

**ALL-OF-GOVERNMENT PRESS CONFERENCE: SUNDAY, 19 SEPTEMBER 2021
HANSARD TRANSCRIPT**

PM: E ngā karangatanga maha o te motu, tēnā koutou katoa, and happy women's Suffrage Day to everyone. Today, I'll update you on how Auckland is tracking with its vaccination rates, and I'll also have an announcement on a significant Government investment into COVID research and response. But first, I'll hand over to Dr Caroline McElnay to give us the latest case numbers.

Dr Caroline McElnay: Ngā mihi, Prime Minister. Kia ora koutou katoa. There are 24 new cases of COVID-19 in the community to report today, all in the Auckland area. This takes our total number of cases to 1,050. Six hundred and eighty eight cases have now recovered, including all 17 cases in Wellington, meaning there are now 361 active cases, all in Auckland. There are no new cases of COVID-19 to report in recent returnees in our managed isolation facilities.

Of today's 24 new community cases, there is a known connection with 21, all of whom are in isolation. Of those 21, 19 are household contacts. Twelve were already in quarantine when they were tested, and the other nine were isolating at home. Investigations into the connections of three remaining unlinked cases are continuing, and we just want to note that we do expect a number of further cases in the coming days, as some of the new recent cases do come from large households. What we know about Delta is that it's more infectious, so we do expect more household contacts to subsequently test positive, but these contacts are already in isolation.

Of yesterday's cases, all 20 have now been linked to existing cases, with 18 being household contacts. There are 13 people in Auckland hospitals today with COVID-19. Of those, four people are in ICU. We do know that this is a stressful time for them and their whānau, and our thoughts are with them.

On testing, there were 5,028 swabs taken throughout Auckland yesterday, which is a good result for a Saturday. There are 20 community testing centres available across Auckland today, including six regular community testing centres and 14 pop-up testing centres. If you're a contact or have visited a location of interest at the relevant dates and times, are connected to one of the seven suburbs of interest, or have any symptoms of COVID-19, even very mild ones, please get a test and isolate at home until you get your results.

Just a reminder, our suburbs of interest are Mount Eden, Massey, Māngere, Favona, Papatoetoe, Ōtara, and Manurewa. In those suburbs, there were 1,101 swabs taken yesterday from both symptomatic and asymptomatic people. And also a reminder to call Healthline or your GP for advice on getting a test if you have other, less common symptoms. Those less common symptoms are symptoms like diarrhoea, headache, muscle aches, nausea, vomiting, chest pain, abdominal pain.

A further 1,142 essential workers were tested yesterday across a wide variety of agencies and businesses, including healthcare workers, transport operators, and some local council workers. This takes to 26,703 the number of essential workers that have had an asymptomatic COVID-19 test since 1 September. All test results, very pleasingly, so far have been negative. Yesterday, 13,833 swabs were processed throughout the country.

I just want to touch on—one of the new cases being reported today as a new and as yet unlinked case is a man who was remanded into custody at Mt Eden prison on Friday night. He is understood to have been in the Firth of Thames area before he was taken into custody. This is within the Counties Manukau DHB area and is under alert level 4 restrictions. He was travelling with one other person, who is now in isolation and is being tested today. Two locations of interest at Mount Albert and Māngere have so far been added to the ministry's website.

Four police staff are now isolating following contact with this case. Corrections have advised that, as the prison is closed to all visitors, only essential staff were on site. Five Corrections staff and six prisoners have been identified as contacts and are isolating. This case, his

travelling companion, and his contacts have been helpful and cooperative with our health authorities.

Just an update on the truck driver that we reported on Friday: there are now 140 contacts of the truck driver, outside of the household, who were at locations of interest. Of those, 81 people have already returned negative test results, and just a reminder to check our website for those locations of interest.

On our vaccine roll-out update: more than 4,684,000 doses of the COVID-19 vaccine have now been administered. Of these, 3,078,000 people have had their first dose, and 1,606,000 people have had their second dose; 430,189 doses have been administered to Māori, and 285,296 doses to Pacific people. Yesterday, there were 53,386 doses given nationally.

And lastly, on waste water: ESR have advised us that there was a positive result in waste water taken from Pukekohe on Wednesday. This follows a positive detection from a sample on the 8th and a negative result on the 10th. These positive detections are likely to relate to known cases in that catchment area, but ESR have added several new sampling sites across Auckland and surrounding areas in order to better target high-risk areas. There are no other new unexpected detections to report. Back to you, Prime Minister.

PM: Thank you, Dr McElroy. Just briefly, on the newly advised case that has been detected by Corrections staff at Mt Eden: I do want to acknowledge the protocols that are extraordinarily rigorous that have led to that detection. Corrections treat, in level 3 and 4, new incoming prisoners as they would an individual coming in at our border; they are tested at day zero, they continue to have tests through to day 12. They wear masks and staff wear PPE, and they work through a process to ensure that someone is COVID-free before they're integrated more fully into the prison environment.

Off the back of that testing is how they've detected this new case. Whilst we've not formally linked the case yet, there is a tentative link, but more work is being done just to shore that up. But I want to acknowledge both the Police staff and the Corrections staff involved in this case, and if people are wanting a bit more information on the process that Corrections use, they've put out a bit more information. I'd be happy to expand on that today as well.

