

**ALL-OF-GOVERNMENT PRESS CONFERENCE: THURSDAY, 23 SEPTEMBER
HANSARD TRANSCRIPT**

PM: E ngā hau e whā, tēnā koutou katoa. Good afternoon, everyone. We have an extra guest for today's briefing: Professor Shaun Hendy, a physics professor from the University of Auckland, who will share some modelling that he and his team have completed on the impact that vaccinations can have on COVID-19. But first, let's come to Dr Bloomfield for an update, then I'll come back for a very brief introduction, then we'll give Professor Hendy a chance to speak. Dr Bloomfield.

Dr Ashley Bloomfield: Thanks, Prime Minister. Kia ora koutou katoa. So today there are 15 new community cases to report, all in the Auckland region. Our total number of cases from this outbreak, then, goes to 1,123 and, of those, pleasingly, 861 have now recovered. There are also two new cases in managed isolation. Of today's new community cases, most are household contacts of current cases. There are three who are as yet unlinked, but investigations continue, including interviews to determine the links there. Yesterday's one unlinked case has now been linked to an existing case. Today there are 15 people in hospital, with three of those in ICU.

Turning to testing now, 19,194 swabs processed across the country yesterday, and 8,370 swabs were taken across Tāmaki-makau-rau, including a number amongst essential workers. And so far, over 37,000 essential workers in Auckland have been tested since 1 September, so thank you very much to all of those people.

Our suburbs of interest, where there is intensive—including surveillance—testing going on are now changing today. Mount Eden, Massey, and Papatoetoe are no longer included, but Mount Wellington has been added to that list. There are pop-up testing centres today at the netball centre in Ferguson Drive and the Mt Smart Stadium. There's been a great response to testing in the Clover Park suburb over the last two days—another 777 swabs taken yesterday, so 10 percent of the population of Clover Park have been tested just in the last two days. Sixty percent of Clover Park residents have already had at least one vaccination, and I would urge those who haven't yet had a vaccination and who are eligible to get out and do that today.

In terms of crossing alert level boundaries, there's a new testing requirement for people who need to travel out of Auckland for personal reasons that comes into effect from midnight tonight. It is for most people who have to travel across the boundary one-off for personal reasons, and they need a negative COVID test within 72 hours of travelling. There are some exceptions to this, and the information is on the ministry and COVID-19 websites. Generally, though, people travelling out of alert level 3 for whatever reason regularly—for example, for permitted activities like to take care of an animal—will also need a test within the last seven days. We're updating the information on the websites this afternoon, and we'll do an updated media release today. But what I would say is there are greater restrictions on travelling across that boundary with Auckland under alert level 3 this time than there were last time. It doesn't include the ability to travel to your house outside of the region, nor to travel to school outside of the region. Those were features last time; there are no exceptions for that this time.

In Upper Hauraki, there's been an ongoing great response there. Every teacher and student at that school—Mangatangi School—have been tested, and all but one have returned negative results. The other result is outstanding, not positive. Likewise, the only positive tests we've had in that rohe are from those in that single household at Whakatūwai.

On the section 70 notice that has been in place, just an update there. I'm lifting that section 70 order for people outside Upper Hauraki that were covered by restrictions. Those restrictions applied to people who had been in that region between 8 and 20 September and who had departed prior to 7.30 on the 20th. There is no evidence of any spread beyond the household there, and we have reassurance from a significant level of testing in the region,

as well as waste-water testing, that there is no spread. So the section 70 notice is lifted, and those people who have been isolating, thank you very much. Stay vigilant for symptoms, but you are now released from that isolation. The Upper Hauraki region stays under alert level 3. We are reviewing that this afternoon, and a decision will be announced tomorrow.

Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. For some weeks we've been talking about why vaccinations are so important, and that the more people are vaccinated the fewer restrictions we will have to live with in the future. What does that look like in reality? Just how much of a difference does 80 percent of the eligible population being vaccinated make compared to, say, 90 percent or more?

Throughout our response to COVID-19, right back from the beginning, we've always used the best research and evidence we have available to us, and we've used that to inform what we do as a Government. That's included, for instance, the advice of Dr Bloomfield and his public health team, but it's also included the work of people like Rodney Jones and Professor Hendy and his team.

As part of our preparation for the future, we asked the team at Te Pūnaha Matatini—the centre of research, excellence, and complex systems—to do a piece of work we could share with everyone. We received that work just yesterday, and so a few disclaimers before the work is shared: it does belong to TPM and it is yet to be peer reviewed. It also does not represent an inevitable outcome for New Zealand. We see it as a contribution to a debate and a contribution to the work that we must do going forward.

So to take us through some of the work that we've received, I'll hand over virtually to Professor Shaun Hendy.

Professor Shaun Hendy: Tēnā koutou katoa. Kia ora, Prime Minister. Thanks for giving me an opportunity to talk this afternoon about our latest work on modelling the effects of vaccines in Aotearoa.

