

**ALL OF GOVERNMENT PRESS CONFERENCE: TUESDAY, 28 SEPTEMBER
HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa. Good afternoon. I'll shortly make an announcement on permitted travel for those in Auckland, but first to Dr Bloomfield for the latest COVID-19 situation.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So today I can report eight new cases of COVID-19 in the community, all in Auckland, and there are four new cases in recent returnees in managed isolation. Now, seven of our eight new community cases are known contacts of existing cases, so progress does continue. Yesterday I reported four active sub-clusters. Today that is down to three, and this is where we have seen cases emerging in unknown contacts, and public health efforts are obviously heavily focused on those active sub-clusters. Separately in three of our sub-clusters, representing 15 cases, it's been a month since we reported any active cases. Now, formal closure of those sub-clusters and subsequent ones that are inactive is still more than a week away. We wait a full 28-day period, or two 14-day infection cycles, after the last case has finished their 14-days' isolation, but, as you can see, we are making good progress.

Now, one of today's new cases was confirmed after a person presented at the emergency department of Waitakere Hospital last evening, and this is the case that is currently unlinked. That person was rapidly assessed on arrival and moved into an appropriate area not long afterwards. As soon as their test returned positive, they were transferred to North Shore Hospital where they are being cared for. That is the usual operational plan at Waitakere. They're in isolation at the moment in a negative pressure ventilation room with all appropriate protections.

As a precaution, five members of the Waitakere ED have been stood down while there's further assessment made by the occupational health team, and eight patients who remain in hospital and were in the vicinity of that case are being treated at the moment as contacts and, again, with all the appropriate precautions. The ED was able to remain open with ambulances diverted to North Shore while a deep clean was undertaken and it is now operating again fully.

On waste water: ESR has reported to us a positive detection in waste water in Tauranga from a sample that was collected on 23 September. Now, follow-up samples from Tauranga and Mount Maunganui were taken this morning with results expected on Thursday, and additional samples are also being taken from nearby areas, including Paeroa, Waihi beach, Katikati, Matamata, Te Puke, and Maketū.

Unexpected waste-water results can be due to a recovered case there who is excreting viral fragments, or an undetected acute case. Our usual protocol is to wait for a second test result before taking any further action, but, in this case, and given that we know at the moment we're dealing with the Delta outbreak in Auckland, we are confirming for people in the greater Tauranga area, reiterating that ask, and that includes Mount Maunganui: get a test if you have any symptoms at all or if you have been at a location of interest in either Tauranga or Waikato or Auckland. The locations of interest are updated daily and are on the ministry's website.

Testing centres in the region will be open extended hours today and there will more testing pop-ups available from tomorrow, and the location of those pop-ups will be on the Healthpoint.co.nz website. Likewise, any workers that are travelling across the Auckland boundary and into Tauranga, please check if you're up to date with your regular testing. If you have any symptoms, remember: isolate and get a test.

Our surveillance testing in Auckland region continues and this is part of our ongoing control of the outbreak, and has focused over the last month on essential workers and more than 50,000 essential workers have been tested. We're now shifting the focus to those workers who have come online since Auckland went into alert level 3—so-called permitted workers.

So the request has been made—it's not a requirement but a request—of those workers over the next two weeks, whether you have symptoms or not, get two tests at least five days apart. This is part of our surveillance testing, and we're particularly interested in those working in construction, hospitality, and retail. Workers with no symptoms who are being tested do not need to isolate awaiting the test result and can continue to work, of course, taking all the usual alert level 3 precautions.

Finally, an update on the vaccination status of our cases so far in this outbreak. There have been 1,185 cases to date, of which 260 are children under 12, so are not yet eligible to be vaccinated. Of the 925 people who are eligible to be vaccinated, 718, or 78 percent, have had no vaccinations, whilst just 38, or 4 percent, were fully immunised—that is, they had had their second vaccine at least two weeks before becoming a case. The remainder have had just one dose—that's 150—or a second dose less than 14 days before they were infected; just 17 people in that group.

Now, of course, those 260 children who have become cases in this outbreak is significant. Given that they are not yet able to be vaccinated, it is up to the rest of us to protect them. So having the vaccine, clearly, from even our results here, protects the person being vaccinated, but it also protects those who are not vaccinated, including children, but also frail older people who may be vaccinated but susceptible, and, of course, people who are immunocompromised.