Overall, you'll see from the update today—which also covered off yesterday as well—that despite larger case numbers, they continue to be dominated by household contacts. We have had unlinked cases over the course of this week, but we took the opportunity today to re-review some of those cases; many of them have been subsequently linked over the days that followed.

That does still, however, present some challenges for us. While it means we can join the dots, those dots do still produce more cases with more household contacts. It means that the tail produced by Delta is long and it is tough, and people will have seen that in our case numbers.

But it doesn't change what we need to do, and that continues to be stay at home and get vaccinated. On that front, since I spoke to you on Thursday, Aucklanders have turned out in force to do the best thing they can do to gain greater freedoms and avoid future lockdowns, and that is get vaccinated. If you'll recall, last Monday I challenged as many of the city's residents as possible to get their first dose, even if that meant bringing a booking forward.

Over the last week, Auckland DHBs administered, on average, 15,375 first doses every day, and 8,800 second doses; 78 percent of eligible Aucklanders have now had their first dose. Just another 30,000 people in the city reaches 80 percent of first doses. But every unvaccinated person opens up the potential for a new chain of transmission to start, so we need to keep going and get our rates up even higher.

The three vaccination buses that launched last week have had a successful start. From tomorrow, an additional two buses will be on the road, operated by Māori providers Manurewa Marae and Huakina trust, who have already developed outreach plans based on community feedback. Tomorrow, Huakina trust will begin running their bus in Pukekohe, and on Tuesday,

Manurewa Marae will begin running their service. On Friday, two buses will form the basis of a Pasifika pop-up community vaccination event in Favona, which will be run by Pasifika providers. We'll keep you updated on additional locations for the week as that information comes to hand.

If you're not already vaccinated, then there is just one thing to do today: make sure it's getting your first dose. And if you know someone who hasn't been vaccinated, call or reach out to them today to encourage them to get vaccinated, too. Some people will have genuine questions and concerns, and if they do, listen. Share information from trusted sources. Often it's just a case of people having the information they need to make a decision, but for some people they may not have gotten round to it or need help to make a booking or find out where to go. We all have a role to play in supporting others to get our vaccination rates up as high as possible. It is free. There are sites open all across Auckland and the rest of the country, so please, get vaccinated to protect your family and loved ones.

Today, the Government has also confirmed its commitment to research, science, and evidence that has underpinned our response to COVID from the start. Since the emergence of the virus, our research community has worked tirelessly to help us contain it and save lives, and it's been this work that's helped us control the virus. But we need to make sure we keep up that work. COVID is not the first challenge of this nature we have faced, and it won't be the last. We need to ensure we're in a continual state of preparedness. So the Government is announcing today an investment of \$36 million over the next three years in an infectious diseases research platform to boost Aotearoa New Zealand's COVID-19 response and preparedness for future pandemics. We've set two general themes for the investment: (1) improve the prevention and control of infectious diseases, and (2) improve the management of and response to infectious diseases. I'll hand over to Associate Minister of Research, Science and Innovation, Dr Ayesha Verrall, at the conclusion of the questions today to provide more detail and to take your questions, but for now we'll open up.

Media: Prime Minister, the 24 new cases today—what does that mean for Auckland when you think about making a decision tomorrow? Is 20 and then 24—does that make it impossible for them to move down a level?

PM: I think what you will have heard us describe today—of those cases today, we've got one with a tentative link that we're working through and then another two who are awaiting interviews, and then yesterday, of course, you will have heard us run through the linkages for those cases. So really what we're seeing is the ongoing ramifications of Delta being highly infectious and it infecting people across households, and sometimes in a domino effect. We might have had a positive case days and days ago, but then we're—slowly those family members who have become infected come through as positives. I know that that is really anxious-making for people when they see those numbers. They don't always tell the full story, but it does tell us Delta's tail is long and it is hard. Dr McElnay?

Dr Caroline McElnay: No, that's right, and we will be preparing advice today which looks at the outbreak as a whole, and, as I said on Friday, we're still cautiously optimistic that actually the vast bulk of this outbreak is under control; we're just dealing with a long tail.

Media: Aucklanders are also feeling over it, they've done—they've had enough. How much of that are you taking into account when making the decisions—

PM: We take into account everything. The one thing I would say to Aucklanders: your work has paid off. As you've heard from our public health advisers, they consider that, this outbreak, we do not have large-scale community transmission in Auckland, and that has been because of level 4 and the work that people have done. So level 4 has played an incredibly important role of getting that outbreak under control. Yes, we still have cases popping up. There's still work for us to do, and we'll take all the advice on the best way we can do that from here, but we absolutely factor in how Aucklanders are coping with some of the restrictions that we've had to date, but also the best way for us to get back to normal as quickly as we can.

Media: What about the rest of the country, then, with that 3 and 1? Would you consider doing that, or—

PM: No. You've already heard us. Last week you will've heard us say that so long as we're in a level 3 or 4 situation in Auckland, it poses risk. Yes, there may be less risk once we're in a 3 because that's a sign that we believe we've got it, broadly speaking, in a controlled and managed way, but it still presents risk. You only need look at some of the stories over the course of the week that despite best efforts, in some cases people will work very hard to get around controls like testing at the border and border checks. So those extra measures in other parts of the country are not there because we believe we had COVID in those places, it's there in case COVID comes into those places.

