

**POST-CABINET PRESS CONFERENCE: MONDAY, 6 SEPTEMBER 2021  
HANSARD TRANSCRIPT**

**PM:** Kia ora koutou katoa. Today I'll go over Cabinet's decision on alert levels for the parts of New Zealand outside of Auckland, but first, I'm going to hand over to the Director-General of Health, Dr Ashley Bloomfield, to update us on the latest numbers in case those watching at home have not had a chance to look at the press statement earlier today. Dr Bloomfield?

**Dr Ashley Bloomfield:** Thank you, Prime Minister. Kia ora koutou katoa. So you may have seen today's numbers already from our 1 p.m. media release. The key figures for me to reiterate today are there are once again 20 new community cases of COVID-19; all are in Auckland. So our total number from this outbreak is now 821. The total number of community cases this morning—as at 9 o'clock—yet to be linked was 33, a small rise on yesterday's numbers, but investigations continue through the day and that number will continue to fall. Our analysis of yesterday's 20 cases that were announced shows 18 of these—or 90 percent—were contacts of known cases, and of these, 14—or 70 percent—were household contacts who were already isolating. Five of the cases, overall, were infectious in the community in one or other place. All these numbers are moving in the right direction, which is reassuring.

I'd like to just take the time to, once again, thank everyone who is a case and who has moved into one of our quarantine facilities as part of the management of this outbreak. It's a sacrifice and a commitment and it is keeping the whole community safe, so I want to thank you.

Of our very close contacts, 99.9 percent have been followed up by contact tracers, and efforts to reach the remaining person are continuing. Around 86 percent of all contacts have been followed up by our contact tracers and have already had a test that is in our system, and our public health units around the country are following up those for whom we don't have the results yet.

Now yesterday, there were 4,750 swabs processed around the country and there were just over 2,000 swabs taken in the metro Auckland region yesterday. This is our lowest testing day since the start of the current community outbreak. The falling test numbers reflect, in large part, a big reduction in people with symptoms. This is the impact of the lockdown on stopping all respiratory illnesses from spreading through the community, and, in addition, that we now have very few new locations of interest emerging. However, testing remains central to us being confident that the outbreak is under control. Our most important message today is if you have any symptoms, you must get tested, wherever you are in New Zealand. At the start of the outbreak we focused our testing heavily on those who had contact with cases or who had been in locations of interest. We know there are fewer people, as I said, with symptoms. But getting tested if you are symptomatic is still the most important thing; everything else is supplementary.

Over the next week, our goals are to improve our confidence there is no undetected community transmission in Auckland and to protect the rest of the country from any possible leakage of the virus out of the Auckland region, and there are three key actions that will help us achieve these two goals. First, we will—of course—maintain a network of testing sites across Tāmaki-makau-rau to ensure timely access to testing, including for, of course, our Māori and Pasifika communities. The Northern Regional Health Coordination Centre is continuing to look at the best places for our testing centres, and they will move, in particular, to ensure they are reaching into places where we've seen cases in the previous few days in South and West Auckland. We will also be working closely with relevant employers to ensure that they support their essential workers in not coming to work if unwell and they are waiting for a COVID-19 test result.

Second, there will be more regular surveillance testing for healthcare workers who worked caring for or on wards or units with COVID-19 patients in our hospitals in Auckland. This will

involve both immediate testing and ongoing surveillance testing for the next couple of weeks. In addition, we are increasing the frequency of testing of staff who are working in our quarantine facilities in Auckland for the next few weeks. Given the large number of cases in there, and what we know about the Delta variant is that people are shedding more virus than they did with earlier variants, so in our quarantine facilities, we are moving to twice-weekly testing for workers there for at least the next two weeks.

And third—and this is new, I did allude to this last Friday—we will be working closely with employers who have workers who are crossing the Auckland boundary to put in place weekly testing of those workers. This is part of our overall efforts to fully control and end this Delta outbreak over the coming weeks. We have started engaging with employers in industries whose workers are affected. Now, because this is surveillance testing—that is, these people don't have symptoms—they will not be required to stand down or stay at home while awaiting their result, unless, of course, they have symptoms. And likewise, just as for other testing, there will be no cost for this testing. We are still working through the details, but the key point is essential workers crossing the Auckland border will be expected to have had a test in the last seven days and be able to show proof of this. We're finalising how we will provide people with this proof, and it's likely to be an email or text message that they will be able to show at the boundary. There will be spot checks there to ensure people are getting this weekly testing done. We know there are around 3,000 essential workers who are crossing the alert level boundary each day out of an estimated 220,000 essential workers in Auckland.

In the first instance, this testing will be available, of course, as our nasopharyngeal swabbing at any of the community testing centres in Auckland and at general practices and urgent care centres. However, we are also working with a provider in Auckland to enable saliva-based testing to be rolled out and available over coming weeks, too, to support that effort. I would like to thank all essential workers for their efforts to keep all New Zealanders safe. These measures will start from Wednesday, 8 September.

Finally, I know we're asking a lot of Aucklanders at the moment, and I recognise that these additional testing requirements might be inconvenient and, indeed, unwelcome, but I do want to reiterate how important they are and that the sole purpose is to ensure we stamp out this Delta outbreak and that Auckland can move down alert levels as quickly and as safely as possible. So thank you to everyone for what you've done to date. It is making a difference and let's see it through. Back to you, Prime Minister.