And a shout-out today: I'd like to acknowledge our rangatahi, our younger generation. Despite them being the last group to be able to access the vaccine, more than 60 percent—nearly 64 percent of this group—have already had one dose. Uptake in this group, our 12 to 19s, has been faster than in any other group. So instead of having an exponential increase in COVID-19 in Auckland, we got an exponential increase in vaccination in our 12- to 19-year-olds. Thank you for your leadership and the example you are setting for all of us. Back to you, Prime Minister.

PM: Thank you, Dr Bloomfield. At the time that Auckland moved to level 3 a week ago, we announced that the boundary movements would remain the same—as in, they would be very limited in order to reduce risk. However, there are really valid reasons that people do need to relocate. To date, the Director-General of Health has been able to issue exemptions for a specific and genuinely urgent reason. Over the course of the outbreak, he has granted 800 altogether, out of, roughly, 6,000 requests received. But after six weeks, people's situations will naturally change, and the urgency for many, increases. In short, people have been able to delay moving house for only so long, for example, or starting a new job, or continuing with their tertiary education. Many people intend or need to leave Auckland permanently, or a part of their life, such as their child, is across the boundary and they may have shared care arrangements.

With the move to level 3, but also with the new testing requirements for people moving across the boundary, we have a higher level of confidence that we can safely make some changes to border movements. So, from 11.50 p.m. tonight, people will be able to travel across the Auckland boundary and into a level 2 environment if they are (1) relocating permanently, either to move into a new property that they have purchased or rented, to start a new job, or to travel to a tertiary education residence; (2) if they have shared caregiving arrangements—so, for instance, joint custody of a child; (3) if they're returning home from alert level 3 to an alert level 2 environment.

There are rules. First, if you're leaving Auckland and not returning, you need to get a negative test within 72 hours before your departure. So that's the same as the requirements for those where it is already a permitted activity to move across the border.

For those crossing the boundary for shared caregiving arrangements, because this involves more back and forth travel than a one-off, they'll need to have a test within seven days of each crossing, just like the crossing requirements we have for those who are moving freight or are part of essential work. Everyone must carry proof of why they are travelling, and you

must not be sick when you travel. If you are a student, please get in touch with your tertiary accommodation provider beforehand to help facilitate your return.

The flexibility we're able to give here is because level 3 is currently doing its job, which is to ensure no wider spread in the Auckland community, and, of course, because, as I've said, we have extra measures in place which give us confidence via testing. Of course, we will need to keep monitoring this situation, and I do want to acknowledge and thank those who have been stuck in this situation for some time for your patience and your commitment to everyone's health and safety. Our success in getting Delta under control means we can now make this move.

Another pressure point in our COVID response, which we've discussed often, is MIQ. We know there are significantly more New Zealanders trying to come home, particularly as we near the end of the year, than there are places available. We have tried to make the system fairer with the introduction of a lobby system that means everyone trying to get here has an equal chance to do so and doesn't have to sit at a computer for hours pushing refresh. And tonight further rooms are being released into that system.

Between 5 and 6 p.m. an extra 3,800 rooms will be released to be booked for October, November, and December. It follows last week's release where more than 5,000 people from 117 countries secured vouchers and means that more than 12,000 people are coming home for Christmas over the next few months, with thousands more rooms to be released over the coming weeks. The reason we stagger those releases is because some people may have urgent needs that only arise, say, in October or November and it allows people to get equal access if those needs arise a little closer to the time.

It is now six weeks to the day since Delta was reported in Auckland and since then 2.5 million COVID vaccines have been given and that's enormous. It also means it's timely for many of those people to be getting their second dose, and there are several new ways to get your jab now. Just a couple to be aware of in Auckland this week include a two-day event vaccination event being held tomorrow at the Assembly of God Church in Te Atatū and another at the Vodafone Events Centre in Manukau across the weekend.

We can't afford to take the pressure off. In Auckland metro yesterday, 15,163 vaccines were given. Just over 4,000 were first doses. Now, that is a decline in first doses for Auckland and a sign that we are hitting those higher percentages and it is going to take us more effort. Hitting 90 percent of the eligible population vaccinated by the time we review alert levels in Auckland of course gives greater confidence, but would really require people to step up their rates. Please get vaccinated this week, especially if you're a level 3 worker. Your vaccination could mean the difference between your company being open or shut, your workmates being well or sick, and to those businesses making time for employees to get a vaccine, we say thank you for all the efforts you are making to support your workforce to stay safe. Happy to take questions.