Media: How many mystery cases do we have in total, and how comfortable are you with those given this decision tomorrow?

PM: Over the last two weeks we've had 12. I think, actually, if we re-reviewed some of those that may actually be less than that, because even this week we've knocked quite a few off the list.

Dr Caroline McElnay: As of this morning, that was down to four, but we still are awaiting the interviews from the three today, one of whom we think is already linked, tentative links to the other two.

PM: So the only difficulty, of course, you'll see that retrospectively we'll get them and within in that first 24- to 48-hour cycle we're often linking them. The issue with retrospectively linking is, it's good news in that we can tell where COVID's journey has travelled, and that means we can track backwards and try and put those individuals in to isolation. But it does mean it's more likely that COVID has then moved and potentially infected. Whereas, of course, what we like to see is us already having identified contacts and them being in isolation when they test positive rather than the reverse. So it's good to link, but it's even better if you've known them in advance.

Media: Just on lockdown restriction rule breakers, we've seen more of those today, what's your message to people who are considering or who are trying to do that?

PM: Yeah. I would say: think of everybody. Think of the Aucklanders who, for the past five weeks, have done exactly what has been asked of them, and at great sacrifice. There have been some really horrific stories of people who have every reason to believe that, actually, their reason for travelling is a good one, but we're trying to protect everyone. So, I would say, think of everyone else in Auckland but think about the people you put at risk by travelling. They don't want you coming into the region at the moment, so sit tight while we work on ensuring that it is safe.

Media: Just in terms of the numbers, is, I guess, the total number less of a worry and the bigger worry the number that you've actually got infectious in the community. Because from my count over the last three days you've had 22. So how difficult is it to actually get down to zero when you've still—I understand there's lockdown in level 4 but they're still going to supermarkets and other essential places.

PM: Yeah, even that's a bit more nuanced because, for the most part, with the exception of when you see an essential worker like a truck driver then those locations of interest might be broader. But for the most part, you're right to say it's actually just not the total number, it's been the activity of those numbers and how you're able to link them. But for the most part, many of those activities have been pharmacies, have been supermarkets, have been laundromats. And we haven't tended to see cases spin off from those places, in large part, I'd say, because of the protocols that exist.

Dr Caroline McElnay: And that's one of the reasons why we focus on the household contacts, because the household contacts are ones who already have had that advice to be in self-isolation or in a quarantine facility. So that reduces right down the ability for them to

be infectious in the community. They'll still be reported as cases but the risk, obviously, is much, much reduced.

Media: And Dr McElnay, you said before in one of your responses to Jess that you were looking at the broader picture and you were pulling that together today. Can you just give a little bit more detail about what that is, what it will involve, are you going to release it publicly? What's the deal with that?

Dr Caroline McElnay: Well, we're still undertaking that. We're still finalising that today. We do that regularly, and I provide my advice to the director-general, and then the director-general—

PM: You hear it. So that advice that Dr McElnay's speaking about is the advice that informs Cabinet's decision. So it goes through Dr Bloomfield, and then he provides that advice to Cabinet. And when we come down that is the advice that he's speaking to on his side.

Media: [*Inaudible*] a bigger piece of work that's looking at entire clusters?

PM: No. They span across what's happened across the entirety of the outbreak, but in more recent days to inform the decision over movement.

Media: Is that work being done though, now that we've been in this Delta period for a while now? Is there, I don't know, like a Brian Roche - type group who is actually starting to, I guess, look at the trends and kind of map in—and lessons learnt—and start to look at that data as a bigger picture.

PM: Well, I guess there are modellers who look at each individual outbreak. And I think the one thing that we're getting through consistently from them is that when you start getting to this part of an outbreak it becomes a lot more difficult to model because of the size. We're dealing with smaller numbers, and you almost need to be able to pick up some of the intricacies of the outbreak, including size of households, to really be able to properly model. So, look, that work continues on an ongoing basis. We're always looking for improvements and alterations to the way that we're operating, and Brian Roche's group isn't a continual improvement group. But I'm not sure I've completely answered your question, though. If you're asking whether or not there's something specific to this point of the outbreak, that's the public health advice, because that is constantly—

Media: [*Inaudible*] Brian Roche group was billed as a real-time group, so I'm just wondering whether Chris Hipkins is actually getting—has had over the course of the last five weeks, some regular feedback about how this outbreak has been managed, response, things that could've been done differently, prepared more, that sort of stuff—

PM: I think it would be fair to say that we, in real time, undertake that real-time assessment, you know, every single morning when we brief—

Media: [*Inaudible*]

PM: No, no, no. No, but I guess if you're looking for real timing, we're in the middle of it right now. I mean, if you're going to assess something, you need to have a little bit of ability to cast backwards. We're still in the middle of it, is what I'd point—

Media: Just a couple of questions on Mt Eden case. Was he symptomatic when he was taken into custody?