In late June this year, we released our first major report on how vaccination could help in Aotearoa's COVID-19 response. When we started that work back in March, we were hopeful that the vaccine could take us back to that pre-pandemic world as we watched countries like the US and the UK vaccinate their ways out of very large and deadly outbreaks. However, by the time we released the report in June, we were watching the Delta variant spread around the globe. It was becoming clear that vaccination alone was not going to do the job. Our June report just reinforced this picture.

Today we're updating that work to take into account several new factors, however. The first is that we're on track to vaccinate upwards of 80 percent of those aged over 12. That's fantastic. For those over 65, the proportion of people with at least one dose is now over 90 percent. The rate of uptake suggests that we could aim really high, approaching well over 90 percent in coming months.

The second new piece of information is that Pfizer has announced that the vaccine may soon be available and approved for use in children over 5. So this means that it might be possible to achieve vaccine coverage right across the population of more than 90 percent, and these aren't scenarios that we dwelt on in our June report. So today's report is to address this and update things.

Now, I do need to emphasise that this is just a modelling study, and although we've tried to incorporate the best data from overseas, there's still many uncertainties. If new information does come to light, new information from overseas, our conclusions would have to be updated to allow for that.

So with that said, you know, what does the model tell us about life with vaccination coverage in the 90s? Well, the best outcome would be what is called "population immunity". This is where enough people are vaccinated that the virus simply can't find any new people to infect. So outbreaks fizzle out on their own. This corresponds to keeping the effective reproduction

number of the virus—that number R that modellers like to talk about—below 1. And if we could achieve that, then the effects of COVID-19 would be greatly blunted.

The modelling tells us that because Delta is so transmissible, population immunity is probably still out of reach by vaccination alone. However, that R number depends on other things, including other public health measures that we might put in place. So we looked at what would happen if we were to use a suite of moderate, sustainable public health measures such as some combination of masks, better ventilation, rapid tests, vaccines certificates, for example, rather than our current approach, that's very much based around lockdowns.

We found that there are scenarios where population immunity is achievable provided we get high vaccine coverage and this is supported by these moderate public health measures as well as effective contact tracing. There'd be a lot of benefits to achieving this.

For example, if we were to get to 90-plus percent vaccine coverage, and those over the age of five, those moderate public health measures could reduce the health burden to something that's less than that of seasonal influenza, with only moderate border restrictions in place. None the less, there are still scenarios where despite a high vaccination coverage, population immunity would not be achieved.

Now, this would likely result in severe health burdens that are, in order of magnitude, worse than seasonal influenza. For example, if we only get to 80 percent of those over 5, then we could still experience 60,000 hospitalisations from COVID-19 in a one-year period and 7,000 fatalities. Our healthcare system couldn't cope with this level of illness. We would need to continue to use lockdowns. The message from the modelling is that COVID-19 is going to continue to disrupt our lives for some time yet, but that we can minimise that disruption by ensuring we all get vaccinated. There's no magic threshold for vaccination coverage, just the fact that the higher the coverage, the less restrictions we will need in coming years.

The report today, you know, clearly demonstrates this trade-off. There are important updates to the work we've released today that we are working on at the moment. These are going to be released in the coming weeks and months, and these include a more detailed look at exactly what these measures might look like and how they might work best in the community and at the border. So I'll just finish by just thanking my co-authors on this report, Mike Plank and Nic Steyn, as well as the rest of the Te Pūnaha Matatini team, who are working on broader aspects of our COVID-19 programme.

Finally, let me just stress the need that, you know, we need every community to be well covered by vaccination. For life to go back to normal, we really can't leave anyone behind. Kia ora.

PM: Thanks, Professor Hendy. As you can see, sitting behind the work completed by TPM are complex models—a lot of variation to them, and likely to be changes to them in the future. They've had to take into account a huge range of variables, and I expect those will be debated, but there are still some really strong themes that we can take away, even at this early point.

The first is that vaccinations matter the most and that they are cause for hope. In the beginning of our battle against COVID-19, we used lockdowns because none of us could risk being exposed to the virus. To control it, we couldn't just isolate away those who had the virus; we essentially had to isolate away everyone. With vaccines, we can turn that model on its head. We can isolate those who have COVID, rather than everyone, because we have the individual armour of a vaccine that means if we do come in contact with the virus, we're far less likely to get seriously unwell, to pass it on, and then to cause a major outbreak.

The second important take-home is that vaccines alone aren't enough. If you just use vaccines and nothing else and there is an outbreak in New Zealand, it could still lead to quite widespread outbreaks and hospitalisations. Now, that may not have been the case with other variants of COVID, but unfortunately Delta is more transmissible. If there is an unvaccinated person, it is very good at finding that person eventually, and then the next one and then the

next one, until it has quickly found a lot of people and potentially overwhelmed the health system.