Media: Prime Minister, epidemiologists and modellers believe at this point in level 3 and with just three active clusters now, there's a case for localised lockdowns in suburbs of concern. Are you considering that?

PM: We have discussed that and considered that. There's a lot of complexity in some of the clusters we have at the moment and their reach hasn't always been totally localised, and so that's been one of the complications. The other is just making those localised lockdowns really workable, but we have kept some of those options open. They just haven't always been easy to implement or necessarily provide the level of safeguard that you would want in order for them to be effective.

Media: Is that something you could consider as we wear on through this particular outbreak?

PM: Yeah, look, as I've said, we've been open to considering that option all the way through, but with the clusters that we've had to date they have often reached beyond single

suburbs, and so you would run the risk of trying to take a localised approach that essentially could lead to an outbreak getting worse elsewhere. But your views, Dr Bloomfield?

Dr Ashley Bloomfield: I think you've summarised it, and in a city like Auckland where people do move around even between adjacent suburbs to access central services, it can be very tricky to do it in a localised way, but it's not off the table completely.

Media: There's also some concerns about the fact that you're not regularly reporting more detail on the unlinked cases—so which suburbs they're from, whether they were found in workplaces, whether the case appeared some distance from another case, and why exactly they're unlinked. Why aren't you reporting those details? Why that lack of transparency?

PM: Well, often when we announce an unlinked case, often the interviews are under way, and that's why you'll then see us retrospectively often reflect on unlinked cases the day in the 24 hours after. One unlinked case today—you've heard the details from Dr Bloomfield—someone who's presented at Waitakere ED. I might hand over to Dr Bloomfield to give a little more detail there, because he can make the judgments around someone's privacy.

Dr Ashley Bloomfield: Yeah, the number of unlinked cases is small and the information comes in over a period of a few days, and that's from both the interviews, if a person can be interviewed; if they're very unwell in hospital, that can take some days, and, of course, there's a privacy element there, but also the whole genome sequencing can come in within a couple of days, and that then allows us to link those cases. Where it's pertinent, like today in our one unlinked case, very happy to be had transparent and open about that information.

PM: You have seen some of our unlinked cases have been in suburbs, and there we've been very clear. We have unlinked cases, for instance, in Clover Park. That's why we went through that big surveillance sweep. Similarly, previously with Mount Wellington. So, really, we have tried to acknowledge where we've got a few question marks, where exposure events haven't given us any clues and they've just been basic things like supermarkets. Then we've just gone for a whole suburb approach to try and flush out through testing what might have happened.

Media: We understand that there was a plan to build more negative pressure rooms at Middlemore Hospital, but that funding has been pulled. Can you explain why it's been pulled?

Dr Ashley Bloomfield: I don't have the detail. I don't know if the funding has been pulled per se; it may have been there for another purpose and the proposal was put forward to use it for that. But I can come back with the detail on why the decision was made, but I have great confidence in the people who do make these decisions. What I would say is, of course, as we start to plan for reconnecting New Zealand, there is a big programme of work looking right across the system, including negative pressure ventilation rooms. The other thing about Auckland is there are three large hospitals, plus Waitakere Hospital, and so we look at the negative pressure ventilation capacity across all three of those large hospitals rather than just individual ones.

Media: But shouldn't this be a priority for now, given the current COVID outbreak and how this would help to be a mitigating factor in that?

Dr Ashley Bloomfield: It may be, but remembering that the role of a negative pressure ventilation room is simply if you've got a small number of cases, to keep them isolated from others. Once you get a larger number of cases, as has happened in Middlemore in this outbreak, then they put a dedicated ward aside to just look after people with COVID-19. And so, a more important part of the planning is ensuring that those wards are sort of secure, especially as we learn more about the aerosol transmission of the Delta virus in particular.

Media: For people travelling—who are now allowed to travel across the boundary in Auckland, can you give a bit more guidance on what documentation they should bring with them when they go to cross?