**PM:** Thank you, Dr Bloomfield. As you can see, we are making progress, but we still have some real challenges ahead. That's why we need everyone's help with those two critical things: testing and following the rules of alert levels. I'll come to the rules in a moment, but first a word on testing. Our case numbers at present are coming down, but we continue to see persistent cases attached to the current outbreak. Some of this is to be expected as we see close contacts and family members test positive, but some of these are still what we call unlinked or mystery cases. These matter because so long as we don't know where a case has come from, we cannot tell if we have other chains of transmission in the community that we haven't isolated yet. That's a cause for concern, and it is why testing is so important to us and it is why we're asking, if you have any cold- or flu-like symptoms, please get a test. It doesn't matter where you are in the country, we need you to be tested. That's why we ask our contacts to isolate and be tested, and it's why it's so important that anyone working, particularly at alert level 4, stay home if they are sick and get tested.

We also want to increase our testing of people who are crossing the Auckland boundaries to ensure we don't see any spread beyond Auckland. You'll have heard Dr Bloomfield talk about this. To ensure the safety of those in lower alert levels around the country, we want to step that testing up, and that's why, as has been said, all workers who are permitted to cross the Auckland boundary will be required to have evidence of a test taken within the seven days before crossing. And, as has been said, this will be a requirement from 11.59 p.m. on Thursday, leaving time for people to go ahead now and get a test. Because this is surveillance testing, people will not be required to stand down or stay at home while awaiting their result if they're an essential worker.

We're also asking those who are permitted to travel for personal reasons to be tested, noting that this travel is often required for urgent reasons and may not always be possible, and of course everyone's aware of the exemption process they have to go through for that. These are extra ways we can keep up our surveillance and ensure we contain the outbreak and stop it from spreading to other parts of the country. This also gives us extra confidence as we consider changes to alert level settings outside of Auckland.

As you know, Auckland is set to stay at level 4 until 11.59 p.m. next Tuesday, 14 September. Cabinet met today, though, to assess the latest data and consider the advice of our experts in order to determine alert level settings for the rest of New Zealand. Based on all of the information in front of us, and on the advice of the Director-General of Health, Cabinet has agreed that all of New Zealand beyond the boundaries to the north and south of Auckland will move to level 2 at 11.59 p.m. tomorrow, Tuesday, 7 September. Schools and other education providers will be given the next 48 hours to prepare to reopen from Thursday morning. As we have today, Cabinet will review the levels for the whole country, including Auckland, at a Cabinet meeting next Monday, 13 September and announce any changes that same day.

These changes mean we'll have one part of the country at level 4 and the rest at level 2. For the most part, that is workable with the hard boundaries we've set up, but it does pose challenges, particularly for Northland, who, essentially, become cut off from the rest of the country. I want to assure Northland that we are working through those issues. There will be the ability for people to travel through Auckland if someone in Northland, for instance, needs to get to the Waikato for their work. People will need to travel directly, without stopping, while going through Auckland. You'll also need to carry evidence of the purpose of travel and the location where you are travelling to.

The ability to keep moving down levels across so much of New Zealand is testament to everybody's hard work, but it doesn't mean we are out of the woods. To account for Delta, level 2 will be different to how it's been before. As I've said many times, Delta has changed the game; so, in order to beat it, we've had to adapt our game plan, too. I want to recap on some of the changes we've made because of Delta that will mean level 2 is different than what everyone may recall. This is Delta level 2.

Face coverings are now mandatory at alert level 2 whenever you are inside most public venues. So, if you're entering a retail shop or an indoor facility like a mall or a library, you must wear a mask. However, of course, you can take your mask off in hospitality venues like restaurants, bars, and cafes so that, of course, you can eat and drink. Staff at these venues, though, and at any other public-facing businesses open at level 2 must wear face coverings, as well. But, to keep it really simple, if you're out and about and visiting indoor venues, please wear a mask. We've learnt the hard way that Delta is at least twice as transmissible as previous strains of the virus and that it travels, essentially, through the air rather than via droplets or contact. That is why wearing masks is so important and our new normal at level 2.

We also have some new rules on scanning, and these have been shared previously, but I want to speak to them again. We want people scanning everywhere they go, but there are some places this isn't just an ask; it's now a rule. This includes bars, restaurants, cinemas, nightclubs, concerts, churches, and close-contact businesses like hairdressers. That's where you either have to scan or there has to be record keeping—essentially, places where there is close contact between people, where it's harder to wear a mask, and where the virus can easily spread. It also means that, if you're places like private events, there must be a record kept of people attending. But even in places you are not legally required to scan in, my advice is, of course, do it anyway. What we've learnt is that traditional contact tracing can't keep up with Delta; the virus is too fast. So record keeping and scanning continues to be our best tools to quickly track down any potential spread of COVID and keep us out of lockdown. It's also one of the best means we have of reducing the time we need to spend in lockdown. So, again, please scan in.

Mask wearing and scanning are rule changes we've made in advance of this latest outbreak, but this will be the first time that they've been put in place. At the same time, though, there are other things we've recently learnt about Delta that have caused us to take another look at the alert level 2 settings and ask if there's anything more we need to change. The biggest issue is this: because Delta is more transmissible, we're much more worried about big groups of people. It's now no longer just whether you have enough space between you and others, but rather if you've too many people in a shared space generally, with poor ventilation. That really ups the risk. That's why today I'm sharing two additional changes to level 2. The first is a limit of 50 people for indoor gatherings, hospitality settings, and event venues. This, coupled with the rules around customers being seated and tables being separated, reduces down the risk of super-spreader events. If you're an outdoor venue or you have an outdoor space, you can have up to a hundred people in that space, keeping in mind, again, the rules around being seated and separated. That's because ventilation makes such a huge difference to how infectious a COVID case is to others. And a reminder, again, that all gatherings must record attendees to help with contact tracing.