PM: I don't believe—oh, yeah. Oh, there has actually. There has been some discussion over symptoms, hasn't there, so must've been.

Dr Caroline McElnay: I can't recall, actually. I'm sorry.

PM: I believe so—I believe so, from memory.

Media: And why did the man make an in-person appearance at the Manukau District Court rather than an AV?

PM: I can't answer that. That would be a decision, obviously, by Corrections and others. Yes, yes, that person was symptomatic.

Media: How many infections have been down to rule breaking? Do you keep that sort of data?

PM: Dr McElnay.

Dr Caroline McElnay: I can't give you a number. We ask that question of the public health services when they report new cases to us, and compliance is a very important part of that. I can't give you a number, but they usually say that compliance has not been an issue.

Media: When do they ask that? Sorry?

PM: Yeah, I was just going to say, look, from my recollection on some of the briefs, where it has occurred, it's tended to be—it's tended to be—families, that some cases may have care between families, so, you know, not strictly speaking would you consider them always to be rule breaking because there is some room around that. But it's often been, just actually, families who might exist over more than one household.

Media: [*Inaudible*] is again this nagging question that we're sort of getting to the end of what lockdown can achieve in terms of driving down case numbers, like are we going to be stuck in this, like, 20s, 10s for—

PM: Look, one thing I can tell you is that when we assess where we are, we look at the role that ongoing restrictions can play, and, you know, the role of those really heightened ones at 4 versus the role of the ones that we have at 3, and the additional value-add at a different point in the outbreak. So we do get into that level of question, and we look back at some of the cases we've had, question whether or not 4 was material to those more recent cases versus 3, that's all part of our assessment and part of the thinking that the public health team do for us.

Media: Do you think you can get to zero cases, daily cases?

PM: I believe that, you know, the ability to continue to bring these case numbers down, and inevitably get to a point does exist. It's tough though. I will say it's tough. And we've seen that because we've used the toughest measures we have, and, despite extraordinary efforts, we do see that tail. So, yes, I do believe it's possible, but we have to continually weigh up the best place for us to be as we do do that work.

Media: If the Mt Eden case was symptomatic when they were arrested, why were they not isolated immediately? And why were they allowed to go to the court in person?

PM: So, let me run through exactly what happened with that individual. So, they were tested as soon as the—I don't know whether they were reporting symptoms, so it would be unfair to say that as they were arrested said, "By the way, I have a sore throat and a runny nose." I'm not sure that that was—it may have simply emerged across the line of questioning. So, according to Customs, newly arrived prisoners are separately from those who that have been in custody for longer than 14 days in prison. So they keep those new ones separate. Newly received prisoners wear masks and our staff also wear PPE, masks, gloves, eye protection, and gowns, to prevent future transmission. They have cleaning protocols for all areas in which they are separating newly received individuals from others.

This individual arrived at 6.45 p.m. on Friday night; was tested on arrival—which is standard, they're tested on day zero, day five, and day 12—had very limited contact with others; did have someone that they were in a cell with, which they are treating as a quarantined individual. Once they tested positive, they moved to a dedicated quarantine area, and are being cared for by fully vaccinated staff wearing PPE, including masks, gloves, gowns, and eye protection. And then those staff have no contact with others, so they form a bubble. ARPHS worked with Corrections on contact tracing, and it may be the case that some of the symptom onsets may have been discovered at that point, I can't answer that for sure.

Where they've identified close contacts through the process of putting someone in custody, they've been treated in a similar way and kept secure and will be regularly tested. Of those police staff who were in contact with the individual, three were fully vaccinated, one partially vaccinated, and you'll imagine all the protocols there. When they were transporting the individual, they were all wearing N95 masks. So as soon as they had detained the individual, an N95 mask was applied for everyone for the purpose of transportation.

Media: So if they were tested as soon as they were taken into custody, were they then taken to court and appeared at court while they were awaiting—

PM: Forgive me, I don't when they—I don't have the dates and times of when they appeared, but keep in mind this wasn't an individual that was tested because there were any concerns; they were tested as part of a routine protocol that Corrections apply—yeah.

Media: Just on the back of today's case numbers. You said there are 24 cases and three of them are unlinked, then there are 21 remaining—

PM: The prisoner is amongst those three.

Media: —of the three.

PM: Yeah.

Media: So you said there were 19 household contacts. The remaining two, where were they infected? Do you know that information?

PM: So household contacts—and then there are what ARPHS call disease contacts.

Dr Caroline McElroy: That's right. There was a known connection with the other two; 19 were household contacts. My understanding is—yes, one was what the public health service referred to as a disease contact and the other was a known close contact.

PM: It's just the way you describe people who don't live in someone's house. So people have contact in some other way—yup. Yeah—Micheal.

Media: So just on the Mt Eden prisoner, have any judges or lawyers had to isolate as a result of him going to court?

PM: I don't have that information in front of me either. Does someone have the date and time of when they appeared? Nope—no one in the room seems to have it.

Media: Oh, do you mean us?

PM: Yes—yes, I was actually asking all of you. I'll see whether or not—what we can do is you will have seen you've got a very full brief from Corrections as to what they've done with the individual. I've got everything up until the point they were brought into the facility. What I can do is just ask for a little bit more information around what may have happened for the purposes of his appearance.

