that could be verified, the burden associated with that would be significant. So if we think about the nearest comparable example, it's people applying for visas: you apply for a visa; you work your way through the points system. It takes months to process that. There is an army of people who go through and verify all of that documentation. If we were going to do that for managed isolation rooms so that people could secure a two-week booking, that would be a huge system, and it would potentially mean that it would take a lot longer for people to be able to access vouchers.

Media: Do you have any idea of what the demand will be—like, roughly, how many people might be in that lobby?

Hon Chris Hipkins: I think the first opening of the lobby will certainly give us an indication of things, and so I think that will be useful and help us to inform future voucher releases and so on. But I do just want to reiterate, again, here the importance of people making sure that they've got their flight details and things sorted so that they're not just jumping online and booking anything that's available, because that would potentially mean that it's not going to be—we wouldn't get the most use out of the rooms we've got available.

Media: But you must have some sort of idea, do you, based on previous bookings—

Hon Chris Hipkins: Well, there's a lot of Kiwis out there. As to how many of them are looking to come back into New Zealand, we don't have an accurate gauge on that.

Coming over here.

Media: Thank you. Kiwis have previously been up against bots and third parties. Can you guarantee that this new system isn't gameable?

Hon Chris Hipkins: The lobby system is designed to ensure that bots can't—that digital bots and algorithms can't access it. In terms of third parties, there's no way of absolutely locking down the ability for someone to get someone else to book a voucher on their behalf. Sometimes there's very legitimate reasons why someone might be booking a voucher on behalf of somebody else. It is not something that we encourage, but there can be legitimate reasons for it. But it'd be a very, very difficult system—thing to stop.

Media: So the system was designed so that bots can't game it and Kiwis have a fair chance to get in?

Hon Chris Hipkins: That's correct, yes.

Media: And just to follow on from that: is it fair that superannuitants are having their pensions cut because they can't get spots in MIQ and get home in time?

Hon Chris Hipkins: Look, I know my colleague the Minister of Social Development has been working on that issue—I mean, ultimately, that sits within her portfolio area, so I'd direct you to her. I just haven't had a chance to talk to her about that in the last few days, but I know that that is something that she has been working on.

Media: You haven't raised it with her that there is this issue of Kiwis stuck overseas and they can't get home in 26 weeks because of actions that your Government—

Hon Chris Hipkins: I know that she is well aware of it. I don't want to make any pronouncements on her behalf—that's ultimately her domain. But I'm aware that she—and she certainly knows, is aware of all the issues around that, and has been doing work on that. I'd get you to direct your question to her.

Luke.

Media: Just—forgive me if you've already said this—how far advanced are the first tranche of flights—so what time period will they cover—and then how far in advance will the lobby keep being opened up for flights in the future?

Hon Chris Hipkins: So this deals with bookings between now and December. Typically, we release the closer bookings in larger numbers and hold back some of the further-advanced dates, but we release some of the further advance dates. So we won't be releasing lots in December, but we will be releasing some in December. We'll be releasing quite a lot of the October capacity that's available—we'll be releasing quite a lot of that next week. There are some bookings that are quite short-notice bookings—you know, space available, so some—that starts in September. So some of that will be released next—well, pretty much everything that's left in September will be released next week. There's not a lot of it, but what there is will be released next week; quite a lot of October, a little bit of November, and a little bit of December, and then, obviously, as we go along, we release more of those forward months.

I'll come up to Maiki.

Media: Minister, is it ever acceptable to be deporting people during a global pandemic?

Hon Chris Hipkins: Ultimately, different countries will make different decisions on that, and I'm not going to—

Media: What about New Zealand—because we're still deporting people, despite there being a global pandemic, including to Fiji, who's having a really rough time at the moment.

Hon Chris Hipkins: Look, that's not something that I have been briefed on, so it's not a decision that I'm involved in the process on there. Ultimately, other Ministers have jurisdiction there, so you'd best direct your question to them.