PM: Yeah, so, look, for each of those circumstances, some indication that you can share with those who are at our border, with our police force, that indicates that you are indeed moving back into an alert level 2 environment—it can be anything: sales and purchase agreement, it can be any documentation to show you have a new job to start, or if you're going to an educational facility; documentation that demonstrates enrolment. They're just looking for basic evidence that demonstrates that what you're saying is the case, and, of course, we're asking for that test before you depart.

Media: And seeing some of the people have been caught out by the lockdown—it's cost them vast sums of money, you know, waiting to move house, and stuff like that—is Government giving any thought to compensation?

PM: Look, no, we haven't, but I do want to acknowledge that this has been testing, this amount of time that people have often put their plans on hold. I do want to thank them for that. They've put their community ahead of their needs, and that will have come, I'm sure, at a huge amount of stress and personal toll, but now is the time we believe we can safely get that movement starting again, and I really encourage people: go out and get that test, and then you'll be able to move across the border once you have that result in hand.

Media: National has indicated in its COVID response plan that it would let double-vaxxed Kiwis come and go to New Zealand as they please—

PM: I thought that was being—has that been released, has it?

Media: They've indicated what might be in it.

PM: Oh, OK.

Media: That they will let double-vaxxed Kiwis come and go as they please before Christmas. Can you make the same promise?

PM: Our priority is New Zealanders having the best summer possible, and that does mean working very hard to get our vaccine rates up, to work on a framework that takes into account vaccination and that moves away from lockdowns. Anything else that you add into the mix too soon, and before you're well prepared, could risk summer, and so we want to prioritise getting those domestic settings right for people so they can have the kind of break they had last year, and then progressively move on the border in the first quarter of 2022. That's been our long-stated plan.

Media: And so that's for the Kiwis overseas—even with MIQ, you can't guarantee that they'll be back by Christmas?

PM: With MIQ, yes.

Media: Even with the MIQ system, you can't—

PM: Look, our border arrangements stay as they are while we're vaccinating New Zealanders. But we've already started, for instance, a trial that we'll be undertaking this side of Christmas around self-isolation, and in the new year, we've said we want to use tools like that to ease the pressure at our border, but also see if we're able to safely shorten the amount of time that people use for isolation. But what's really key is making sure that what's happening domestically gives every New Zealander who's already here as much freedom as possible. Most countries who have moved on their borders have done it last, and often have delayed it, because it does add extra pressure into some of your domestic restrictions, if you move too quickly and outbreaks take off.

Media: And do you think that the 30,000 Kiwis fighting for 3,800 rooms is an example of the system working well?

PM: Well, in the middle of the year-ish, we had vacancies, so we see a lot of pressure coming on at the time that you would expect Kiwis wanting to come home to see their family and friends, and I totally understand that. But what we have to try and balance is enabling that to happen, where those thousands of vouchers coming online with then in the new year

getting our settings right that ultimately mean, in the long term, we start to ease some of those restrictions that are there now. We have to make sure we're ready when we do it, and we have to make sure that we don't risk some of the freedoms that New Zealanders have had domestically at the same time.

Media: Prime Minister, can I ask either you or Dr Bloomfield to expand on the three active sub-clusters? What are their defining characteristics? Where are they based? What sort of people? Any information?

PM: Dr Bloomfield, do you want to—

Dr Ashley Bloomfield: So two of these sub-clusters are groups of linked households, and they've got a connection. Obviously, people have been moving between those households, and that's why they've been called a sub-cluster—or there's evidence from genomic sequencing that they're linked. The third sub-cluster—which is one that's more emergent in the last week or two—is associated with people who are in temporary or transitional accommodation arrangements, and so that's one that's just really come in the last week or two. And for all three of these clusters, they're requiring really intensive input and support and engagement from not just our health teams but a whole team from across Government. And that's paying dividends, and we're seeing, certainly, in a couple of those sub-clusters very good testing numbers coming through, and also a strong interest in being vaccinated, so the teams are working on that as well. And in terms of location, still largely in South Auckland.

Media: Not to sound like a broken record, but on the first doses vaccine numbers today, I think it's around 12,000. Does that concern you? What can be done to lift that number?