The second change relates to indoor public facilities like gyms, museums, and libraries. Previously, these venues have had no hard limit on how many people are allowed to be in a space, but instead a 1-metre distancing rule as a proxy for how many people could be inside. We're now bringing these venues into alignment with the rules that exist for retail and supermarkets, which is 2 metres. That again will just mean we have fewer people in a venue, with the number being dependent on the size of that venue. It's a quick alignment that we think in a Delta environment makes good sense.

So a quick summary: wear a mask. Scan everywhere you go, and be mindful that when you visit some places, they will have rules around how many people can be inside at any given time. Be patient, be kind, and support local. These are tough times. Moving to level 2 is progress, though, and it is positive, but it comes with a warning: we've done so well to get this outbreak under control. Level 4 restrictions are working, but the job is not done. We're within sight of elimination, but we cannot drop the ball. For the full details of the new level 2 settings, Delta 2, visit [covid19.govt.nz](https://covid19.govt.nz). We're now happy to take questions.

**Media:** Prime Minister, will any of these new restrictions be carried over into alert level 1?

**PM:** I think the first thing that I would say is that actually, when I've spoken to our public health officials around alert level 2, they still absolutely anticipate that if we continue to make progress, that we will get back to a 1 environment, but what we will do is the same that we've done with every alert level: take a look at 1, see if there are any improvements that we need to make. But every day we are applying what we have learnt in this outbreak to any of the changes we're making to our settings.

**Media:** Michael Baker has said that particularly gyms, nightclubs, churches are actually just too risky and perhaps they shouldn't be open at all under a Delta level 2. Did you consider that option?

**PM:** Well, as you can see, we have changed the settings for those environments. So keeping in mind, of course, for nightclubs we have the requirement around seating, so that's fundamentally changed the way they operate, and now we've put a total cap on those indoor venues. And I know, and I have to acknowledge, that that will be very difficult for some who are working in hospitality where they may have a larger venue, but what we've learnt from Delta is that, actually, just merely being inside in shared spaces like hospitality venues does pose risks, so we are putting a total cap on those numbers. But we're also hoping to get back to a level 1 environment.

**Media:** In terms of that mask mandate, one of the churches we spoke to today said that they would have trouble enforcing that when it's not coming from the likes of a security guard at a supermarket. What would your advice be to people who haven't had that requirement on them before to support them?

**PM:** I think the first thing—actually, the most important thing I could say is that we've learnt from experience. You can see from this outbreak that, unfortunately, it's the social events where people know one another, where they're indoors for long periods of time, where they're socialising, that we see spread, and you only have to look at some examples from this outbreak. And that's why it's so important, so I think education is as important as some of those harder forms of enforcement that people ask for, like security.

**Media:** How is Auckland getting on with this 20, 20, 20 over the last three days? How are they tracking to be reassessed on Monday?

**PM:** Well, actually, we base all of our decisions on public health advice, so perhaps I'll bounce to Dr Bloomfield for that.

**Dr Ashley Bloomfield:** Thanks, Prime Minister. So, yes, it's a remarkable coincidence it's been 20, 20, 20. The key thing here is the proportion of those cases that are known household contacts and expected cases is increasing, and we will see more of them, so we are expecting more of those to come through. What we're really interested in is whether there are any exposure events amongst those new cases out in the community, and also cases that are unlinked. And I should say that even if we look at, say, our essential workers, amongst the group that came through yesterday there's only one essential worker there. So that's another really good sign, and this is what we will be continuing to have a look for, even if the numbers hover around 20 for a little while longer.

**Media:** Does it make you nervous having that 2-4 split at the Auckland border?

**Dr Ashley Bloomfield:** It doesn't make me nervous if we have a really good regime in place at the border, or at that boundary. We only want people moving across the boundary who really need to, and we want to make sure—and even before the testing, and we've talked about the testing—anyone with symptoms should not be going out, and particularly anyone with symptoms should not be moving across that boundary.

**PM:** In some ways, almost the 3-2 boundary was quite difficult, because in those cases you had more reasons why someone may need to travel between the borders to be able to work in a workplace that was open in a level 3 environment. Actually, what we've been saying to Auckland is the only reasons we really want to see someone in a 4 environment moving is if they are eligible to work at level 4, and so that really has reduced down the number of reasons that we're seeing people move, and we're also putting in that requirement around that regular testing every seven days, and that's something that we believe will help with just that level of comfort.

**Media:** What is the guidance around mask use in schools?

**PM:** I'll hand over to Dr Bloomfield for that. I think the most important thing to say here is that we haven't mandated mask use in schools, but I'll leave it to Dr Bloomfield to give some guidance.

**Dr Ashley Bloomfield:** So my guidance would be, based on what we know, that we would be recommending the use of masks in schools but not requiring it. I know there's ongoing concern about this. So, certainly for students 12 and above in secondary school settings, we'd be strongly recommending that there, and then, I think, as an option for younger children, if parents wish their children to be wearing a mask and they're confident they know how to—of course, that does raise issues about access to masks—but it's not a requirement.

**Media:** Why not? Why not mandate it?

**Dr Ashley Bloomfield:** Well, at this point, we don't think, in alert level 2—first of all, we wouldn't be recommending going down to alert level 2 unless we were very confident there wasn't a risk of—there was an extant risk of spread of the virus or the virus was out of control outside of Auckland. Look, I think it's an area we will keep an eye on and look and see what the evidence shows.