Media: Would you be disappointed, though, knowing that we are deporting people back to Fiji, considering, as the COVID-19 recovery Minister, you yourself know how difficult it is to deal with the pandemic—knowing what's happening in Fiji, in particular?

Hon Chris Hipkins: Look, I'd say that we are providing a lot of support to Fiji. We have people on the ground in Fiji, helping. We've been supplying vaccines to Fiji—you know, as a global community, yes, we are all in this together. The issue of deportations is not one that I'm in a position to comment on, though.

Media: Are you confident that on Monday, that the MIQ website itself will be able to deal with the sort of onslaught of people in the lobby?

Hon Chris Hipkins: That's one of the things the lobby is designed to achieve. One of the risks that we had previously is if we foreshadowed when we were going to be releasing rooms for booking and everybody jumped on at the same time and tried to book them at the same time, the whole thing would fall down. So this is a way that we can allow people to get on the

website. They can register their interest in booking a room, they can do that in very large numbers, and then the system then manages the through demand as they go through the booking process to make sure that the site can cope with that. Clearly, if there are tens of thousands of people trying to access rooms all at the same time, that's going to create problems, and so this will avoid that problem.

Media: Dr Bloomfield, with the vaccination rate, why are some DHBs getting ahead with vaccination rates and why are others lagging behind? What's being done to work with those DHBs?

Dr Ashley Bloomfield: So every DHB has for some months put up a plan of how they're going to go about vaccinating, starting with, obviously, groups 1, 2, and 3. I'm not at all bothered about DHBs getting ahead and I think it's always relative. Some DHBs are below the average, but all DHBs are delivering ahead of what their original plans were. There is no problem now with capacity in the system to deliver in any DHB, so the opportunity's there for people to be vaccinated.

Media: But why is that happening? Is it population density? Is it because some DHBs are making it easier? Why do you think it's happening?

Dr Ashley Bloomfield: Different approaches taken by different DHBs, and different sequencing, really, of how they are bringing on general practices, pharmacies, and different approaches. And I guess if you look at, say, some of our DHBs that have got more rural populations, then they need very specific initiatives to get out and get to those populations. What I am confident is that every DHB has the capacity and the different approaches in place to ensure that all their population can be vaccinated by the end of the year.

Media: One of the tests for letting people out of MIQ when they're a case is obviously the symptom check. How can you be certain that an asymptomatic case is no longer infectious without testing them?

Dr Ashley Bloomfield: Well, there are a couple of things that are done. First of all, there's a clinical assessment to make sure that they haven't had symptoms for at least a 72-hour period and that it's at least 10 days since their symptom onset. And in fact, on that latter, because of Delta and one of the things we've had advice on is we've increased that to at least a 14-day period before people are adjudged to be recovered.

Media: So everyone's being judged at 14 days now.

Dr Ashley Bloomfield: Well, it has to be the 14 days—a minimum of 14 days—plus at least 72 hours with no symptoms.

Media: OK. And, Minister, there remains concern that the outbreak response was not closely focused enough on the needs of Māori and Pasifika people. Do you think in hindsight you could've done better?

Hon Chris Hipkins: With every outbreak that we've dealt with, every COVID-19 – related issue that we've dealt with, with the benefit of hindsight you'll find things that could have been done better. We absolutely go through a process of making sure we identify those, so where the response can be sharpened up, of course we debrief, we look at that. Some of that actually happens in real time, so where we're identifying that there's improvements that can be made, we try and make them as fast as we can, but of course we will always look back whenever there's been something like this and say: if confronted with this again are there things that we would change?

Media: Have you let those communities down?

Hon Chris Hipkins: No, I think the overall approach to COVID-19 elimination in New Zealand has served our communities incredibly well and, our Māori and Pacific communities in particular, who we know could have some very adverse outcomes if COVID-19 was allowed to spread within our communities. So I think all New Zealanders have been playing their part in driving COVID out of the community again. That protects our most vulnerable. It

protects everybody. And so I absolutely stand by the decisions that we've taken in that regard. Are there going to be things at the margins where we could say, well, we could do that better? Of course there will be, and we always look for those.

