

**ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 29 SEPTEMBER
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou katoa. Good afternoon, everybody. I'll provide an update on the vaccine roll-out, a bit more information on the vaccine programme for our border workers in particular, and also provide a few more details on managed isolation and the pilot that we announced earlier this week. But first, I'll hand over to Dr Bloomfield for the update on today's cases.

Dr Ashley Bloomfield: Thank you, Minister. Tēnā koutou katoa. So today we're reporting 45 new cases of COVID-19 in the community. All are in the Auckland region. That takes our total number of cases in this outbreak to 1,230. It won't be lost on you that this is the largest number of cases we've had for some time, so I will go into a bit of detail based on the most up-to-date information that I have.

First, 33 of these new cases are known to be household or other close contacts of existing cases, and many of them have been isolating throughout their infectious period, either at home or in an MIQ facility. Of these, 26 are household contacts, and 12, for example, come from just two households where there are six in each.

Now, many of these cases were expected. On Monday, I indicated there were between 45 and 50 cases at that time likely to arise amongst household and other close contacts who had already been identified. We're seeing some of those come through in the number today. Now, presently, there are 12 cases that are unlinked, and interviews are under way, but what I would say, for six of those there are already potential links visible.

Now that Auckland is at alert level 3, some of our cases today may have been working in essential or permitted businesses—these are the ones we haven't yet interviewed, or are being interviewed—during their infectious periods. This emphasises the importance of everyone in Auckland continuing to abide by alert level 3 measures. They are there for a reason and this includes mask wearing and, importantly, minimising contact with others—staying in your bubble as much as possible.

And, alongside that, I wanted to make a call-out to all employers in Auckland to actively support any of your staff who are not yet vaccinated to get vaccinated today.

So while the overall number today is obviously a lot higher, it is important to note many of these cases are linked to our existing cases, and in some sense they were expected. But even more important is that we found these cases because people have come forward and been tested. This is essential for us to know what we are dealing with, and high levels of testing across Auckland tell us that. So thank you to everyone, again, who has been or is being tested.

Our health staff from the Māori and Pacific providers in Auckland, our public health unit, and the DHBs continue to work with households and groups to support them to stay at home when they are isolating, and many other agencies are involved in providing support as part of that.

Yesterday, I mentioned as part of the ongoing outbreak response in Auckland, we are extending our surveillance testing to businesses where workers are permitted to be at work during alert level 3. We're asking workers particularly in construction, hospitality, and retail sectors to get two tests at least five days apart over the next couple of weeks, whether they have symptoms or not. This is just part of our overall testing to help us identify whether there are any chains of transmission out there that we are not yet aware of, and help us assess the level of risk that might be there around undetected community transmission. I would like to emphasise this testing is voluntary; it is not required, but I'm encouraging employers to support your workers to participate in this.

In addition to GPs and urgent care clinics, there are 21 community testing centres open today around the Auckland region, so no one should have to wait very long at all for a swab, and some larger workplaces also have testing available on site for their staff.

As this is surveillance testing, staff are not required to isolate while awaiting the result of the test; they can continue to work, unless, of course, they have any symptoms. The groups who are already undertaking surveillance testing, such as permitted workers who are crossing the alert level boundaries, or border workers, do not need to undertake this additional testing.

An update on the Tauranga waste-water result. The Bay of Plenty DHB has seen a slight increase in testing numbers, with around 400 people tested so far. However, we would like to see more, and I'm just emphasising for anyone in that Tauranga / Mount Maunganui region, if you have any symptoms, then please go and get a test—indeed, if you have been at a location of interest also. There is extended testing and testing hours across Tauranga today; there is plenty of capacity there.

I'd also like to urge the people of Tauranga—indeed, anywhere across the motu—if you haven't already been vaccinated, now is your opportunity to do that. In Tauranga, there are plenty of sites available today where you can just walk in and be vaccinated. Go for it.

Now, one of the cases being reported today is an individual who attended the emergency department at Waitakere Hospital on Saturday the 25th for a non - COVID-related condition. They became unwell the next day with COVID-related symptoms and were subsequently tested, with a positive result returned yesterday afternoon. As part of the usual precautions, as the person's infectious period included Saturday, a small number of staff have been stood down and the public health unit up there is following up directly with a small number of patients who were in the vicinity of this person when they were in ED. That person is now no longer requiring the hospital-level care, and is going to a managed isolation facility.

And, finally, a shout-out: it's great to see Canterbury businesses joining forces for a COVID-19 vaccination campaign. It aims to get 90 percent of eligible Cantabrians vaccinated by labour weekend, which means they will be fully vaccinated for Christmas. The DHB has thrown its support behind the campaign. Currently in Canterbury, they're at 80 percent of eligible people having had at least one dose, or being booked for their vaccination. So keep up the good work, Canterbury, and I'm sure other provinces around the country will recognise this as an opportunity to take it to Canterbury and beat them there, as well as give them a good run for their money during the NPC this year. Back to you, Minister.