**PM:** I think it's very hard, also—as Dr Bloomfield's raised, it's very hard to compare New Zealand's settings to other countries, because, often, other countries' settings are the settings that they have consistently with COVID in the community, whereas as we move down through level 2, there's risk but we currently don't have community transmission. So we take precautionary action so that if a case arises, we're in a better position, and there are some differences in the way that we treat venues and places where we have consistent attendees. So you consistently know who's at schools, you consistently know who are in workplaces, and in some cases we've treated those venues slightly differently.

**Media:** Dr Bloomfield, could you just give us a little bit of insight into your contribution to these new level 2 rules. Did Cabinet adopt everything that you recommended, or were there areas that the Government didn't go as far as you would've liked to see?

**Dr Ashley Bloomfield:** Well, first just to say it's not my contribution but all of our team inside the ministry, and also taking on board the advice and views we're getting from others around—other public health commentators and advisers. So we still have that technical advisory group. My recollection is that everything advised around what a Delta level 2 should look like, just as we did around a Delta level 3 and, indeed, a Delta level 4—you can see the extent with which the contact tracing has gone very wide, and even under alert level 4, to consider everybody, virtually everybody, as at least a close contact, as a reflection of that changed approach because of Delta. I think all our advice around Delta level 2 has been taken up.

**PM:** There was only one minor difference, but it just applied to the distinction around—the criteria for personal emergency circumstances over who could travel over a level 4 boundary. So it was very, very minor, and good reason, I think.

**Media:** Have you provided your advice around what should be happening at level 1, or are you waiting for Cabinet next Monday for that?

**PM:** No, we haven't had any discussion on that.

**Dr Ashley Bloomfield:** That'll be this week's task. We do it on a week-to-week basis, so we'll already be turning our minds to that and, again, looking and seeing what other countries are doing, as well as getting advice from our technical advisory group.

**PM:** That's also, I think—one of the things I'll just say: you can see that we already, pre-emptively, before even this outbreak, made decisions on masks and scanning. So that was done before the outbreak occurred, and we've used this outbreak to share the rule changes, and they're being implemented for the first time over the course of the next seven days. But what we're also doing is learning in real time. So we're looking at what the public health units have experienced with Delta, what they're seeing around transmission, and applying that to the way that we implement our rules. That's why some of the lead times are in real time, because we are trying to use those experiences and apply them.

**Media:** Why was a COVID case on the ward with other patients—

**PM:** Happy to come—

**Media:** Yeah. I think it's an important question, sorry, Dr Bloomfield—

**PM:** It is, but, Tova, if you don't mind, I'll come to Claire. But happy to answer that question, because we have been briefed on it.

**Media:** Mine is pretty much the same, about the Middlemore patient, whether or not you have yet found a link to a location of interest or another known case, and also how it came to happen, and what's happening now.

**PM:** Sure. Go ahead, Dr Bloomfield.

**Dr Ashley Bloomfield:** So on the first of those questions about the link, not yet, but the Auckland regional public health team has been interviewing every member of the household. There's a household of 10 people where that case is from, and so they will have gleaned

more information today. I think they'll need to go back quite a way. I'm confident there will be a link there, it's just uncovering that. In terms of what happened with the person who was admitted to Middlemore, from what I've been briefed on, the person presented with symptoms that were not typical COVID symptoms at all, although the appropriate screening questions were asked that are asked of everybody who attends an ED under this sort of arrangement.

**PM:** Dr Bloomfield, the request has been made if you could face the front while you answer this question, lest we repeat the answer.

**Dr Ashley Bloomfield:** Lest we need to repeat the answer. So yes, the person presented to Middlemore Hospital ED without typical symptoms of COVID-19, and there's always a screening set of questions that are asked of people attending EDs under an alert level 4 where there's an outbreak on. The person was then admitted to hospital to the appropriate place for the symptoms they had, and the following morning the attending clinician, on further questioning, did wonder if COVID-19 could be a possibility, and so asked for a test to be done. At that point in time, the person ideally should have been isolated from others on the ward, and that is something that I know that the hospital is going back to have a look at, and is reviewing why that didn't happen. And, of course, we'll be as interested as anyone as to why that was. But, of course, as soon as the positive test result was identified, the person was isolated and the appropriate staff and others who may have been exposed were identified, and appropriate measures put in place.

**PM:** So one of the questions that we were discussing at the briefing this morning is just ensuring and checking again for our own satisfaction that when people are presenting at ED that they are being asked those questions: were they a close contact? Have they been tested for COVID? Are they displaying any symptoms that are usually attached to COVID-19? In this case, the person presented with abdominal pains, and so the issue we're now asking ourselves is should there be a widening of the symptom checks, and that's something that our health team are assessing at the moment.

**Media:** Why weren't all the staff wearing N95 masks, and can you respond to the families of the patients who were also on the ward who have called this negligent?

**Dr Ashley Bloomfield:** Yes. I'm aware that families of others on the ward will be concerned, and I've seen those concerns expressed and I fully understand them. And that's why the hospital has undertaken to have a look and see what happened in this case, and I'm sure the first people they will be providing an explanation to will be those other patients who were on the ward at the same time and their whānau. I don't have any information about what PPE staff were wearing on that ward, so I'd have to come back to you on that.

**Media:** Prime Minister, how confident are you now that you've dropped case numbers that New Zealand will return to zero cases daily? Is there modelling?

**PM:** Look, I would rather get there and then declare that that's what we've achieved than get too far ahead of ourselves, because there is work to be done. And one of the difficult things is every time we discover a case, then automatically there are going to be more attached to that. We've seen today, you know, we've got one case that we've identified—they're in a large household, which means almost inevitably you'll see extra cases come through from that. So for us it is day by day, but day by day we are making very good progress. What I don't want to do is make the mistake of moving too quickly and then seeing a resurgence, because that has happened with Delta before. Did you have another one, Ben?