Media: So the prisoner and their cellmate—do you know if they were vaccinated?

PM: I do not have that information, but I can tell you more generally around what the prison population is looking like for vaccination rates: overall, 67 percent of the prison population have received one dose. I know that roughly 481 vaccinated at Mt Eden—partially or fully, and 564 staff at Mt Eden. So, because we've got individuals in a residential environment, they are high-risk individuals so they have been part of the planned vaccine roll-out. You can see there's a big focus on staff, and the reason for the focus on staff, obviously, is because they present a risk for bringing COVID into a facility. So that's why at level 3 and 4 they test everyone coming in. Staff have been the focus on vaccine while Auckland inmates have been part of the first amongst inmates to be vaccinated.

Media: Where in the Firth of Thames has the person been and is it possible that they could be connected to that case right at the start of the outbreak that was kind of linked to the Thames/Coromandel area?

PM: No. No, no, not at all. From where this individual has been tentatively linked is not linked to that in any way—tentatively linked. My understanding is it's all within the level 4 boundaries, so this individual hasn't crossed outside into an area that has lesser restrictions. My understanding is that in that area it was more a household contact.

Dr Caroline McElnay: That's right, and the ARPHS and Counties Manukau District Health Board are following up with the household and the contacts there, arranging testing of the household.

PM: We have a very good understanding of where this individual has been.

Media: Have we seen any transmission inside supermarkets or pharmacies, or are they primarily households—we're hearing reports some people in Auckland are afraid to go to supermarkets.

PM: Dr McElnay—no, I don't believe we have.

Dr Caroline McElnay: No, during alert level 4 we haven't seen any secondary cases that have developed because a person was at a supermarket. In some of our workplaces we have seen staff who've become positive. I'm not aware that that's actually happened in a supermarket, but under alert level 4 supermarkets we consider to be very safe places, and we put out the fact that the supermarket is a location of interest, but our advice has been, in alert level 4, that people should just watch for symptoms and get tested.

Media: Looking at those border breaches, are Auckland's border controls failing?

PM: No. Look, ultimately, we've always said, for those border controls, we put in place the expectations. People do have to, for essential work, hold a pass issued by MBIE to travel. They're on a seven-day testing cycle, and we do have some other exceptions that apply to individuals to allow them to pass. However, people in some cases are not telling the truth, in some cases are using dishonest methods to be able to get through, or in some cases are using what are legitimate purposes to then go and undertake activities that are not in keeping with the rules. But the reason that we have the rest of the country currently in a level 2 environment is as a layer of protection for some of those things occurring. We do everything we can to make sure that we have measures in place, but we also know we are dealing with human behaviour. There will be individuals who seek to break the rules, and the best third backstop measure is for us still to have restrictions in the rest of the country just in case.

Media: Just on those 60 or so people who are yet to test negative who were contacts of that truck driver, what regions are they in, and will that factor in next week whether those regions will get those additional freedoms under level 2?

Dr Caroline McElnay: I don't have the details to hand, but those will have been people who were at the locations of interest that were posted for the truck driver. From recall, there were a couple of those in Mount Maunganui and a couple in the Waikato, and those individuals will have contacted Healthline and they will be in our system. So we would expect that the rest of them who have been asked to get tested will get tested, and we'll get those results through in the next few days.

Media: On the Black Caps, now that they've left and flown out, what kind of threat was made against them, and who did it come from?

PM: So you will have seen that we've already made statements around the threats that affected the game for Pakistan and the New Zealand cricket team, and the way that we've described them has been as "credible" and also "direct and targeted". There isn't much more that I can say beyond that, although we really do support the decision that was ultimately made by New Zealand Cricket to bring the team home.

Media: In terms of the process and how that happened, when were you alerted to that? Did you let them know or did they let you know?

PM: It was a matter of New Zealand and New Zealand agencies letting the New Zealand cricket team know about the information that we had in our possession. Essentially, as soon as that was sighted, that information was shared with New Zealand Cricket.

Media: How would that work with MIQ as well?

PM: Yes. So work is being done at the moment to try and accommodate, because, obviously, there's some different—their movement back into the country is sooner than was expected. I understand that a large portion of those cricket members will be coming back from their midpoint. They are, at the moment, on their way home, and the majority of them—but not all of them—are able to be accommodated immediately, and MIQ are working closely with New Zealand Cricket to find additional capacity. Keep in mind we often operate with some capacity for emergency situations—not large amounts—and so that's what we're working through in order to try and accommodate this immediate need.

Media: So then they'll go into those emergency slots?

PM: They are being accommodated, whether or not it's through some of the emergency contingency that we have, and we keep that available in case for any reason we need to close down another facility or so on. So we are finding ways to accommodate them—not all of them, however, at once, because, obviously, we don't always have capacity for that.

Media: Did our Five Eyes partners tip us off to that threat?

PM: You'll understand why we are not in a position to give further information as to the nature of the intelligence, other than to say it was a direct threat and it was a credible threat. They made the right decision.

Media: So New Zealand Government got this information on, what, Friday, and then let New Zealand Cricket know?

PM: Yes, that's to the best of my recollection the time line.