Media: On people coming from Australia unable to be part of the Monday release, and an announcement on the trans-Tasman bubble coming next week, are you signalling that you could resume green zone flights with some states?

Hon Chris Hipkins: No, I'm not. It's just that, without wanting to get ahead of the decision there, there's issues around flight scheduling and a whole lot of other things that need to be worked through before we can give any certainty to people in Australia. But my clear message to people in Australia is I wouldn't be banking on the trans-Tasman bubble reopening any time soon.

Media: So they're likely to have to use the MIQ system; the bubble's out before Christmas?

Hon Chris Hipkins: I wouldn't necessarily—well, I don't want to put a particular timetable on it. That's one of the things that the Cabinet will have to make a decision on, if we are extending the suspension, and I think that is likely. We'll have to make a decision about for how long we are doing that, and then of course there's a whole lot of decisions that flow from that around flight scheduling, and all of those sorts of things. We will have answers to that within the next week or so.

Media: Just on the vaccine roll-outs—possibly one for you, Dr Bloomfield—obviously the daily numbers have come down from the elevated peak a couple of weeks ago. Does it look like, at this point now, we've actually seen the peak big days and now we would expect, just given the amount of population that's vaccinated, that that would continue to come down?

Dr Ashley Bloomfield: Well, I know the Minister has aspirations here and so do I. I would hope that we had days where we exceed our previous peaks, and hence the message—and I'm pleased to hear that there are going to be a range of media channels that are going to be supporting this. It's incredibly important that we get our vaccination rate up as high as possible, and that means everybody who is eligible getting out there and being vaccinated, and I hope that, as part of that, because the capacity is there in the system, that we actually exceed our previous high points.

Hon Chris Hipkins: So the ultimate answer to your question, Luke, is those under the age of 40, that's who it comes down to. So if we see large numbers of people under the age of 40 coming forward and booking in, so that their vaccination levels start to match those of older age cohorts, then we will continue to see a high level of vaccine delivery in New Zealand. There is no risk around supply now, we have got plenty of vaccines available, we've got plenty of capacity available, and it now comes down to Kiwis booking in and coming forward and getting their vaccines.

Media: Just on school holidays, yesterday you said you were receiving advice from the Ministry on whether to pull them forward. What's the thinking behind that? Are you leaning a way, particularly one way or the other, particularly in Auckland, for what might happen with school holidays?

Hon Chris Hipkins: Look, I'm working through all of the ins and outs of that. I do want to acknowledge that it is quite a complex decision; it's not just a cut-and-dry issue. I want to acknowledge the parents, they've been at home for a long period of time with their kids; that creates some challenges. I will certainly be looking at what's best, educationally, for the kids. I want to acknowledge that there's some very strong feedback from the teaching community about the prospect of shifting school holidays this late in the year, given all of the other pressures that go on towards the end of the year, and I also want to acknowledge that the last time we did that was at the beginning of this whole process. Teachers hadn't been teaching from home for that period of time. They have actually been teaching from home over the last month, so there's a lot more that we've got to work through. We haven't made a final decision on it yet. There are arguments both ways, and so we'll make a decision ultimately based on what's going to be best educationally for the kids.

Media: Are you concerned that, particularly in Auckland, the ongoing, you know, basically Zoom classrooms—do you have a concern that they're really exacerbating existing inequalities within the system?

Hon Chris Hipkins: If you look at the digital divide, the digital divide existed before COVID-19. COVID-19 didn't create it, but it certainly highlighted it, and we've done a lot of work over the last year and a half to start closing that digital divide with getting internet connections to those households that didn't have them, getting digital devices out to kids that didn't have access to them, and so on, but have we nailed that problem? No, we haven't. The level of distance-learning capacity within schools does vary, so some schools are still using hard packs of printed materials for kids to learn at home, others are fully digital and engaged. A whole lot of different models being used out there, so yes that creates some unevenness and some challenges now. The best place for kids is still in school, it's still—you know, we want to have them in school as soon as we're able to do that. At this point, we don't have a specific timetable for that yet.