**Media:** Well, I was just going to ask, on the 2D—your Delta 2 or whatever we're calling it—

**PM:** Delta 2.

**Media:** Delta 2. OK. Thank you. So the new restrictions are 1 metre to 2 metre, and caps of 50. For a lot of businesses that will be the difference, I imagine, between opening and not, because of the viability question that that creates. Will there be ongoing support for those businesses?

**PM:** So that's more relevant—so remembering the 2 metre is what we're applying for spaces like museums, public libraries, and the like—

**Media:** Gyms?

**PM:** Gyms, swimming pools. So those are often larger venues, but we're asking to use 2 metres as a general guide to reduce down the number of people overall who will be in those venues. What I acknowledge is for—whereas we haven't changed the distancing that are already in hospitality; what we've done is put in a total cap. I acknowledge that that will be tough, and I think the best thing that we can do for those individuals, yes, is keep up the support that they are able to access, and we'll keep sharing any changes there as we go through the alert levels, but also try and get back to as much normality as quickly as possible, and that's certainly our goal. There will be some out there who may have been questioning, is it that we're going to stay in a Delta 2 for prolonged periods of time? That is not what we're anticipating. We want to keep moving, but it will all depend on how successful we are.

**Media:** Prime Minister, workplaces that aren't customer facing, say an office block—how will the new rules affect those, if at all? Are they basically going back to normal?

**PM:** Yeah, so if you're not customer facing at all, then many of the rules there remain the same, but we are asking people to be Delta aware, you know? So if they're able to—you know, just be aware of what we've learnt from this, reducing down contact with one another, just being really mindful of what they will have seen reported over a number of weeks.

**Media:** And for this one case outstanding that you've got—sorry, one contact that you're unable to track down, have you got the police involved in that yet? Are they helping you pursue them yet?

**Dr Ashley Bloomfield:** Yes, so even before then, where we have contacts we can't get hold of through the emails or we can't get a response through the emails and contact details we have, we use what we call our finder services. It includes any information that other agencies may have, including the police, and what we're also doing is where we've got people with outstanding tests, the local public health units, if they can't get hold of people, are actually doing visits to the address that we think people are isolating at.

**Media:** With these unlinked cases, obviously there's a bunch every day that get sorted out in the next 48 hours, but there are some, it seems, that are kind of staying and are still unlinked. How long is the longest time a case's been in the system till now?

**Dr Ashley Bloomfield:** We've asked for that information and I got a graph, which, I'm sorry, I didn't have a chance to have a look at, but what I would say is that it's not just the epidemiological link. In the past we've used this as well, because we can often link people through our whole-genome sequencing, and usually when we're talking about not having an epidemiological link, we might have a very strong idea about where it happened but we can't directly identify the person-to-person transmission that might have happened. But our whole-genome sequencing often will fill in that gap.

**PM:** This is something where I have noticed a change in the way that our public health teams are briefing us. In the past, if you had two COVID-positive cases that happened to be at the same venue, that previously was not enough for our public health team. They wanted to find how they had direct person-to-person contact in order to identify that it had been that place where transmission had occurred. Now there is an assumption that if you're in the same venue at the same time it is entirely possible for it to—simply that have been the transmission event in a Delta environment. But, as Dr Bloomfield said, what we've asked for is basically to date-stamp those mystery cases, because if they were very, very early on, then, look, we accept that there were a large number of exposure events early on. But if you're getting them later on with infection onset later on, then they are more risky to us. So, hopefully, I might be in a better position to share a bit more on that tomorrow.



**Media:** Prime Minister, on the traversing Auckland to get to Northland or to get from Auckland further south, what are the rules about that? That is like two hours, probably, driving, depending on the traffic. Are they going to have a time limit? Is there—

**PM:** Sorry, for people when they're transiting through? Yeah, so we've been in this position before, and, really, I think the request that we have from those in the North is just to allow access to other level 2 environments, because in level 2 you are allowed inter-regional travel. So someone from Hamilton is allowed to move down to Rotorua. The same goes for someone in Northland. The problem is they just have a level 4 in between. So that's why we just ask them to bring evidence of where they're going and why and just move straight through. And that will be key: do not stop in Auckland—it is a level 4 environment—unless you want to end up being told you have to isolate. So keep moving through.

**Media:** Dr Bloomfield, what was the advice that you gave to Minister Hipkins around whether there should be pre-departure tests for people leaving New South Wales over the course of that five weeks when managed flights were coming back to MIQ for 14 days?

**Dr Ashley Bloomfield:** Gosh, if you don't mind, I'd have to go back and just have a look. I haven't got that in the front of my mind just at the moment, but I'm very happy to come back.

**PM:** Sorry, would you mind just repeating that just again, Jo?

**Media:** The advice that Dr Bloomfield gave to Minister Hipkins about whether pre-departure tests should be required for people leaving New South Wales on managed return flights to come back to MIQ.

**PM:** Oh, yeah, I remember that. Yeah, I remember that advice. Oh, do you mind?

**Dr Ashley Bloomfield:** Please, go ahead.

**PM:** So the advice at that time was that there was a—and remember, this was very early on in the outbreak, when the numbers were much lower—

**Media:** 500 a day, roughly.

**PM:** Ah—

**Media:** They were getting up to 500.

**PM:** I feel like it might have been a bit earlier than that. It was at the time that we made the decision to have red flights, anyway. But, nonetheless, the view at that time was twofold: that there was probably as much risk in having someone go and attend—because if they had a high positivity rate at that point—that there was as much risk asking someone to go and attend to receive a pre-departure test, and that given they were going directly into quarantine, the view of the Health team was to allow them to come back and test them on arrival. So that was the advice that we were given.