PM: Oh, of course, for me it's what our total vaccination rates are looking like, and around the 77 percent mark for first dose. You know, that's really encouraging, and the bookings suggest that we have the ability to get to that 80 percent, but we know that last 10 is really, really tough. And what I just remind everyone is that actually what matters is what our total population looks like in terms of the percentage that are vaccinated. And so because our children can't be vaccinated, even at 90 percent, you end up somewhere around 75 percent of your population vaccinated—so a quarter not. And so that's why it's not enough just to say, "Well, give everyone a chance to be vaccinated, and if I'm vaccinated, I'll be fine." When 25 percent of your population isn't vaccinated, that does require management to ensure that outbreaks don't impact your health system and don't impact people like children. So that's why those high numbers really matter. So on that, I'm pleased that we're seeing it continue to tick up. In Auckland, we're sitting around the 82 percent mark. It's getting harder. And so every effort's required, which is why we keep imploring everyone to join those efforts, particularly employers.

Jenna, yours seems to be on clusters, so I'll take it, and then I'm going to come across to Jo, Thomas, and then in the back.

Media: Clarification on the sub-cluster.

PM: Yeah.

Media: You said transitional housing, is that Government emergency housing—i.e., a motel?

PM: No, not necessarily. There's a bit of a mixture there with some of the clients, but it has involved, for instance, my recollection is we had a boarding house involved.

Media: OK. And is it just one place, and could you put any, sort of, MIQ-style supports around that one type of accommodation?

PM: Yes. When we have accommodation of that nature, where we may have a case, we ensure that people are able to safely isolate away from one another, and if they aren't able to do that in a facility, we provide alternate facilities. Yep.

Media: Sorry, just prior to the question, I'll just check, are you aware of this meeting that took place between Brian Tamaki, Andrew Coster, and Wally Haumaha?

PM: Yes I am. Not necessarily every element, but I am aware of the meeting, yes.

Media: So in terms of that protest going ahead, obviously the police have got involved to try and make it not a gathering, despite the fact that it seems as though there's going to be a lot of people there. Things like social distancing and masks are going to be incorporated. Are you worried about the message it sends to people in a level 3 environment that the police are basically helping and almost endorsing a protest like that going ahead?

PM: Look, I'm not sure I would frame it in that way. Ultimately, I need to leave them to do their job, and I have confidence in them to deal with every compliance issue they face with, you know, the right judgment, because there are judgment calls in all of this. What I would say about the protest generally: I mean, no one wants lockdowns. No one wants restrictions. No one wants a situation where—particularly those who regularly engage with a community, be it through spiritual worship or be it through community groups or clubs or kids in their playgroups; no one wants them separated longer than they need to be. So, I think, probably the thing that I struggle with these protests is it almost implies that as Government we're OK with the fact we have these restrictions. We're not. We're desperate to get rid of them, but I just implore people to help us get rid of them by following those rules, because as soon as we feel comfortable removing them, we will, to get us back to normal and to get us back to those gatherings that they're looking for.

Media: So just on that, in terms of the health perspective, Dr Bloomfield, I mean, does it concern you, in a level 3 environment, that you're potentially going to have hundreds of thousands of people gathered? And the Police are saying that they're going to make—

PM: Hundreds of thousands?

Media: Who knows? [*Inaudible*]

PM: That's quite a lot!

Media: I mean, are you concerned about, you know, the health aspect of that? Because while the Police are saying that they're going to try and help do it in a way where bubbles stay together—I mean, we know how these things work and we know that that's probably not going to end up happening. So that must be a concern for you, surely?

Dr Ashley Bloomfield: I'm not familiar with what's being proposed here, but I do have confidence in the Police to take an approach that is appropriate to minimise any risk there might be, and we have seen them do that repeatedly through this lockdown, where there have been organised protests that have eventuated and organised protests that haven't eventuated probably because of their intervention. So I've got confidence that they will be doing the right thing to help minimise any wider public health risk.

Media: On vaccinations, it looks like Auckland might not hit that 90 percent first dose— [*Inaudible*] aspiration [*Inaudible*] the other day. How does that impact on your thinking for all the level changes?

PM: It doesn't. I mean, you will have heard us—it impacts on our future, but we have been operating within the alert level framework, which has never been contingent on vaccines, and you will have heard me say that in this room before. However, there's no question that the more people that we have vaccinated, if you have a situation where this outbreak flares, it provides you extra protection; it gives us the ability to think differently about some of the restrictions we've had to use. So whilst it may not be contingent entirely on decisions we make on Monday, it is still critical to us transitioning away from lockdowns.