Media: Back on vaccines, have you seen any increase in bookings since you've made the plea to Aucklanders in particular?

Hon Chris Hipkins: I'd perhaps ask Dr Bloomfield to comment on that.

Dr Ashley Bloomfield: I think there's been both an increase in bookings and also an increase in people going to the ones that don't require a booking, like the drive-through ones. There is still plenty of capacity, so roll on up. The bookings are still solid for the next two to three weeks and so we want to complement that with people also just turning up. As the Minister said, all the vaccine centres there will now take walk-ups; they will keep slots available for anyone who just wants to turn up.

Media: And all according to plan, Auckland should be going to level 3 next week. Should Aucklanders expect to be spending at least a full cycle, 14 days, then in level 3?

Hon Chris Hipkins: Look, I think when we confirm decisions around a shift in alert level for Auckland, we will foreshadow some early thinking on time frames and timetables. There's still a lot of water to flow under the bridge, and, of course, as we know with the COVID-19 response, there are no certainties here, so you have to review everything every day, based on what new information you're getting. But I'd say there are some encouraging signs. So Dr Bloomfield has already talked about the case investigations today. We're seeing fewer unlinked cases. We're seeing that while there will still be some bumps in case numbers, particularly given that we're seeing some larger groups of close contacts, that doesn't necessarily cause additional alarm. If they're people who we were already expecting could potentially be positive, that doesn't necessarily mean that there's something to be worried about. If we saw a sudden surge in unlinked cases, that might be something that we'd be more worried about. But trends are heading, generally speaking, in the right direction. But you never say never, because things can change, and they can change quite quickly.

I'll come down the front.

Media: Just on the trans-Tasman bubble, following from Amelia's question, what are some of the options on the table, considering it's unlikely that it will reopen from Monday, or in the next week? What are some of the options on the table? Is it possible or viable that you could say, "No Aussie bubble until the end of the year?"

Hon Chris Hipkins: That's certainly possible. I don't want to pre-empt a decision that Cabinet might take. Are we going to be, in the next week, reopening the trans-Tasman bubble? I think people can see what's happening in Australia, and what we're still grappling with here in New Zealand and know that that's a pretty unlikely prospect. As for how long the suspension of the bubble could go on for, that is something that the Cabinet will be looking closely at next week.

Media: And when you make that decision, will that be more a case of saying, "Hey, we keep suspending it for two months.", or giving a date at which it will reopen?

Hon Chris Hipkins: I think it's more likely that it will be a rolling series of decisions, because we just don't have certainty around much around the bubble at this point.

Jessica.

Media: Can I clarify a couple of things to do with the lobby? How many people can fit in the lobby at one time between—

Hon Chris Hipkins: My understanding is it's unlimited, so people can just continue to sign up and get in there.

Media: And also if people then go on and cancel those rooms, they don't need them, what happens? Do they just get wasted because it's another two weeks?

Hon Chris Hipkins: They'd be reallocated out. So we do regularly release rooms that have been cancelled. We do that quite frequently.

Media: So that'll continue? So you'll have this lobby system, so it'll be 8 till 9 on the Monday morning. That will take place with those big bulk, and then any cancellations, people will still have to keep checking in daily if they miss out?

Hon Chris Hipkins: Look, we'll ultimately look and see what the overall cancellation rate is, whether it's—you know, I think as much as we can, we'd like to group rooms into the foreshadowed release of rooms. We haven't made decisions yet if there'd be out-of-cycle, if you like, re-releases of short-notice vouchers, for example. A decision hasn't been taken on that yet.