Media: And just more generally, I mean, New Zealand cricket team flying into Pakistan—it's right next door to Afghanistan. Both ISIS and Taliban are active there. It's on the extreme risk list. I mean, what do you think more generally of the original decision that was made to travel there, before this explicit threat?

PM: So as I understand, it is a matter of course for a situation like this we will provide information to a departing organisation—a threat assessment, if you like—in order for them to make a decision as to what their next steps or whether or not they undertake a visit or a tour. So that happened in this case, but as I say, that's relatively routine. It's then up to them to make a decision.

Media: Yeah, but I mean what do you make of the decision, given that they're going to the country next door to Afghanistan; we've been trying to get people out of there, and they're going in for a tour. And it's a pretty unstable country—

PM: Yeah, look—

Media: —at the best of times. I mean, what's your view—

PM: Ultimately, Luke—

Media: —on the original decision?

PM: Ultimately, Luke, it was their decision. Subsequently, additional information came to light, and I believe that they made exactly the right decision in acting on that information when they did.

Media: Prime Minister, it was good to see Winston Peters pop up on the TV today looking well and double vaccinated. Do you agree with him that New Zealand not being involved in AUKUS was likely down to "Sending the wrong signals" after the election and he cites reduced Defence spending and the new foreign Minister's direction?

PM: No, unless he considers those signals to be legislation we've had since the mid-1980s. I think that's probably one of the strongest signals to those who were deliberating on this arrangement.

New Zealand has a very firm, longstanding principle of not allowing into our internal waters, or indeed supporting vessels that are, indeed, fully or partially powered by nuclear power or hold nuclear weapons. So that's the signal, and it's been a longstanding one. Second to that, I would say that our other really important principle has been independent foreign policy, and I stand by that also.

Media: Have you sought those assurances from the US and the UK that it is purely a nuclear power issue and not about some deepening relationship that New Zealand's not a part of?

PM: Look, the engagement that we have on an ongoing basis with the United States, with the UK, with Australia, mean that I don't feel the need to gain those assurances. Our relationships over the years have deepened; they are close. We, as I've said, have been working hard to draw the UK and the United States particularly into some of the economic architecture of the region, and so I feel no need to seek those assurances because I believe that our relationships are strong and we already have formalised relationships with each.

Media: Finally, when did you last speak to Winston? Do you have an ongoing relationship?

PM: It has been a little while. I have since the election, but it has been a little while.

Media: Do you have a problem if he pops up and criticises the COVID response or—

PM: No.

Media: —foreign policy or—

PM: No. He did those things from time to time when he was in Government, so I don't see that as necessarily being different. OK, I'll pop down the back again.

Media: Thank you. Just on MIQ more generally, can you guarantee that all of the 3,000 rooms will be used and none will be left empty, and are you able to, sort of, talk a little bit about any future plans that the Government has for allowing New Zealanders to travel overseas for business?

PM: So we have always run a system that has meant that we have used, of course, the vast majority of our rooms. But you can see from this most recent outbreak why it's important that we still have some availability for emergency situations.

The whole purpose of MIQ is to keep New Zealanders safe from COVID, and that does mean being able to house people from within New Zealand when we have an outbreak, as well as making sure that we deal appropriately with those coming across the border. Do you have a second question?

Media: Just, what are some of the Government's, sort of, long-term plans for allowing people to travel back and forth for business?

PM: Yeah. You will have seen from the Reconnecting New Zealand work that was only announced some weeks before this outbreak that we are looking up to vary the way that we use our controls at the border based on risk. One of the things we are still working on this year is a self-isolation pilot. So, essentially, taking quarantine into a very tightly managed and controlled environment at home using technology to support that isolation pilot, and seeing whether we can work up, in a vaccinated environment, some alternative tools that can help reduce the bottlenecks at our border.

Media: Can I just clarify, with the prisoner, you said that they had come from Thames, that's correct?

PM: No, I didn't say Thames.

Dr Caroline McElroy: In the Firth of Thames.

PM: Firth of Thames, I think was the description.

Media: OK. But that's level 2, still, right?

PM: Yeah, so I'm just seeking some clarity because, this morning on the call, I was advised that he'd not gone into a level 4 area; so let me just seek some further clarity on that. What I can say though, is—as I've described to you—we have a very, very good understanding and knowledge of where they have travelled, based on their past engagement with the justice system. There's GPS tracking involved here.

Media: How can that make sense if they've come from an area that wasn't level 4—

PM: So the reason, what you're trying to identify is whether or not this individual posed any risk to others. My understanding, outside a level 4 area—my understanding is the area that he travelled to is an area that he was able to and allowed to be in. He was, essentially, on parole.

Media: So why was this—sorry.

PM: Sorry, Jessica. Some of this I may be able to clarify with you with written statements from the Police and from Corrections, but, again, what I think's really important is our understanding of where they've been.

Media: Do you have an update on getting the Dickason family from South Africa over here in MIQ spots, and what's being done to—

PM: Some. So we have been, again, working very closely with those—with wider extended family in support to ensure that we have MIQ space available for that individual. As you can imagine why, I think it's incredibly important, and I know all New Zealanders would agree, getting family support in as quickly as possible is key, and we are working very hard to provide it, and I understand spaces have already been provided.