Hon Chris Hipkins: Thank you, Dr Bloomfield. Moving on to vaccinations: 44,000 doses of vaccine were administered across the country yesterday. I do know that there's huge interest in the number of first doses and the way we're tracking there. Nationally, we have now around 78 percent of the eligible 12-plus population having had their first shot, and we're now seeing real growth in second doses and consequently full vaccination.

In the last seven days, the number of Kiwis that have had their second dose has increased by almost 200,000 to 1.8 million. That's 44 percent, so we're getting close to half the eligible population being fully vaccinated. I can't overstate the importance of those 1.8 million people now being fully vaccinated. It is a significant step towards the ongoing protection of New Zealand against COVID-19.

Second-dose vaccination bookings indicate that we're going to see a peak of second doses around mid-October, six to eight weeks after the record numbers of first doses that we saw in that late-August, early-September period. Fifty five percent of Māori have had their first dose; 29 percent their second. Amongst Pacific people, 71 percent have had their first dose and 40 percent their second. The 92 percent of over-65s deserve a particular shout-out for getting their first dose; 82 percent of them have had their second. For those aged between 40 and 64, the numbers are sitting at 82 percent for first dose and 50 percent for second.

In the Auckland metro area, a total of 1,868,161 doses have been administered—682,000 people have had both doses.

As at midnight tomorrow, the requirement will come into force for all border workers in roles where they might come into contact with COVID-19 to be vaccinated. This greater protection at our border gives us confidence that those people who are going to work and doing jobs that potentially bring them into greater risk of contact with COVID aren't then going to get sick or die from COVID, or pass that on to other people,

If we got another international ship, for example, present with the virus in our waters or if we have an incursion at our airport or at a nearby MIQ facility, those high rates of vaccination provide us all with that much more assurance. It also, of course, reduces the possibility of community transmission of COVID-19, so I'm incredibly proud of the work that our border workers have been doing to ensure that they are getting on with the job and getting vaccinated to protect themselves and to protect others.

As at this morning, 98 percent of active border workers have been vaccinated with at least one dose and 93 percent are fully vaccinated. That includes 95 percent of our port workers, which is a significant advance from July when that number stood at 55 percent. There's been a lot of work done with that group to ensure that they are given good accurate information so they can make informed decisions around vaccination, and we are seeing much bigger rates of vaccination amongst those workers as a result of that. So I want to thank everybody that has been involved in that effort, from our DHBs to the employers, the unions, the border workers themselves—a big thank you.

I do want to remind anyone who works at the border that is yet to be vaccinated that they now have 24 hours until midnight tomorrow night to get their first vaccination if they wish to continue to work at the border.

Today, I can also confirm what I announced on Friday that Cabinet has now formally signed off the funding for a new MIQ facility at the Elms hotel in Christchurch and work is under way to get that stood up as quickly as possible. There are, of course, a lot of complexities to work through when standing up a new MIQ facility, but the Elms will add another 85 rooms, which is a welcome addition to our MIQ network.

Moving finally to the self-isolation pilot, expressions of interest for the self-isolation pilot open at 9 a.m. tomorrow morning and we'll be looking for 150 participants across Auckland and Christchurch. These locations both have, obviously, international airports but also established MIQ systems and support networks that have been set up for regular international arrivals, and that's why we've chosen Auckland and Christchurch.

Participants will have to self-isolate for 14 days in an approved residence. For this pilot it has to be a stand-alone residence, have no shared ventilation system, and be within 50 kilometres of either Auckland or Christchurch airport by road. It must also have cellular coverage. No visitors will be allowed on those premises while the people are isolating, aside from medical staff for testing purposes or those attending to someone in an emergency situation like a fire or ambulance people or tradespeople, if there are critical things that endanger the health and safety of people isolating.

Those isolating will have to provide their own food and supplies; contactless deliveries are allowed. They will be monitored through smartphone technology and regular random phone calls to verify compliance will be made. Participants will be charged \$1,000 to cover the basic costs like transport and the other associated costs with the pilot. That is less than what they would pay if they were in MIQ because, of course, it is a less intensive service and we are not providing them with food.

When they return to New Zealand, participants will have to have a negative pre-departure test. They'll be screened and tested on arrival in New Zealand as well. That's what we currently do for those who are entering into our MIQ facilities.

Now, happy to open up for questions. So with Jessica and then Tova, I believe, is the routine.

Media: Minister, what does it mean for level 3 for Auckland and did you consider going up to level 4? Will this 45 number make you look at extending level 3?