Amelia. Sorry, yeah, actually, I'll come down to you in the front. Sorry. Then I'll come back to you.

Media: Dr Bloomfield, just following up on what you were saying earlier that there's been more people who've come forward to get the vaccine. The figure at the beginning of the week was 23 percent of eligible people haven't signed up yet. Do you have an updated figure for that?

Dr Ashley Bloomfield: I'll come back to you on that. I don't have that figure in front of me.

Media: And then in terms of that, you know, yesterday you made the comment on ivermectin. Today you had to speak about the medical approaches that can be used for COVID. The Chief Coroner this morning had to speak about the death of a teenager. How significant is the issue—and this is for both of you—of disinformation and misinformation when it comes to getting to that final 23 percent who haven't moved yet?

Dr Ashley Bloomfield: Well, the information about the vaccine has been out there for some time, and, I guess I don't think it's so much information, whether it's the right information or mis- or disinformation. The important thing is that we make sure everybody knows how they can get the vaccine and why it's important for them to do so. We've seen even just from this outbreak in Auckland—and I think it's given many people, in particular Aucklanders, a reality check that actually the virus is not just real but it can be harmful, and it has had people in hospital and people in intensive care. It has affected hundreds of people in Auckland. The vaccine is highly protective against having symptomatic infection and getting very unwell and dying from this infection. And we've seen that even in the cases we've seen in Auckland. So I think people need to understand that and take up the opportunity. We've got a very good, very safe vaccine. I don't like to emphasise the misinformation and disinformation out there, because I think the vast majority of New Zealanders understand that getting vaccinated is the right thing, and we will make sure they can.

Hon Chris Hipkins: I think it's also important to remember that some people aren't necessarily anti-vaccination but they have some questions. It's legitimate to have questions. Make sure that you're asking those questions of the right people, not people who are potentially spreading misinformation. So talk to your GP. Talk to a nurse—nurses are very active in the vaccination programme. Listen to some of our scientific community, who are out

there answering people's questions about the vaccine every day, and get good, reliable fact-based information so that you can make an informed decision. It's perfectly OK to have questions. I think everybody should have questions when it comes to these sorts of things but don't be sucked in by misinformation; make sure that you're asking those questions of good, trusted, reliable sources.

The second point that I would make is that we have consistently seen the level of vaccine hesitance declining in New Zealand, from the beginning of the year, where it was still quite a significant number, to a much, much smaller number now, and that shows that as the vaccine is being rolled out, as people are seeing that it is safe, as confidence in it grows, then I think we can be increasingly confident that we can get up to very high levels of vaccination in New Zealand. And we can do that quickly. And we have the capacity to do it. We have the capacity, in the next couple of months, to be one of the most vaccinated countries in the world against COVID-19. That relies on Kiwis coming forward to get their vaccines.

Media: The division, though, between the vaccinated and the unvaccinated overseas has become in many places divisive. It has become emotional, and it's hardened over time. Is there anything that the New Zealand Government has done that you think will make New Zealand different?

Hon Chris Hipkins: What we're also seeing from overseas is that COVID-19 is morphing into a pandemic of the unvaccinated. So, yes, vaccinated people are affected by it but nowhere near as badly as unvaccinated people are. And that is certainly true in places like the US, for example, where they've got very high vaccination rates in some areas and very low vaccination rates in others. So, yes, of course, we look internationally at that. What we're seeing now—we're staying very close to research on this around New Zealanders' attitudes towards the vaccine—I think New Zealanders are more informed about vaccines than we're seeing abroad. We're not seeing people being sucked into misinformation in New Zealand at the same rate as they are around the rest of the world. I'm incredibly proud of New Zealanders for that. And I just say to everybody who maybe does have those questions: just ask them of a trusted source.

Media: Some modelling data shows that, towards the end of August, Māori only made up around 10 percent of the new cases in the community but, in the last five days, that's jumped to about 40 percent. One, is that concerning, and, two, will you be looking at doing something different to help contain that?