Now, if you're someone who has been vaccinated, you might think that doesn't matter, but it does. Children can't be vaccinated. It will reach them, and we've seen it reach them in this outbreak. Also, if our health systems are overwhelmed, we all suffer. However, that doesn't mean the public health tools we have to use alongside them need to be as disruptive as the ones we've had to use until now. They could, for instance, be measures, as has been referred to in this work as sustainable: a mixture of things like isolating cases, improved ventilation in public spaces, strategic use of masks, vaccine certificates, and an approach at our border that means we try and catch cases but won't necessarily mean that full 14 days of quarantine as we know it now. But the way we have to use these again will come very much down to how many people we vaccinate.

The third point—and the one I know people will be looking for—is whether these tools have to include lockdowns. What we can see is that, essentially, at very high levels of vaccine, we can take level 4 out of the toolbox and instead set it aside while vaccines continue to be as effective against variants as they have been today. I know people will see that as very good news.

Again, though, it all comes down to vaccination. As we've said right from the start of our vaccination campaign, the more New Zealanders who get vaccinated, the more opportunities open up to us and the more freedoms we gain. They mean we don't have to live with COVID; in fact, we can stick with the plan we talked about right at the beginning of this pandemic, which wasn't zero cases but zero tolerance for COVID. We can vaccinate, we can isolate, we can control it, and there is reason for optimism.

I wanted to finish by sharing what comes next. Last week, I mentioned that our alert level system needed to factor in the new tool that is vaccinations. We've been undertaking work on this, and we'll look to share that work when it is complete in the coming weeks. That means, before we have the vast majority of New Zealand fully vaccinated, you'll be able to see what a difference those vaccines will make to the way that we respond to an outbreak in the future. We increasingly have the research and evidence to underpin that work, a range of different sets of modelling, advice from our public health team at the Ministry of Health, and we have a set of principles that we are working to. I wanted to share those principles with you now.

The first, as we undertake our future work on a vaccine framework, includes vaccinate. That means good coverage across geographic areas, age range, and ethnicity to prevent outbreaks. Aggressively isolate cases when they do arise. Control the impact of potential cases through sustainable public health measures. Give as much certainty and stability as possible for people and businesses. Catch cases at the border, but work towards removing the bottle necks, and ensuring our hospitals and health system are well equipped to care for cases if and when they do arise.

I look forward to sharing that work soon, as we look towards the future, including this summer, with a sense of optimism. For now, I want to say thank you again to all New Zealanders. Your work has meant that we have had one of the lowest mortality rates and hospitalisation rates from COVID in the world. Your hard work has meant that over the last 18 months, we've had more days without restrictions than almost any other country with COVID. It's also meant that our economy has recovered to see activity back at pre-COVID levels, with unemployment among the lowest in the OECD, and there is now an opportunity for us all to grasp: to be one of the most vaccinated countries in the world.

The progress in recent weeks has been significant. Auckland is at 80 percent first doses for the eligible population. Ninety percent is within its sights. Now we need to work together to see all our communities get up to those rates and beyond. It's not the Aotearoa way to leave anyone behind, and it just doesn't feel right. So here is our chance to lead the world again, and that comes down to each and every one of us. We have the supply of vaccines we need. We have the workforce ready to do the job. So have that conversation with your whānau or

friends. Help someone make a booking or give them a lift to a vaccination centre. Each action, large or small, gets us a step closer to the opportunities and freedoms we all want.

In the meantime, across all the debate you'll see amongst modellers and researchers, there remains one simple message: get vaccinated. It's the reason we should all feel hopeful. Now happy to take questions, and feel free to direct them to Professor Hendy as well.

Media: Prime Minister, with the vaccination rate, New Zealanders want something to aim for. What is our vaccination rate?

PM: High. You can see the highest possible vaccination rates give you the most freedoms, and you can see that in all of the research that is presented, including some that you've seen today. The more people that are vaccinated, the fewer restrictions we need to live with, the more normal life will feel, and the more protection we provide, particularly for those young children and babies who can't be vaccinated. You can see from the modelling that the higher the better. Of course, you'll see Dr Bloomfield said, for instance, 90-plus. Those are the kinds of numbers that give you the most freedom possible, and so that's where we should be aiming for. Let's be top of the table.

Media: Does it mean it's a no to opening up at 80 percent?

PM: Look, what you might be distinguishing between, then, is—we've got obviously our current outbreak that we're dealing with in Auckland, and we continue to take a stamp-it-out strategy there. We need to, because we're still vaccinating our population. What you see today is what the future can look like with a vaccinated population.