Media: And you've unveiled the details to your housing tax changes today. Are you happy with the way that they're bedded in, you know, ahead of the announcement, in the last few months?

PM: Well, still, I think, probably a bit of time to run to see their true long-term impact. But no question, there's a lot of heat in the market and I think we would all be better off if we saw that dissipate.

Media: Just on vaccine certificates, what's the likelihood that this as a requirement will be extended to other public places—supermarkets, workplaces, etc.?

PM: There are certain places where, actually, it would just be wrong to place any limit on someone's access. So you'll see overseas that they've been used in certain environments, and in others where it's essential services—healthcare, supermarkets, pharmacies. It just wouldn't be right to place a limit like that on someone's access. So we would not look to use them in those environments.

Media: Do you see how impactful vaccine certificates will be on Māori, given the low vaccination rates?

PM: Yes—well, actually, I'm not willing to concede that we're going to continue to have low vaccination rates, though. And so that's why, you know, we've been in discussions with some of our Māori health providers on the ground, around what further support we can provide, because, actually, we see really strong uptake in some of those groups where those providers have been working the longest—our older Māori individuals have really high rates. So, actually, I think we have the ability to get those rates up. But we will be talking around the use of vaccine certificates with a wide range of individuals, including, I expect, leadership within Māoridom.

Media: Will there be any way to verify the documents that people present at the border [Inaudible]?

PM: No, and, look, we have run a system where we've asked people to bring evidence for permitted travel. So there is certain travel that is permitted within an order which we check in person at the border. There's others where we might be concerned that it's more of a judgment and it's harder to provide evidence. So, for instance, travel for a funeral or tangi, where you have to go through an exemption process; you have to go through the Ministry of Health and then they provide the documentation. So we've tried to draw a line where, actually, it's a bit more of a subjective question, and we've tried to draw the line there.

Media: But it's still really hard for people to get those exemptions to go to see a dying loved one or a funeral. As you say, I think it's only 800 of the 6,000. So do these changes today, do they signal perhaps a loosening on those case by case exemptions as well?

PM: Case by case exemptions, for instance, for travel for funerals remains. And one of the reasons for that is because those are high-risk gatherings. They're a group of individuals who'll come, usually, from within a level 2 environment. If you have someone coming in from Auckland, that is risk, that does pose risk, particularly just given the nature of a funeral. So that's why we do have an exemption process that does mean that close next of kin—if you've lost a parent or a sibling, you are able to get that exemption to travel, but it is still fairly limited.

Media: But for a dying loved one, it's different—

PM: And also for dying loved ones, there are.

Media: But there are already restrictions in hospitals or rest homes for people visiting those relatives. So shouldn't those exemptions—

PM: Yeah, and that will be because of the protocols of individual health environments. And so hospitals and other such environments do have protocols in place that do limit visitors just because of our environment, and it is a sad case that we do have people who are presenting—sometimes very unwell—with COVID in those hospital environments, and so those measures that are put in place are to protect those within the hospital and those who visit it.

Media: Do you have any estimate on how many extra people might be able to travel with the rules changes?

PM: No, but what might be an indication is the number of people who have applied, so 6,000 had applied over that period. Actually, I do, off the top of my head, recall a breakdown. It's not a large number—for instance, a number who have sought to move for work or who had sold their home was, in each category, no more than about a thousand across some of those categories, so not large numbers, no.

Media: A few thousand?

PM: Sorry?

Media: Is that a few thousand?

PM: A few thousand, yup.

Media: Do you see a role at all for, like, rapid antigen testing, as well, to complement the other testing—

PM: So this is where PCR, if I may, it's a good example of where PCR is better than an antigen test, because a PCR test—if you're right at the beginning of being unwell or right at the end of being unwell, you're going to pick it up. But I know that you will have read everything there is about antigen testing; the window of infectivity is shorter for it. So it's good if you're doing regular testing; not so good if you're doing one test and you want to be sure that someone's unlikely to be unwell. So that's why it's good for surveillance in the future.

Media: Prime Minister, on your Facebook Live last night, and in the live stream—

PM: Did you watch?

Media: I was notified, and always watching.

PM: Thank you.