Hon Chris Hipkins: So we're working very, very closely with our Māori and Pacific health providers. Our vaccination rates there, particularly for Māori but also for Pacific New Zealanders, are not as high as they are for the rest of the population, and we've got a much younger age cohort in our Māori and Pacific populations, and we know that, generally speaking, the younger age cohort is potentially more difficult to reach than the older age cohort is. So, yes, of course we're going to be pushing out to make sure that we're doing everything we can to make vaccines as widely available as possible. So it's about encouragement, but it's also about going to where the people are, making sure that the people who are going to where the people are are able to provide them reassurance, to answer their questions, to give them good, impartial, fact-based information so that they can make informed decisions. So you'll see more and more of that happening

Media: But, given the other data that shows that Māori are 50 percent more likely to die from COVID, are these numbers not concerning enough to try and change the way that services other than vaccines are delivered to Māori communities?

Hon Chris Hipkins: Well, I know the director-general would like to make a comment on this too, but I would simply take my hat off to our Māori and Pacific health providers, who have been working incredibly hard to reach into those communities, to make sure that they have good information, to make sure they have access to the vaccine, and I would simply condemn those who are trying to undermine those efforts.

Dr Ashley Bloomfield: Can I just make a quick comment there: I think one of the things that's really impressed me about the vaccination programme this year, and also the response to the outbreak over the last four to five weeks in Tāmaki-makau-rau, is the extent to which our Pacific and, more recently, Māori providers—as we've seen a bigger proportion of the most recent cases have been Māori—have been involved in the testing and also the sort of provision of manaaki support to those whānau that need that. In terms of the vaccination programme, I can absolutely say we have had those providers involved right from the start, and you saw, through the first two to three months, that actually the rates for our over-65s were highest amongst Māori and Pacific, and that was explicitly because those providers were leading efforts and getting right out into those communities. So I think we'll see a continued strengthening of both the relationships and of those providers with further investment off the back of both the vaccination programme and also the outbreak response.

Media: There's a report this morning of a person who earlier this week breached the Auckland lockdown and travelled to Whakatāne, and they're facing prosecution now. Do you have any details about that situation and, I guess, how they may have managed to get out of Auckland and if they're vaccinated, tested, that kind of thing?

Hon Chris Hipkins: Ultimately, those are issues for the New Zealand Police, who enforce the lockdown rules, and in the case of people who are permitted for movement—you know, around essential movement—those are questions for MBIE and Health, who make those decisions. So, no, I'm not going to comment on those, particularly not if there is prosecution looming or even, you know, some kind of enforcement looming. Those are ultimately matters for those agencies. But I'd just simply say, again, the vast majority of people in Auckland are doing it tough for the rest of the country, and we thank them for that. And the actions of a—if there are a handful of people who aren't doing that, they're undermining the collective team effort, and they shouldn't.

Media: Sorry, and also just there's another report this morning about a small outbreak among a Mongrel Mob chapter in Tāmaki-makau-rau. Did you have any, sort of, details about that and any specific supports that are being offered to the group?

Hon Chris Hipkins: Look, all I would say, again, is that we share information that we collect from people where there's a public health rationale to do so. We don't typically disclose the background information on positive COVID-19 cases or their contacts, unless there is a very good reason to do that. I don't intend to start doing that now, but what I can do is provide reassurance to everybody that we're seeing a great amount of cooperation and willingness to engage from the communities of all of those who we are seeing, you know, testing positive in the current outbreak.

Media: Can you just clarify how often the MIQ rooms will be released?

Hon Chris Hipkins: We will foreshadow—they'll be regular, so weekly, fortnightly. They'll be regular, and we will foreshadow when we are releasing them again.

Media: And for Kiwis stuck in Australia, they went there because your Government said it was safe. Is it fair that they can't be included in Monday's release alongside everyone else who's stuck in other countries around the world?