**Media:** Dr Bloomfield, I would like you to get that advice for me, please. Given your comments to me—

**PM:** It is as I relayed. So there was definitely no recommendation from the Ministry of Health to have pre-departure testing. I remember that much.

**Media:** OK, so we've been told it has to be an OIA, so I'm asking if Dr Bloomfield can offer it, but also—

**PM:** Sure, but I just gave it early.

**Media:** Going back to your comments to me yesterday, how it was an important part of the tool kit in terms of limiting the number of positive cases that come into MIQ and therefore potentially leak out into the community, how does that marry with not getting people from New South Wales to do that when it was Delta-ridden—and I'm sorry, but New South Wales' health system wasn't that stuffed that people couldn't go and get a COVID test.

**PM:** It's not the only place that we don't have a pre-departure test requirement, as well. There are other places where the availability of the pre-departure test means that they do come straight in, as well.

**Media:** Fiji is the only other risk—

**PM:** It is, correct.

**Dr Ashley Bloomfield:** Yeah, look, I'm very happy to come back to you on that, and I—as in all these matters—take the advice of my public health team, and the circumstances at the time. So I just need to—

**Media:** Do you see how your comments yesterday, though, and that decision don't seem to make much sense?

**PM:** It is in the context, though, Jo. One other thing to keep in mind, those red flights, the proximity of their availability to bring people back, the 72 hours beforehand, the processing time available in Australia—there were a range of factors, as I recall. So let's just get the advice out, we can share it with you, but that's my absolute recollection of what we were shared with.

**Media:** If you're happy to publicly give me that information in the next—

**PM:** Oh, look, everything's eventually released anyway, so—I've spoken to it, so I have no problem releasing it.

**Media:** Just got a few for different colleagues with 6 o'clock deadlines. We've spoken to cancer patients who have had their surgeries cancelled due to the outbreak. Dr Bloomfield, why were they cancelled and what's being done to clear the backlog?

**Dr Ashley Bloomfield:** Well, the surgeries would have been cancelled with full clinical oversight if there was a sense that the surgery didn't need to be done urgently, and it would have been to ensure that any surgery that was being done was able to be done safely, as well, in the context of an outbreak. As you can imagine, not just in other parts of the country but in Auckland, any surgery that needs to be done because there's an urgency about it will be being prioritised, and cancer-related surgery's obviously right at the top of that list. So clinicians will be working very carefully to prioritise people who have had surgeries that are missed, cancer- and non-cancer-related.

**Media:** Prime Minister, today David Seymour published vaccine priority access codes for Māori. Do you think that he was race-baiting and sabotaging the roll-out for Māori, and can you also just remind people why it's important that Māori are prioritised?

**PM:** The most important thing for New Zealand is that everyone who can be vaccinated is vaccinated. That means our health providers locally will use tools to reach out to their local patients in order to encourage them to be vaccinated. I've seen there's been a very swift reaction online to what David Seymour has done, and I think that's with good reason.

**Media:** Have you considered further restrictions for large gatherings for the remainder of the year, so looking forward to Christmas, festival season, sports and musical events?

**PM:** Look, no, at this stage we've really very much focused on that next stage of moving down into that Delta 2 environment, and the restrictions we need there. But you can see what we're taking into consideration, the way that outdoor venues work versus indoor venues. The next stage for us is to look at what level 1 looks like, but our goal is, as always, to be as normal and as safe as we can be.

**Media:** Are you confident that Glen Eden mosque was the most appropriate place for the terrorist to be serving his community supervision?

**PM:** I'm confident that agencies did everything within their power to keep the community safe. But what I can also say is that leaders within our Muslim community have done nothing but be as helpful as possible to work alongside agencies to just ensure the community is safe.

**Media:** Prime Minister, just following on from that, could you give us any information about why the terrorist didn't get the recommended rehabilitation and de-radicalisation programmes while on remand, and is there any update to the time line of the counter-terrorism bill?

**PM:** So on the latter point, Cabinet did have a discussion today around the counter-terrorism bill, which is due to be reported back to the House from select committee, and the time line from there. I expect to be able to give you a bit more of an update over the next week or so, but we are still working to have that legislation passed before the end of the month. The really helpful thing is, of course, that it had already gone through its substantial public consultation, so people had already had their say. We haven't needed to rush that process. Now what we'll do is go through the procedural process in Parliament a little more quickly.

On the question of rehabilitation, look, we've put out in the public domain a large amount of information, but I do still think there's a role for those other reviews that we have—the coroner's process, the IPCA—to give us those extra insights into what happened in this case.

**Media:** Would you like to see Corrections provide more information about what programmes or offers of support were made to this man?

**PM:** Yeah—so, look, I do think that that's part of the work that we need to do as we put out all of the agencies' responses. You may have seen that they have responded to some of the questions around, for instance, the mental health support and assessments and, for instance, the fact that those were rejected, and some of the challenges that existed there. But I think, actually, overall, our goal here is just to provide all the information and be willing to critique ourselves.

**Media:** You remain convinced that de-radicalisation attempts were made, or sufficient efforts were made?

**PM:** I know engagement occurred, but I do think that there is room for us still to look in a little more detail across all of those areas. But keep in mind that that would have been—there's a range of different agencies who have had a role all the way through, from the NZSIS to the police to Corrections, and so I think it will be helpful for us to use those processes to draw that out.

**Media:** Why couldn't he be deported under national security grounds?

**PM:** So I will give you the short version: that if an individual—of course, he was going through a tribunal process, first of all, and had appealed the cancellation of his refugee status. One of the issues that would be considered by the tribunal, however, is whether or not the individual was a protected person. So if someone is a protected person, then that makes deportation very, very difficult.