Media: That's what I'm talking about. So at 80 percent, we're still looking at 7,000 deaths. So it is a no—

PM: I'm sure there will still continue to be lots of debate around where you assess the efficacy of vaccinations and so on. What this tells us is that with high vaccination rates, we don't have to simply accept that we'll have those kinds of impacts on people's lives. But it means that we should strive for high vaccine. That is going to be the golden ticket for New Zealand. It also means that we won't have to have baseline public health measures that have been really disruptive to our lives. Vaccines can help reduce those down, so it's all our choice.

Media: Prime Minister, does this mean—and it may be one for Professor Hendy as well—that over-fives need to be brought into the vaccine programme, because, just looking at the numbers, to get to that [*Inaudible*] 90 percent figure, you need to get 99 percent of over-12s, which is probably impossible for most people [*Inaudible*]. Are over-fives necessary to get to that percentage?

PM: The decision on over-fives and their vaccinations will be based on advice from our experts. They're the ones that will make an assessment around all of the data and evidence for that group. It will always be a health decision—always—and so that will be where that decision is made. It demonstrates that it makes it easier to hit some of those targets, but it won't be the basis of decision making. I'll come to you on that, Dr Bloomfield.

Dr Ashley Bloomfield: Quick additional comment there: we're looking at the evidence; it's promising. It will go through the regulatory approval process and then the advice from our CV—our technical advisory group, and then it's a Cabinet decision. Equally, we are also watching the studies being done on under-fives, and the key thing here is if the vaccine is effective and safe for the whole population, that's a huge advantage, because it helps protect those younger members of the population. In the meantime, there was a key message there, and Professor Hendy—as he said, there is no magic number; it's as high as possible. But getting vaccinated protects not just you; it protects our frail older people, our children, our immunocompromised people who can't be vaccinated, and it protects our vulnerable communities.

PM: It's probably, from this outbreak as well—a reminder: we've had 13 babies, 13 under-ones, in this outbreak affected by COVID-19, 253 children under the age of 12. So the

vaccine, actually, for that age group is about protection for that age group, not just about whether or not it helps us achieve high rates.

Media: Will this modelling being the underlying assumption for most of your Cabinet decision-making on this, or will you also be looking at countries like Singapore, which had quite different results than what this modelling actually—

PM: Yeah, absolutely. So, actually, what we're doing here is no different to what we've done all the way through. Professor Hendy's modelling has been available in different forms and iterations right from the beginning of COVID, and so has a range of other modellers, and so has international evidence, so has our public health advice. We go through a process of bringing all of that in and then designing our response. So I recall some of the advice we got from Professor Hendy right at the beginning of COVID-19. It helped us design our alert level framework. So we take on board a range, not just any single piece of work, and that's the same now as it's always been. But it's always incredibly helpful as we work through some of those models.

Media: Because this is very different to the Doherty modelling in Australia, and it's quite different to what we're actually seeing in real life in Singapore. It's a lot more conservative.

PM: And it's different again to Denmark. This is why you'll hear us say these are tools and pieces of information that help inform our decisions, but it's not a matter of "this is the singular pathway, and here's the inevitable outcome". I don't think any model intends to be that. They call themselves a guide, and the guide that you can take here is vaccines matter and they help us get to freedoms. Perhaps I could allow you to answer that yourself, Professor Hendy.

Professor Shaun Hendy: Yeah, look, I mean, even where you use a variety of models to look at this problem—you know, and we'll continue to do so, and yes, I think it's perfectly valid for us to follow what's happening overseas, but we do have to remember every country is different. It depends on age structures, other measures that you might be prepared to put in place. And I think it's also important to remember, you know, we're looking at the long term here, and we will have to watch what happens in countries like Singapore and Denmark over the longer term. It would be really dangerous to just simply follow a country based on some short-term results. This is a strategy that we're going to have to have in place for at least a year, if not several years.

PM: Final thing, just before I pan around again, we received modelling before we adopted our approach at the beginning of COVID, and we chose a course that meant that that modelling didn't come to pass. So that's why we get it early. We can make decisions and choices that mean that none of it has to be inevitable. It's all about how we use it to guide decision making, and we do take it from a range of sources.

Media: The modelling suggests the difference between 80 and 90 could be the deaths of thousands of New Zealanders. You've already, essentially, ruled out the stick, which is mandatory vaccination. Is there any sort of carrot incentive that the Government will be providing to shift the dial at that top level to help save, essentially, could be hundreds or thousands of people's lives?