Media: Are you aware if the family had any problems while they were in MIQ?

PM: That's not something I've been advised of, and nor, necessarily, do I think that's information that we would be likely to divulge. I think this is really—you know, incredibly difficult. I cannot imagine what this wider family is going through. So that information I see as being theirs. Yeah, look, I'll take the last couple of questions, then I'll have Dr Verrall come up. Jo, and then I'll finish with Luke.

Media: Apologies if this has already been asked—tell me if it has. The interview that Andrew Little did yesterday—in it, he said, “The idea of a level 4 lockdown—I think once we get through this one, I'd be surprised if we ever see a level 4 lockdown again. Level 3 becomes problematic, too.” What do you make of that comment? I mean, we're not near vaccination in terms of being able to—

PM: I don't see that as being at all inconsistent with what we've been saying all the way through, which is the best thing we can do to try and avoid lockdowns in the future, and those kinds of stay-at-home measures, is by ensuring that we have as many people as possible vaccinated.

Media: But isn't that relying on not having a breach at the border for the rest of this year, because, presumably, if at some point this year—

PM: You're making an assumption that the only people we want to be vaccinated are Aucklanders. We want everyone to be vaccinated.

Media: No, I know, but I'm just saying that for him to say that this one that we're in now is the last one is implying—and if we're waiting till—if it's going to take until pretty much the end of the year to hopefully get to that vaccinated figure that we want, isn't it suggesting that there isn't going to be a need for a lockdown if we were to have another Delta outbreak this year?

PM: I think that what he's pointing to is that we are now on the trajectory to reach very high rates of vaccination. He's anticipating that, within this outbreak, we'll see those levels

lift, and, once we're reaching those high levels, that in the future, from that point, we would be seeking to avoid that in the future.

Media: You'd use level 4 again if we had something like this happen—

PM: No, no, I'm not saying that. I think probably what you're underestimating is our ability to get through a high vaccination rate in the coming weeks. I mean, next week we should hit 80 percent first dose for Aucklanders. What we want to see is that we go higher still, but you can see how rapidly we are moving up through those vaccination rates. We just need to keep that momentum up and support those communities who may have issues with access, who may not have, for whatever reasons, reached the decision to be vaccinated. That is the area we have to work hard on over the coming weeks and months.

Media: Just lastly, I understand that, but it doesn't—don't you require a lot of people to be double vaxxed in order to not need to use a level 3- or 4-style lockdown?

PM: I think we're probably talking past each other a bit, Jo. What I'm saying—of course, we are using level 3 and 4 now because we don't have high vaccination rates. You'll see that we're being very cautious about the decisions we're making in that environment, but all Minister Little was saying in the future is what I've said. We want to avoid in the future using those levels, and the best way to do that's high vaccination rates.

Media: Just back to the cricket, can you describe for us the nature of your conversation with Imran Khan on Friday?

PM: We spoke twice, actually, mostly due to just connection issues—pretty brief conversations. I've met Prime Minister Khan before, at the last time I attended the UN General Assembly we had a very good bilateral. And the nature of the conversation was, essentially, he was concerned by the reports that we'd had, wanted to understand those and the nature of our concerns. I conveyed what I've conveyed to you and then thanked him for the support that the New Zealand team had had up until that point and continued to have, and just our disappointment. We know how important the game was for them and for us, and we all would have liked a scenario where it could have continued.

Media: Did he ask you to intercede, to try and get a scenario where—

PM: No, it was more, really, just wanting to come to an understanding of how the decision had been made, really. Yep. OK, look, we're going to move over now so that Dr McElroy can take the stand. I'll get those interested a little bit more information of what we know of the movements of the person, but, again, as I reiterate, at this point there's nothing that has led us to be concerned about contact in a level 2 environment. OK.

Hon Dr Ayesha Verrall: Kia ora tātou, thank you, Prime Minister. I want to thank New Zealand's research community for their valuable contribution to the COVID-19 response. Scientists have helped us save lives through contributions that span across epidemiology, modelling, genomics, diagnostics, infection control, and much more. When the pandemic hit, scientists either volunteered time to support the COVID-19 response or received ad hoc grants for small pieces of research.

In order to sustain the contribution of cutting-edge science to the pandemic response and ensure our readiness for other infectious diseases, we are investing \$36 million in a new research platform. As a former infectious diseases doctor and researcher, I know the lack of a dedicated infectious diseases research fund has been a longstanding gap in our domestic science capabilities. This new fund will focus on areas such as better understanding of disease transmission, further vaccine research, diagnostics, surveillance, and therapeutics. I want to encourage researchers to collaborate and make connections in ways that mean the research will have maximum impact. This includes connections with health agencies so research can inform policies and clinical practice. It's also crucial researchers work with Māori and Pacific communities to understand what's most important to them and deliver research that will improve the lives of people in these communities. It's important that we develop

public health interventions that are appropriate for our community, otherwise inequities that characterise this pandemic will happen again in the next one.