Media: I noticed that there were more than 4,000 comments from anti-vaxxers on there that are still there. Have you—

PM: Nau mai, haere mai. They're all welcome to join my Facebook Lives, but continue.

Media: Are you concerned that your profile within Facebook—the biggest in the country, really—is being hijacked by anti-vax comments, and have you lodged a report of misinformation to Facebook?

PM: So I think much of what Facebook does in this space is often automated. So I just let them do their thing. I'm not particularly worried by it. It's a point in time. My only concern is just that others—I hope others know that there is bit of a concerted campaign, so not to assume that what's happening there is just regular members of the public having a bit of a say; it is a group who are taking quite concerted activity at the moment. So as long as other people who are on there are aware of it, that's the main thing for me. It's not going to stop me sharing information, try and create a place where people can have a discussion, answering people's questions; that's what it's for, and I'll just push on through.

Media: Don't you think by having such toxic anti-vax comments under your Facebook Live that it, effectively, toxifies what's above the line—

PM: Well, it depends whether or not people engage, sit there and read the comments, and whether or not they just tune in, and people can choose to turn off comments. It's just the nature of the environment right now. I would rather push on through and still be available than not. On the flipside, the team's always really cautious as well. There's a fine line; people will then accuse you if you filter too much some of people's comments. So that's why Facebook have the automated process I believe they use, and we're quite happy for them to do that.

Media: So why isn't Facebook's automated processes processing out all that anti-vax—

PM: I might need to actually ask them to respond to that. I'm just not au fait enough with some of the way that that applies, but I'm happy to ask the question for you. I think some other media outlets have experienced similar things, and they might be able to share their

learnings as well. But for me it's just a reminder to everyone: it is a particular group. I'm not sure all of it's even all necessarily domestic; I think there's probably a bit of it that might come in from overseas as well, and I think as long as people are aware that it doesn't represent the majority of people's views.

Media: Should people in Tauranga or the BOP be preparing for an alert level move after this waste-water result, or—

PM: No, no, but I'll hand to Dr—

Dr Ashley Bloomfield: No, there's nothing to indicate there's anything happening. We're doing some precautionary testing, and, in fact, no more than we're asking people to do anyway—and that is: if you've got any symptoms, go and get a test—as we wait for the follow-up results. And, also, we are looking to see if any of our MIQ workers—in fact, we know there are over 50 of them. All but two are up to date with their testing; the other two are being followed up just to get an up-to-date test there. But nothing at this stage; just: if you've got symptoms, get tested.

Media: What are the chances that that positive waste-water test could've been connected to the essential driver who'd been down there not too long ago?

Dr Ashley Bloomfield: We think it's too far down the track so we're not attributing it to that driver.

PM: Yeah, remember we've had situations before—I mean, I remember very well the New Plymouth waste-water result that we had. And so it's often a matter of trying to reduce down some of the most likely options, the issue here being, at the moment, because we have an outbreak in Auckland, then that does lead to a few more things that we need to really chase down. But the best thing people can help us with is surveillance testing. We'll go back in, undertake further waste-water testing again. We've narrowed down that no one recently has left managed isolation, but we can't rule out, for instance, people who have in the past been in managed isolation or who have had COVID who will continue to shed the virus, and we know that's been an issue in the past. But people can help us by getting tested.

Media: Just a quick one, Dr Bloomfield. How many door-to-door COVID tests have been carried out in Clover Park, and which organisation's doing them?

Dr Ashley Bloomfield: Door-to-door—I will definitely come back to you on that. There's not a lot of door to door, and it's very targeted on specific streets where we knew there were cases and/or where there was a location of interest where a number of cases had visited—for example, a dairy or something. There was a set of shops—Dawson Road shops—where there were some testing of all the staff and people using that. That happened yesterday, and at the same time—and I think it was with the local general practice—they also offered vaccination at the same time. But we can come back and let you know just the number of streets where that's happened and also which providers might be doing it. But usually it's the local general practice or a Māori or Pacific provider.

Media: And is this the first time it's been—I mean, is this likely to be—if there's other little clusters of cases that break out, is this sort of approach likely to be continued?

Dr Ashley Bloomfield: It is, and one of the active sub-clusters I mentioned earlier on is around sort of transitional accommodation, and so the team in Auckland is looking at other similar places and is going to be sending testing teams out to other transitional accommodation places, even if they have no cases, to just do some surveillance testing there. So using very targeted testing and also using teams that can offer both testing and vaccination at the same time.