PM: Well, on your very direct contrast there, again, I'll let Professor Hendy speak to his own modelling. But when it comes to the issue of carrots and sticks, there have been some areas where we've said, actually, because of the risk to individuals, we do think that it's incumbent on us to go a little further and require vaccines, and you've seen where we've been willing to do that. In other workplaces, very much employers will be having conversations with employees, and what you have seen here today is some discussion over some tools, like, for instance, vaccine certificates, and that's a very live debate for us, because it doesn't preclude you from engaging in life but it says if there are certain things you want to do safely, maybe they're a legitimate tool. So those are things we're discussing and debating. Oh, sorry, did you want to say anything, Professor Hendy, around those cliffs for those different vaccine levels that—

Professor Shaun Hendy: Yeah, I'll just comment on that 80 versus 90 percent. I think one of the big differences that 90 percent would make is just in the far lower need to use lockdowns. So if you like, that's a big carrot for many people in New Zealand—the fact that we wouldn't necessarily have to rely on lockdowns any more, I think, would be a big bonus. I can't speak for the Government, but I presume that that would remain on the table, were we facing a scenario where there were thousands of deaths. So if we can get up into that 90 percent range, then we can say goodbye to lockdowns.

Media: So, just sort of further to that point, does that mean that we can expect lockdowns to be used until over-fives are able to be vaccinated?

PM: No, not necessarily, and this here is where we need to separate out. We have got an outbreak in Auckland currently which we're using our traditional tools to take on, because we need to, because we don't have high rates of vaccination, so we don't have that individual protection for people. So that's why we have to stay at home instead. What this is casting forward to is a future where we do have high rates of vaccination, and in that future, if those rates are high enough, then we will be able to move aside from those lockdowns as a tool and instead use things that impact on people's lives much, much less.

Media: But if we don't get to the 90 percent, we don't need to wait for over-fives to be able to be vaccinated before lockdowns become a last resort or you'd, sort of, stop recommending lockdowns?

PM: Keeping in mind, for the vast majority of our battle against COVID-19 we have not been in lockdowns, and that's because of the suite of tools that we've used, and that will continue to be our focus. But in the meantime, we want people to get vaccinated, because then it makes it much, much more certain that we can move away from tools altogether.

Dr Ashley Bloomfield: I'll just make a comment on there. Shaun did mention this, but in addition to vaccination, there are two other areas where we can deploy measures. One is those baseline restrictions, and they could be the sorts of restrictions we currently have in alert level 2. Our preference is, of course, we don't have to and we can enjoy alert level 1 freedoms. The second is at the border: the level of movement across the border in both directions and what we require of people as they come across the border. So it's not just necessarily an 80 or 90; it's also about the baseline restrictions and the extent to which movement is freer or not across the border that can be used to help manage and control COVID in our community.

Media: And sorry, could you please just speak to the impact that is in the modelling of what the impact of not getting to 90 percent could be on our Māori and Pasifika communities?

PM: Yeah. So, of course, what Professor Hendy has talked about here is the importance of us having good, high rates across the board, because what we know is that Delta will be very good at finding unvaccinated people, and if there's a pocket of unvaccinated people—and that includes an age group or an entire community or town. If it finds those pockets, that's where you'll have outbreaks. So that's why it's important we have really good spread across New Zealand, across ages, across towns and cities, across ethnicities, because that will help break those chains of transmission. It's a principle we know well, and it really applies here.

I mean, all the way through—I feel weary on behalf of Professor Hendy—models are imperfect beasts. They give us principles to guide our decisions, but I think anyone would be loath for anyone to land too heavily on the precision of numbers when there are so many variables. So the principles are clear: vaccination matters, and we can get to a point where vaccination can carry a heavy load for us.

Media: There's quite a variation in the level of death estimated under various levels. What number of deaths are you prepared to tolerate?

PM: I've always said that I don't want a situation in New Zealand where we simply shrug our shoulders and accept that we have an infectious disease that takes lives when that can be prevented. That has been our principled approach all the way through, and that has not

changed. So that's why you will hear, in the way that we're talking, we want to continue to take that zero-tolerance approach. If we have an outbreak, we do something about it. We contact trace. We isolate. We don't have a situation where we expect someone in the workplace to arrive with COVID. We take a much more aggressive approach than that so that we don't have that uncontrolled transmission and the devastation that can cause. However, what helps us with that job is vaccines.

Media: Professor Hendy mentioned the flu fatality rate at the moment. Is that a level that you would be, perhaps, not comfortable but—

PM: Yeah, and Professor Hendy can speak to this, but I think the reason that people tend to use that as a guide is so that people have an idea in their heads about the level of impact that that has on our health system, and I think that's why it's used as often a reference point. I don't think it's useful as a way to think about COVID, though, because if you have a workmate that shows up to work with flu, you probably wouldn't react in the way that we want to react if a workmate shows up with COVID. So that assumes this idea that we're not going to act aggressively with COVID. We always have, and we are saying we will continue to.

Media: One of the conclusions of the modelling was that you would need to continue to do things like contact tracing, case isolation in any scenario under any vaccination threshold. Are you confident that contact tracing can keep up with Delta even in this sort of high-vaccination world? We've heard from Professor Skegg, for example, about how it might be too difficult to test and trace Delta.

PM: I'll let Professor Hendy speak a little bit to the assumptions they made in their own modelling.