The Infectious Diseases Research Platform will be funded through the Strategic Science Investment Fund and managed by the Ministry of Business, Innovation and Employment. The S-S-I-F, or SSIF, funds investment in research programmes which have a long-term benefit to New Zealand's health, economy, environment, and society. First, MBIE will select a host organisation through a contestable process. The host will coordinate work with the research centre, MBIE, the Ministry of Health, and representatives of Māori and Pacific communities to develop large-scale, integrated, and a collaborative programme of research—what we call the research platform. We expect the platform will take a best team approach, where the best researchers in New Zealand for a given area are included, regardless of their institutional affiliation. The platform will focus the development of our next generation of pandemic scientists. Funding, which is reviewed annually, will be contingent on performance against this objective. Information can be found on the Ministry of Business, Innovation and Employment's website. We expect to start funding research early to mid - next year. Thank you.

Media: Minister, will this funding and research help speed up work to create our own vaccine?

Hon Dr Ayesha Verrall: We've already invested in local vaccine development capacity, to some extent. I think if we were to further fund that, that would be separate. That's for vaccine development. However, an infectious diseases platform like this will have some component of vaccinology, necessarily, but it won't be developing a vaccine, per se.

Media: How long is that fund going to last for, the \$36 million?

Hon Dr Ayesha Verrall: It's a three-year fund.

Media: Is that sufficient, given, you know, how much this has cost us so far for a pandemic? Is \$36 million going to go far?

Hon Dr Ayesha Verrall: Yeah. I think it's really important that we provide this funding now to let researchers get under way and, particularly for the new researchers we want to see come through, for them to have the opportunity to start their research career working in this pandemic. We'll need to make decisions about future funding when the time comes.

Media: What specific countries are you talking with at the moment in terms of sharing research with one another, perhaps, through this fund?

Hon Dr Ayesha Verrall: The scientists involved in this fund will be some of the best infectious diseases scientists in New Zealand, and through them we will be able to have international collaborations, but the fund is for spending in New Zealand.

Media: Minister, can I just ask, with your knowledge of how the virus works—with that hat on. What I took from the Prime Minister before in terms of what would be required if we had another outbreak in the next few months—is that because you might have, say, 80 percent of the population who has had one dose; therefore, you would not require needing to use level 4 or level 3 restrictions, which seems, like, a little bit crazy to me, because I would have thought you would need most of the population to be double-vaxxed to not need that level of restrictions? So in terms of that, what would your advice be if there was to be another outbreak in, say, six, eight weeks' time? Would you still need that level 4 lockdown style to deal with that?

Hon Dr Ayesha Verrall: I think if we're looking at a six- to eight-week horizon, I think there is an awful lot of difference we can make in that time to the protection we have against large outbreaks. We are approaching—we are past 70 percent vaccinated, approaching 80 percent in Auckland very soon. We are starting to get up to the levels where we have far more options, so we just need to keep going with the vaccination rate as it is.

Media: That high number at the moment is for one dose or being booked to have a dose. Does the bar need to be two doses, I guess is what I'm asking.

Hon Dr Ayesha Verrall: Indeed, two doses and a few weeks past two doses gives the best protection, but you'll recall that the modelling that we've discussed previously from Te Pūnaha Matatini says that there isn't a threshold at which we get markedly better public health outcomes, but as you start to get higher levels of vaccination coverage, outbreaks become smaller and less frequent. So we're rapidly approaching those sorts of levels, but we just need to keep going.

Media: Just on those vaccination rates, the seven-day rolling average has dropped recently. Is that a supply or is that a demand issue?

Hon Dr Ayesha Verrall: We have plenty of supply. I think we do need to make sure, and we are, that we're encouraging everyone who isn't yet vaccinated to come forward, and you've seen that we're continuing to do that. There's six different ways most people can get vaccinated within their community, so we're really pushing for people to come forward now. There is plenty of capacity and plenty of stocks to get vaccinated.

Media: While we're thinking about new things to fight COVID and infectious diseases, should New Zealand have a CDC, do you think, in the new sort of health reform? Should that be part of it?

Hon Dr Ayesha Verrall: I really hope the fund we've announced today will build linkages between scientists and our public health institutions. As part of the health reforms, we'll be developing a public health agency within the Ministry of Health, which will be a place where our public health officials, who are well versed in COVID and many other infectious diseases, will also be able to benefit from strengthened technical expertise that we will be growing through this research investment.

Media: Sorry, Dr McElnay, you're still here, but this may be a better question for you: Taranaki's vaccination rates are the lowest in the country. What are we doing to bring those up?

Hon Dr Ayesha Verrall: I know that Minister Little had a meeting with Taranaki iwi, I think on Friday, in order to make sure that we had identified any concerns that they had and how we could better work with them, and we are in constant contact with the district health board about how that roll-out is going.

Media: Does it worry you it's been this long? I mean, Minister Hipkins and Dr Bloomfield have literally been talking for months about how woeful Taranaki is, and they're still woeful.

Hon Dr Ayesha Verrall: Yeah, we need to make sure that we're achieving high vaccination rates across the country. You would have heard the Prime Minister say that many times: that it is not just enough to have a national average, but to protect individual localities from outbreaks we do need to reach a high level, and we're focusing on those. We are having conversations with those areas where the levels aren't as high as they are elsewhere. Thanks very much.

conclusion of press conference