Media: South Auckland businesses are tentatively taking bookings for October the 6th—

PM: I'm then going to come to you, and then we might wrap it.

Media: —because they're planning for an alert level shift down to level 2—

PM: They've made tentative bookings with—sorry—?

Media: Started to make tentative bookings from 6 October because they need that certainty for their businesses to start gearing up again. But do you think that's a bit too pre-emptive, or do you think we are on—

PM: I absolutely understand that people want to be able to plan, and COVID is so incredibly difficult for business, for people who want to plan their lives, school holidays, and so on. But at this point in time, we are genuinely continuing to do a risk assessment every day based on what the cases are telling us, and there is a bit of volatility at the moment. Very pleased to see the numbers low, but we will continue to ease restrictions where we feel it's safe to do so. So we are keen to make progress but to make progress in a way that we can keep and retain so that we don't see movement back and forward across different settings.

Media: Can I just ask what is your preference—

PM: Sorry, I said I'd come down the back, and then I'll come to you.

Media: Dr Bloomfield, is the Ministry of Health recognising vaccinations that have happened overseas? For instance, I've heard of a person who got their first dose here, second in America. The Ministry of Health isn't considering that second dose to have happened and is urging them to get another one here.

PM: Doesn't recognise it for what purpose? Is it for—

Media: They're just worried mainly about vaccine certificates in the future, but they're now being called by the Ministry of Health quite regularly saying come and get your second dose.

PM: Oh, that'll just be because we automate them, probably.

Dr Ashley Bloomfield: So—

PM: Go ahead.

Dr Ashley Bloomfield: So two things there. First of all, we're providing some advice around which vaccinations we will recognise for people to be able to travel into the country, so planning ahead for the future, and the process of how we will recognise those vaccines. And the second is, yes, at the moment if people have had one or both vaccinations abroad, it's not easy to enter those into the COVID Immunisation Register. So they might have had their first one there, second one, same vaccine, Pfizer, in the States or somewhere, but we're working out now a process where we can verify that and then enter that in the COVID Immunisation Register so they can be classified as fully vaccinated. And that work is happening as part of our preparation for the vaccine certification that is work in progress.

Media: So will that be in place before vaccine certificates are available to people?

Dr Ashley Bloomfield: Yeah, that's the hope, absolutely. And some of that, people will be able to do manually. So they'll be able to go to their general practitioner and say, "Here is the proof that I had this vaccine in the US." and the GP will be able to then enter it into the system.

Media: What are the implications if that isn't ready by the time the vaccine certification is?

PM: I'm sure we can find a workaround. You know, we have no intention of invalidating someone's legitimate vaccine if they've received it abroad. So it's just a matter of making sure we've got a fix for it.

Media: Can I ask what is your preference for our country's official name, and what would it take for you to initiate an official name change?

PM: I use both. I mean, probably all of you can attest to that. I used interchangeably "Aotearoa" and "New Zealand", as many New Zealanders do. For me, I'd like to continue to see it used interchangeably, and, therefore, whether or not there needs to be an official name change really becomes a bit of a moot point, because it just becomes part of the way we refer to our country.

Media: Dr Bloomfield, on that system that you were mentioning or method for determining how to recognise different types of vaccines, can you rule out that the country in which the vaccine was given would be a factor in there? There's been some concern from countries in Africa, for example, around the UK recognising their vaccines differently than others', even though it's the same actual Pfizer vaccine applied in Nigeria versus in France.

Dr Ashley Bloomfield: We've had some practice with this around recognising pre-departure tests at the border. So it's not dependent on which country; it is being able to have in place a degree of certainty around that the proof is able to be verified, and, of course, that may be easier in some countries than others. For example, where they already have an electronic passport or vaccination certificate. But it won't be country dependent.

PM: OK, thank you, everyone.

Media: Any words of farewell for the Governor-General?

PM: I had the chance to host or be present for the Governor-General's last Executive Council yesterday afternoon. She's had an extraordinary five years. New Zealand has been through such tragedy and she's been there as a constant reassuring face, and she's done an incredible job. So from me, I would just say thank you.

conclusion of press conference