Professor Shaun Hendy: Yeah, look, that's a really good question, and I think the answer depends on, you know, the case rate that we tolerate. So, for example, if we tolerated a very high case rate, then we would quickly overwhelm any contact tracing system in the world. If we can maintain a low level of cases, then our contact tracing system, although it will need to adapt—it's going to be a very different environment for it to work in—could actually operate very efficiently. In the modelling, we actually used the observed performance of the contact tracing system during the early stages of our recent Delta outbreak. So we think that's a pretty realistic benchmark to set. None the less, had that outbreak been much larger, then it would have been less effective. So I think we are going to need to have emphasis on contact tracing, and certainly one of our recommendations is that that should be strengthened and just perhaps redesigned for a different type of environment.

PM: And a good point. Perhaps Dr Bloomfield could speak to a little bit around the work that public health are doing around what contact tracing looks like in a highly vaccinated environment.

Dr Ashley Bloomfield: Yes, so two things we're doing: one is looking at what happened during this outbreak, where we treated many people who usually would be casual contacts as close contacts. So we're going to do a deep analysis and look and see which ones of those actually converted into cases. So that's one aspect of it, and that will help guide the way we classify people in future. Likewise, we will need to have different approaches to people depending on whether they are vaccinated or not and whether their households are vaccinated, so the length of time we might require them to be isolated, the testing regime they might be required to undertake will change, and so that's the next iteration of the contact tracing system in the context of what we anticipate and hope will be a very highly vaccinated population.

PM: Because there's a big difference between the need to contact trace 30,000 people and whether or not that stays the same in the future.

Media: For you, Prime Minister. The modelling also doesn't look at a specific public health measure as for what those baseline measures might be. It kind of mentions a couple of options, including, you know, widespread rapid testing and ventilation. Are those things that

you're looking at that are on the table, in terms of trying to overhaul our ventilation systems, for that purpose?

PM: So on ventilation, yes, we are looking at, you know, what basic principles can we share that—you know, whether or not you're a passenger in an Uber or whether or not you run a venue, just useful information that can help make your space as safe as possible. There's lots of countries around the world doing this work. We can learn from them and share that more widely so that individual workplaces and venues are empowered. But you'll see that Professor Hendy has looked at just a raft of public health measures and then made an assumption of the reduction in transmission that that might have. So without landing on anything specific, I would put them in the category of being sustainable, and that's what we'll be looking to. In the future framework that we are working up: in a vaccinated environment, what are the things we can sustain day to day that aren't too impactful on our lives but will make a difference? That's one of the guiding principles for us, because we want it to be sustainable for people and the economy.

Media: Professor Hendy, what does your modelling show about when we will reach that 90-plus percent rate?

Professor Shaun Hendy: Yeah, look, we haven't really been looking at it in detail. We haven't been trying to model the rate of uptake. So this is a sort of static calculation. We did look, in this recent outbreak, to see how the dynamics of the outbreak might be influenced by a vaccine uptake, and we can see—I mean, the vaccination rate that we already have at the moment is making a difference in this outbreak. And we can also see that it starts to make a significant difference if we keep these rates up as we get into October, but we haven't looked specifically at the date when we expect to hit any of these targets. I think that depends on the population, how willing they are, and there are certainly plenty of vaccines available now. So we could get there very quickly if we wanted to.

PM: So we've done a little bit of modelling on that, and what we know is that actually as a vaccination campaign, we have outstripped many other countries we compare ourselves to, in the rates that we've delivered very, very quickly, but what every country has experienced is a point where you reach a certain rate—and ours has been higher than most—where it gets a little bit harder. The point at which Auckland, for instance, can hit 90 percent is anywhere between a couple of weeks or a month depending on people's willingness to come forward, and that's where it's going to take all of us. It's not about just going out and applying pressure to people or saying, "Get vaccinated." We need conversations. We need to talk about why it's important, and that's what this is about today.

Media: That was actually going to be my question, because it seems like the Government were doing—

PM: Sorry.

Media: Totally fine. It seems like the Government could be doing so much more, whether it's advertising campaigns or what not. Vaccination is the key, yet vaccination rates continue to fall. Today's it's under 50,000 for the first time on a week day during the outbreak. So what is in the toolkit?

PM: The first thing I would say is 50,000 was previously where we modelled our high point daily, and so our rates have been incredibly high. They've beaten the peaks of almost every country we would compare ourselves to. What we need to do now is put in the extra hard yards that come with some of the highest rates that you can achieve, and every country has experienced that, but most countries have experienced it earlier than we have. It is about pulling out all the stops, but we need to get creative too, and here the Government won't have all the answers. This is where we have to work with our communities on the ground as partners. We have to make sure we're providing the resourcing, and we have to allow a bit of creativity, and we don't have to control everything here. The goal is to get people vaccinated. Let's allow people to go out and do that work.