Hon Chris Hipkins: For people in New South Wales, we've worked very, very hard, because they are the people who were ultimately captured by the sudden closure of the trans-Tasman travel bubble, and they didn't have an opportunity to return home. In every other part of Australia, there was an opportunity for people to come back to New Zealand before the suspension really kicked in. For those in New South Wales, we worked really hard through a prioritised process to make sure that those who needed to come back were able to come back. I appreciate that with the passage of time, people who were able to sit it out for a period of time may not be able to do that indefinitely, and so that is one of the reasons why next week, when we make that decision, we will set out a lot more specific information for people. I know that there are Kiwis over there who want to get home, and we will certainly be—they

are certainly front of mind. I don't want them to possibly feel that they have been forgotten; they have not.

Media: Is that urgent enough? This is day-by-day stuff these people are living by, and you're just pushing it off for another week.

Hon Chris Hipkins: Look, I acknowledge that COVID-19 has caused huge disruption to a lot of people. We've currently got Auckland at a high alert level, which is restricting people from doing a lot of what they would normally do. It's difficult, and I acknowledge that it's difficult, and we will work as soon as we can to provide certainty for people.

Media: You're not giving that certainty, and also you're cutting off their pensions while they're overseas, in a foreign country.

Hon Chris Hipkins: Yeah, like I said, that's a question for the Minister of Social Development. I know that she has been doing work on that issue.

Media: Do you know—either of you know—how many, if any, people have been using ivermectin, and is it becoming an issue here like overseas?

Dr Ashley Bloomfield: Don't have any data on how many people have been using it. I do know there have been people going and requesting it from their GP, and you would've seen Dr Bryan Betty from the college of GPs a couple of weeks ago addressing this, and also reminding people or telling people that it's not a safe treatment and they shouldn't be asking for it for this purpose. There have been people who have been wanting to and trying to import it, as well, but I don't have any numbers on that.

Media: Are you concerned about that? Does it need to be recorded?

Dr Ashley Bloomfield: That it is not recorded?

Media: Are you concerned that it may become an issue and do you think it should be recorded, in terms of the numbers?

Dr Ashley Bloomfield: I don't think it needs to be recorded, and one of the reasons I've emphasised, over the last two days, that it's not a proven, safe treatment is because it is of concern if people are believing misinformation that that is the case. It's not a safe, proven treatment, but what people can do if they want to be safe from COVID-19 is get vaccinated. That is safe and very effective.

Media: Just on the couple who went from Auckland to Hamilton to Wānaka, firstly, do we have any information on what exemption they used to get across the border? And secondly, we understand that they took a commercial flight back up to Auckland; is that appropriate, given the potential risk?

Hon Chris Hipkins: I don't have any further information on—

Dr Ashley Bloomfield: No, sorry, I don't have any further detail on—

Media: Judith Collins' former press secretary Janet Wilson had a go at Ms Collins today, saying that the attack on Siouxsie Wiles was completely unacceptable for the leader of the National Party. Do you agree with her on that?

Hon Chris Hipkins: I noticed that Judith Collins on Radio New Zealand said this morning that "thought leaders" should lead by example, I do completely agree with that; I can only take from that that she does not regard herself as a thought leader.

Media: Just on—there's been suggestions around businesses offering cash incentives or prizes to get people vaccinated. What responsibility do businesses have on encouraging their staff to get vaccinated?

Hon Chris Hipkins: Look, I think businesses should encourage their staff to be vaccinated. One of the best things that they can do at this point is make sure that they have the time to go and be vaccinated and to fully support them in that decision, and we're seeing really, really good support from employers for people do that.

I haven't got anything further to say around incentives at this point. Ultimately, the biggest incentive should be that people don't want to get COVID-19, and want to protect themselves and protect their families and protect their community. That has to be the number one incentive here, and everybody should be focused on that. Vaccination keeps yourself and the people you love and care about—it helps keep them safe.