**Media:** Do you, basically, just—like the Government's lawyers decided that he would likely be deemed that, right? So hence—

**PM:** But they weren't the ones determining if he would be deported. That was relevant as to whether or not Immigration New Zealand had grounds to detain him pending his tribunal process.

**Media:** So given that, and given he was likely a protected person, you said that you would like to inspect the law to see if you could create an avenue for someone like him to be deported in the future. How could you do that without forgoing international obligations?

**PM:** Yeah, yeah—and that is top of mind for us. We have to keep in mind we do have international obligations here. So the question that I had specifically was when someone's fraudulently obtained their status, what ability we then have when someone has fraudulently obtained that status, then poses a national security threat. So there is a bit of work to be gone through there, and, again, as you've said, it is a complex—

**Media:** It seems like a bit of a null point, though, if he's a protected person?

**PM:** No, there are a few things that we can explore still. So I am just going to give us a bit of time to work through some of those options. They're not going to be—it won't be quick, but I think it does warrant us exploring, because most New Zealanders would say, "Well, if you acted fraudulently in gaining that status and you're a threat to national security, surely there are some mechanisms that we can use there?", so that's what we're exploring.

**Media:** I guess it's—back to COVID, sorry—in looking further out, realistically, how long do you think that the rest of the country aside from Auckland will need to spend at level 2 before going to level 1, and can you see a situation where Auckland could stay at level 4 and the rest of the country level 1?

**PM:** We take every decision based on the data that we have in front of us, so we don't tend to get into those hypotheticals other than to plan and prepare so that we have all of the options available to us. So I think the only thing I'd say is all the options are available to us. It will literally come down to the public health advice we see and the confidence that we have. Dr Bloomfield, anything else there?

**Dr Ashley Bloomfield:** I would agree, and I guess the big focus over this coming week is on Auckland and to make sure we're doing everything we can to support the efforts to and to get confidence that the outbreak is well controlled there and that we haven't got ongoing transmission.

**Media:** Just on David Seymour—how damaging are comments like that, and what would be your message to front-line staff specifically at Waipareira who might feel quite deflated right now?

**PM:** Well, to the team at Waipareira, I'd say, you know, keep up the good work that you're doing, because our goal as a country has to be getting the highest levels of vaccination rates that we can across New Zealand, across all our whānau, across every region. So keep it up. Don't be deterred by those who would try and stop the good work that's been done. And then the only other thing I'd say is every day our health providers will send out messages directly to their clients, to their patients. And we undertake targeted messaging for patients all of the time. It's not unusual in a health programme to do that. So to try and undermine that for no reason—in fact, for all the wrong reasons—is hugely disappointing.

**Media:** Prime Minister, just in terms of mask use in schools, would you not consider schools to be more high risk than, say, 50 people in a nightclub?

**Dr Ashley Bloomfield:** Ah, not necessarily, actually, and for good reason, and one of the points the Prime Minister made is that in schools, they're actually very controlled settings, and you know exactly which children are in which classroom, generally. When they're interacting most is when they're outside, usually, during breaks. So, no, I wouldn't consider it a higher risk setting than a nightclub, and in fact all the evidence—even without Delta—is that the highest risk settings are the ones where there is that, amongst adults, close contact, and crowded, and in confined spaces.

**Media:** And just in terms of testing—with the increase in needing for tests, there's some health leaders in South Auckland who are calling out for saliva testing. Why is it not only until a couple of weeks' time before we see that—why can't that be brought forward?

**Dr Ashley Bloomfield:** So the thing we're focused on, because it's the area we have got really good testing capability and capacity, is around nasopharyngeal swabbing, and that's widely available across Tāmaki-makau-rau. The saliva testing we will be introducing—it's already in a number of our border areas, including ports, now, around the country, and we will be adding it as an option for essential workers who may need to be on testing over these coming weeks.

**Media:** The New Zealand Muslim Association said Corrections engaged them last year ahead of Samsudeen's release, in terms of helping manage his rehabilitation back into the community. They then said they pushed back and said, "Well, we'd like to help, but can you resource us? Can you put in, you know, time frames, that sort of thing?", and then they said

the communications dropped off. Are you aware of this, and why would Corrections then sort of not take up the offer to help, and, effectively, dump him at an Islamic centre which the NZMA says is under-resourced to deal with him?

**PM:** And that's why I've said, look, whilst there's information that we have around the time lines of what happened, and when, and engagement in the system, it won't necessarily be every engagement with, for instance, community organisations or community leaders, and that's why I do think that there is room for us to take a look at, you know, every element of this. And some of those standard reviews that will take place in a case like that will help with this. What we're going to do is just have a look and see: are there any gaps in that that means that we won't dig into some of those issues that we need to? But we need to be willing to learn. Again, my one message around the Muslim community is that no one's eyes should be turning in that direction at all—at all—as we look at this case. Of course, we, as Government and as agencies, we have to reflect on ourselves, but that is not the direction I would encourage anyone to turn their minds. There was nothing but good faith there.

**Media:** Just on that, though, the NZMA president says he feels really upset because he feels as if Friday could have been prevented if Corrections had continued through with their initial engagement with the NZMA, which is the country's foremost Muslim organisation.

**PM:** Yeah, I think the only thing that I would say there is that you can see a pattern of reluctance to engage, and that, I think, was one of the difficult things throughout this period, as well. But I can't speak to the engagement directly with those outside of Government agencies; I just know that was a pattern that we were seeing.