Media: Can I also ask one in the international context, because these forecasts are frightening and for people listening it's hard to stomach—

PM: I didn't find them that way.

Media: Well, OK, there's big numbers of deaths in there, so maybe I have [*Inaudible*] stomach. But New Zealand is increasingly one of the only countries that's prepared to tolerate lockdowns in the future. So are you prepared to be one out from the international community, resisting calls from your neighbours, from the business community to relax things?

PM: That just tells me, unfortunately, that you haven't picked up one of my key messages today, which is we don't want to use that tool, and nor do we have to in the future. We've previously used lockdowns because we haven't had individual armour, and now we do. So we do want to move away from those. We need everyone's help to get us in the best position possible as we do that. So I would disagree with that assertion, because I'm presenting the opposite plan for the future today. On just generally what the numbers present to us, I see cause for hope. I see here a pathway for us to use vaccination to our advantage and to demonstrate that we actually can have a model with vaccinations coupled with public health measures that we're quite used to that can play a role that mean we do prevent those rates and those hospitalisations. And I'll finish with again just reminding everyone I got modelling much, much worse than this—much, much more dire than this—at the beginning of COVID-19, and we then, as a result of that, designed a plan that meant none of that came to fruition. And we have the ability to do that again.

Media: Striving for high vaccination rates is obviously the goal here, but is there a point at which—or concerns or fears at all around not even reaching 80 to 90 percent vaccination rates among Māori or Pacific Islanders?

PM: I'm not willing to make that assumption, and I don't think any of our providers and partners would at this point, either, because actually if you look at our rates, for instance, for our over-65s for Māori, those are very high. So that demonstrates what is possible, and so I believe those high rates are possible. Dr Bloomfield?

Dr Ashley Bloomfield: Yes, and just to endorse that, we've had rates of childhood vaccination above 90 percent for Māori and Pasifika until the last couple of years, and so, again, it shows what's possible, and the onus is on us and those communities to make sure we're working together to get those high rates. It's not acceptable to have different ambitions for different groups?

Media: Prime Minister, can you achieve that 90-plus percent vaccination rate without Government-backed vaccination mandates across more than just the healthcare sector? Other countries have used legislation or regulation to make it legal for companies and cafes and restaurants to mandate vaccination. Can you do it here?

PM: I've seen, actually, a range of different models. Some countries have allowed employers to do that, but some have allowed them to incorporate testing. You see here the modelling looks at, in some places, using more regular testing as part of the tool kit as well. So I would say we should think about the role that plays. But there are other ways too. I'm really interested that in some places that used, for instance, vaccine certificates in the beginning, then they generated higher vaccination uptake, and then eventually they've been able to move away from them. So they can sometimes be short-term tools that help create higher levels of protection. So we are discussing all of those kinds of tools. Ultimately, we want people to take up a vaccine because they've chosen to protect themselves and because they've chosen to protect their whānau and their communities. So we will keep trying to use that as the main motivation, plus some other tools that might also be able to leverage them. But as for obligation, we've always been careful around that space.

Media: But there's a lot of businesses who would love the Government to provide some air cover so they can say to their workers and their customers that "We can't let you in because it's a Government rule."

PM: Yeah, and in some cases, when they undertake some of their own health and safety assessments, in some cases that will be a matter for them. But we are seeking just some guidance, and continually ensuring that we've got the guidance employers might need to make some of those decisions for themselves as well.

Media: But why couldn't the Government help them with legislation or regulation to do it?

PM: Because we haven't put in place blanket mandates across the board for vaccination in New Zealand, and we never have. But there will be some more nuanced scenarios, and we keep working out some of that guidance to support employers with those decisions.

Media: Dr Bloomfield, leaving aside the potential death rates of different scenarios, what is the case rate of COVID-19 that the New Zealand health system would be able to handle?

Dr Ashley Bloomfield: Well, one of the things that I know Shaun's modelling is doing is looking at—and the different scenarios point out the hospitalisation numbers and the projected numbers of deaths, and that would translate to a certain case rate. I haven't gone and looked and seen what that case rate is, but I would make two comments—

Media: Do you know what the hospitalisation—I mean, obviously, there would be, you know, regional disparities depending on the outbreak—

Dr Ashley Bloomfield: Well, here's the thing: first of all, it's clear from other countries it doesn't matter how many hospital beds you've got or ICU beds; if you don't control the virus in your community, eventually your health system gets overwhelmed. The second is you're making a trade-off. Every time you're filling a bed with someone who's got COVID, or an ICU bed, that's someone else who can't receive that care, and that care may have been not necessarily urgent care but may have been planned or elective care. So again, the aim is—and this is the value of the modelling. It shows us what level of vaccination restrictions, measures at the border, that help us manage and control the virus in our communities so it does not impact our healthcare system to the extent that it actually can't deliver the care that others would need.