Media: And just on those monoclonal antibody drugs that are being considered by vaccine. Why did Medsafe not proactively request clinical trial data from the manufacturer, and instead wait for them to apply, given the potential benefits that they could have?

Dr Ashley Bloomfield: Yeah, so, Medsafe requires the manufacturer to put in an application, which is quite a detailed process, for approval. Just to go back to one of my earlier comments, that doesn't stop those medications from being used. There is a section under the Medicines Act that allows clinicians to use those medications, even prior to there being an application and approval and, indeed, in this case, they can also be publically funded.

Media: Just on the report in regards to the Mongrel Mob's members in Auckland isolating. Should that woman that reportedly presented to Middlemore, got a COVID test, and discharged herself before the result—should she have been able to go while there was a COVID test pending, considering Auckland is in lockdown at the moment?

Hon Chris Hipkins: I'll hand that one to the Director-General.

Dr Ashley Bloomfield: Yes, that's not unusual. There was no obligation on—there is no obligation on anyone to stay; they can, of course, self-discharge. I think the important thing here is, as soon as the positive result was received, the person was followed up and found very, very quickly, and then that triggered a whole range of follow-up contact tracing.

Media: And I guess just following up on that, considering that the number of people at that residence where she returned to, is there any broader risk because of the number of people that are involved?

Dr Ashley Bloomfield: Well actually, the residence she returned to was with her whānau, which included her partner and a young child, and, of course, what I can say, and as the Minister alluded to, both she and others who may have been contacts have been very well engaged and cooperative with the follow-up contact tracing. So that's really what we're after here is we need to find cases and we need to just stop any further spread, and in that case there's nothing that I'm concerned about.

Hon Chris Hipkins: Lucky last.

Media: The vaccine data released today shows that only about a third of group 4 have not yet been vaccinated, but that rises 60 percent for group 3. Do you know why that might be or have any concerns about that?

Hon Chris Hipkins: Look, I think there's potentially some data issues in there and that some of the estimates of the size of group 3—some of those people could have actually been vaccinated as part of group 4. So I'm happy to go away and sort of crunch that down. I don't know whether the director-general wants to add to that, but I know those earlier groups, of course, are all, ultimately, subsets of group 4, and so some people will have been vaccinated through group 4 that could have counted in groups 1, 2, or 3, but have ultimately been counted in group 4 instead.

Dr Ashley Bloomfield: Yeah, I'd just add, I think that important thing if you think about group 3: we should really be looking across, combined both groups 3 and 4, what the coverage is. Groups 1 and 2 are a little bit different because they're in higher risk, usually higher risk occupations, so we're particularly interested in getting them fully vaccinated as soon as possible.

Media: Across the past couple days or the past couple weeks, actually, each day there's been at least a few cases that were infectious in the community. It's not usually a large

number, but a few. How low does that number need to go for you to feel confident putting Auckland in level 3, you know, with this likelihood that there might still be a couple cases each day that are infectious while they're in the community?

Hon Chris Hipkins: I've never put hard and fast numbers on anything. Ultimately, you look at a range of different factors. Yes, that's one of the things that we look at, so are we seeing unlinked cases, are we seeing people who are active in the community, what's the nature of their activity in the community and the level of risk that comes from that, how many people do we have isolating—in the sense there are known contacts who are isolating that we're waiting for test results for—how many do we have test results for and what does that tell us? These are all things that we look at. So there aren't hard and fast rules here. You do have to, I guess, digest quite a range of different information in making decisions around alert levels and future courses of action.

Media: What did you think of Judith Collins' attack on Siouxsie Wiles?

Hon Chris Hipkins: Ah, like I said, I just, you know—I think we should all lead by example, of course. We should be kind and we should sometimes reserve our judgment on others. Thanks, everybody.

Media: Any ideas or so far favourite front runners for the vaccine bus?

Hon Chris Hipkins: Sorry, I don't have anything on that.

Dr Ashley Bloomfield: The Prime Minister might update tomorrow on that.

conclusion of press conference