**Media:** Just a quick question, just on clarity: on surveillance testing, you said that the workers crossing the borders would have until 11.59 on Thursday to get their first done, but Dr Bloomfield said that it would be from Wednesday the 8<sup>th</sup>. Could you provide a little clarity around this? Is it just the midnight on Wednesday, or is it—what's the date?

**PM:** Yeah, so we're wanting people—basically, we want, across a seven-day window, for people to go and get a test, and we're asking them to do it before they cross the border. We'll be working with different organisations who particularly cross the border frequently to make sure that's workable, but at the moment the proposal I have is 11.59 p.m. on Thursday.

**Media:** Are you confident that the truckies were properly kept in the loop on that? We heard the Road Transport Forum this morning saying they were blindsided.

**PM:** So you'll have heard Dr Bloomfield spoke about this several days ago. So this is not the first time we've talked about this; this is the first time we've put a date on it, and we will continue to engage with those who are passing frequently. But I think people will understand we are moving the rest of the country to a much lower alert level, and so people will want to have confidence that those who are moving through the country are doing so in a way that is safe for them, and this is one way that we can move the rest of the country whilst still having that border. Very few places around the world have been able to maintain those different levels of restrictions, and this is one way that we can do that.

**Media:** Prime Minister, what sort of improvements would you like to see in the number of cases, or the types of cases, to see either Auckland go down from level 4 or the rest of the country go down from level Delta 2?

**PM:** So, obviously, you've seen that we've been willing to move down with the rest of the country regardless of what's happening in Auckland, and, in part, that's one of the reasons the border's really important to us. You know, I think, in the past, of course, the fact that people—you know, in New Zealand, we do move around a lot. We have a lot of transient movement. We have a lot of freight moving. So the border has been critical to us in making this decision: there's not too much movement, and we are putting in that surveillance testing. For Auckland, we've already set out what we want to see there. We want to see a good sense of containment, and that's what we continue to look for. Mystery cases are particularly important to us.

**Media:** Could you move down a level if there were still 10, 20, 30 mystery cases?

**PM:** Look, mystery cases, we do want to get a sense that, if we have had them—so over the course of several hundred cases, if you've had them right at the beginning of your outbreak, that's very different than if you got 20 yesterday. So we assess that, as well.

**Dr Ashley Bloomfield:** Yeah, I think two things, on the face of it: one is less cases, and two is that, effectively, none are mystery cases—that all our cases we can very quickly link back to existing cases. And that won't come as a surprise to anyone.

**PM:** I'm going to start wrapping up in a moment. Jo?

**Media:** Just a question for both of you on the Elliot Street vaccination centre, which is closing tomorrow—

**PM:** Moving.

**Media:** Well, closing. Putting aside the fact that it's obviously going to the Graham St centre, where there are going to be more people, northern regional health, in their response to me, said that they'd also taken into consideration eliminating people's concerns about going and using a vaccination centre right next to the Crowne Plaza MIQ facility. Given your comments, both of you, over the course of the last few weeks about not being concerned about that proximity, does it surprise you that that became a factor?

**PM:** No, not at all, because, in fact, we raised it with the team—that whilst, of course, we work through all of the issues on the Crowne Plaza to give ourselves comfort that we've done what we needed to do to assess its safety, we also acknowledge that some people just might have that residual concern. So, rather than people being worried and not showing up, we had the opportunity to find another venue that, actually, at the same time, had a larger space. So it hasn't moved because we think that there is an ongoing public health concern, but we were worried that people might be hesitant to go there. So this is a way that's win-win: bigger, and we don't have to worry about that concern.

**Media:** Just a quick update on Crowne Plaza in general—that Delta perspective review that you've been doing—has anything else come to light as a result that needs to change before that next cohort goes in there?

**PM:** No. So they've checked now where the ventilation from the common spaces, the swab spaces—that that vents appropriately. They've changed delivery protocols. They've increased the separation now so it's up to the wall. So there's been a number of changes, but there's also been a review around it, as well, and our technical team have reviewed that. And, Dr Bloomfield, do you want to comment on that?

**Dr Ashley Bloomfield:** Just to reiterate there's been a number of things done to just reduce any potential for residual risk, but our technical advisory group that includes public health expertise and also a couple of our key scientists in the ministry have had a look at the report and are satisfied that any residual risk has been minimised to the greatest degree possible.

**Media:** Will there be tertiary-specific guidelines for alert level 2, or this Delta level 2, because understandably a lot of—it's not like a classroom situation in school, where attendance is taken or anything like that. And a lot of the lecture theatres aren't able—you know, they have classes that are massive, so aren't able to have just the 50 people there. Last time, students were encouraged just to come—

**PM:** They do—the universities already have developed up level 2 operating protocols, as I recall. So—

**Media:** It was first in, first served. So all the students still arrived, and it's whoever got into the lecture first got in, and the rest had to sit elsewhere and go online.

**PM:** Yes.

**Media:** So, obviously, you'd want to prevent that now, would you not?

**PM:** Well, look, what I might ask the Minister of Education to go back and do is—what you've raised is not so much that there aren't protocols but the way that they're working in practice. So happy to ask the Minister of Education to go back and look at whether or not, in practice, because of the way that it's being of first in, first served, whether that's causing congestion, people mingling in a way that's inappropriate. So I'll have him go and look at that and work with the universities. OK. Thank you, everyone. Sorry, Sam, I didn't see you!

**Media:** That's all right. Can I, very quickly: mask use at universities, is that mandatory?

**PM:** Dr Bloomfield?

**Dr Ashley Bloomfield:** Not mandatory, but I would strongly encourage it, and it would be a really good place for people to be using masks and scanning in.

**conclusion of press conference**