Media: So will part of your work, I guess, in concert with Cabinet and the Government over the next little while, be around setting the framework around those kind of trade-offs?

Dr Ashley Bloomfield: That's right, and making sure our health system is ready on a sustained and sustainable manner to deal with COVID in the community in the way that is least intrusive on the system. That will mean most people will be cared for, of course, in the community and in their homes, with support from community providers, primary care, general practice. Others will need hospital care, just as they do for influenza or other illnesses. But it also shows actually we are going to have to have, as Shaun Hendy has said, really good contact tracing, isolation, testing in place to help us keep the level of COVID down at a level that is not just so that it doesn't impact on the health system but it doesn't impact on our lives and livelihoods.

PM: Absolutely right, and the one thing I'd just say again is, of course—and I know Shaun's put these disclaimers in his papers—these are guides. You look at Denmark right now. They're seeing I believe it's about 170 hospitalisations at the moment—relatively low numbers. These are guides for us as we work up our future frameworks and our decision making. They're not absolutes, and there's a lot of variables there, but they do tell us which levers make the biggest differences, and I think that's really important.

Media: Just on another matter, Dr Bloomfield. We've heard reports that there was an incident at Middlemore Hospital on Tuesday with some patched gang members that led to perhaps up to eight staff members at Middlemore having to self-isolate at home. Do you know anything about that, and can you tell us anything about it?

Dr Ashley Bloomfield: I've just got a couple of notes here, yeah. There were a couple of individuals, one of whom was actually a close contact and should have been isolating, visiting someone else in the hospital who was also a close contact. There have been a

number of staff—four staff have been stood down, as well as a couple of security guards. The visitor has now returned a first negative test, but, of course, the appropriate response has been undertaken. I guess it just reiterates the importance of anyone who is a close contact does need to be isolating, and, of course, there'll be follow-up with these people to find out why they weren't.

Media: Yeah, so what happened? So the visitor came in, they should have been isolating at home, and then some other people showed up? Like, what happened?

Dr Ashley Bloomfield: There was someone who was in the hospital who was a contact of a case and being treated as such and monitored as such separately. One of the visitors who came in, and I understand there were two people—one of those was a contact of a case and should not have been out and about. Just to reiterate, that person has subsequently returned a negative test, so there's no risk to the staff, but they're taking a precautionary approach.

Media: And that person was a patched gang member?

Dr Ashley Bloomfield: I don't have that information. It's not here in front of me.

PM: Just mindful we've got the House coming up, so I'll come to Benedict, and then I'll come in the front, and then we'll finish.

Media: Prime Minister, a colleague's doing a story: Aucklanders who have bought homes elsewhere around the country and were planning to move before lockdown came around. Apparently, still at level 3, the order's been changed, so they're not allowed to leave Auckland to move to their new homes. Do you know what the state of play is there?

PM: It is fair to say that we have taken a very strict approach around movement, and you can see all of the examples as to why we've done that. It is about keeping everyone safe. Tomorrow I'm going to ask Minister Robertson to give an update on the way that we're using the boundary, the way that we're running our exceptions regime to give a bit more guidance to some of those scenarios which are less likely but none the less impactful.

Media: So, I mean, if they had a negative COVID test and were vaccinated, why can't they move across the border to their new house?

PM: Yeah, and one of the issues is just the accumulation of reasons that people are wanting to move around: returning to school or university, relocating. There's, of course, already the wide range of business exemptions, people needing to move freight. That does add up to a large number of movements. We overall have a responsibility to keep those movements as safe as possible. The cumulative risk is one of the ones we're trying to manage, but I will have Minister Robertson give you an update tomorrow on how we're working to manage our exemptions regime for some of those circumstances.

Media: Can you comment on the death of Taito Phillip Field?

PM: Yeah, I do want to acknowledge Taito Phillip Field's passing. You know, everyone will be familiar with the latter part of his political career, but, ultimately, today his family have lost him and the first Pacific MP in New Zealand, and so I do want to acknowledge that.

Media: Prime Minister, if this modelling is saying that high vaccination rates could spell the end of lockdowns, is that enough to convince Pacific and Māori who are still vaccine hesitant and, if not, what's the Government going to do to overcome that?

PM: I think actually the most impactful message is that if you're vaccinated, you keep your family safe. We've seen that, actually, time and time again, that has been one of the biggest motivating factors for people to get vaccinated. It's often not about them; it's about their whānau, and that's still the biggest message. Do it to protect your family, your rangatahi, your tamariki, and your babies. Thanks everyone. *[Interruption]* Sorry, Mark, bells call. Thank you Sean.

Professor Shaun Hendy: Thank you, Prime Minister.

PM: Can you see everyone?

Professor Shaun Hendy: No, I can just see you and Dr Bloomfield.

PM: Oh, what an awkward experience. Thank you.

conclusion of press conference