Hon Chris Hipkins: I think as the director-general has just outlined, we do expect from time to time that there will be little peaks and troughs in our case investigation process, and the fact that such a significant proportion of the cases we saw today are people who are already known contacts, already isolating, that does mean that while it's a bigger number, that's less considering than if it was a number that big of unknown people testing positive.

Media: What do you say to people in Auckland who are feeling pretty deflated by these numbers—watching this? Should they be prepared for longer lockdowns or is this just a one-off?

Hon Chris Hipkins: Look, I think what we've said right from the beginning of this outbreak and as with every other outbreak we've dealt with, it's not so much the number of cases but the nature and characteristics of the cases that we're seeing that inform alert level decisions. So, yes, this is a big number, it's a sobering number; I don't think anybody who is involved in this process would be celebrating a number like the one we're seeing today. But the fact that such a significant proportion of those are known contacts or household contacts does point a little bit to the nature of this particular outbreak that we are now dealing with in that it's concentrated in larger households, for example, and so we do expect from time to time that there will be blips. Now, we have seen blips already in this outbreak where we've had a bad day, where we've had a larger number of cases and then it's gone down again. So I would encourage people not to read too much into it at this point. You know, I think we've still got to hold our nerve here and we are still pursuing COVID-19. We're still aiming to run this into the ground.

Media: Is this like the result of a gang cluster?

Hon Chris Hipkins: I'll ask the director-general if he wanted to add further comments to that, but it is in part—the fact that we've got 33 household or known close contacts, it is a sign that the contact tracing system is working and that a significant portion of the risk of this bigger number of cases is already isolated.

Media: Is it a gang?

Dr Ashley Bloomfield: No, it's not, actually. So there are two things happening here. The first is that a number of our cases over the recent week have been in large households. I talked about two households here where there are six other family members in each of those two households that now have become cases. On Monday, as I mentioned, 45 to 50 cases that we were expecting to come through—well, that numbers dropped down to 15, so we're seeing quite a number of those have been picked up through the routine either day five or day 12 testing.

But second is, quite a proportion of our cases at the moment are among groups of people who are in transitional or emergency housing. The teams are working very hard, with a range of agencies, to support those people. Those are people who by the very nature of the housing arrangements they are in are moving around for a range of reasons, and may have been through alert level 4 and 3. One of the things the team in Auckland is doing is it's identified all the, what they might term, high-risk transitional or emergency housing or hostel settings, particularly in South Auckland. Over the next few days, they're going to be going out and testing all the people in those settings.

Media: And I'm not asking that to stigmatise anybody; it's because we have heard it from a source that there is a large group of people who are COVID cases who were part of gangs. So I just wonder how much of a problem gangs, given the access, perhaps, to gang pads, would be more difficult—how much of a problem gangs are posing to this outbreak?

Dr Ashley Bloomfield: We did have a group of households about two or three weeks ago where members of those households had gang affiliation. We've had a lot of engagement, including with the leadership of those gangs. That's seen very good take up of testing, and we know that because there were specific surveillance codes given to people who may have had contact with those households. Those are not the households that we are seeing these residual cases coming through from.

Media: Epidemiologists are saying that what we're doing in Auckland "isn't working", and that we "could be losing control of this outbreak". What do you think, Minister?

Hon Chris Hipkins: No, I don't agree with that at all. We are dealing with larger groups of people—so larger families—and that does mean that we do see some larger case numbers on some days. But our contact tracing system is still working effectively to ring-fence the risk. Again, I would just reiterate to people: we need to hold our nerve here, and we will see days where we see higher numbers of cases.

Media: As you said, this is a fairly sobering number. What was your reaction when you first saw it?

Hon Chris Hipkins: Look, every day when the case number comes through, it typically comes through—the overnight case number comes through to me sort of mid-morning - ish—I look for that and single digit days are always slightly brighter days than ones when you're dealing with a bigger double digit number. But, having said that, it's the next bit of information that's the most important, which is, what's the nature of those cases?

Media: That's a fairly diplomatic answer. You must have been concerned when you saw such a monumental jump.

Hon Chris Hipkins: Look, any increase in COVID cases is of concern. I don't celebrate anybody getting COVID-19. But, ultimately, it is the nature of the cases that is probably more important at this point than the number of cases.

Media: Going back to the reference you made, Dr Bloomfield, to the transitional social housing, do you have any indication of what vaccination rates are like in those communities?

Dr Ashley Bloomfield: No, I don't have that information. We've talked at some of these stand-ups around particular efforts that have gone in around homeless people. Now that's a different group again from people in this accommodation. What I will say is that as part of the testing that is going to go out from the Auckland team, they're going to be following that up with vaccination as well with those people in these arrangements across Auckland. There are around 40 that they've determined are medium to high risk. They're going in with testing first and then following up with vaccination.

Media: I was just wanting to ask about the comment this morning from the Pacific director at the Ministry of Health saying that the outbreak appears to have seated itself in gang environments and among the homeless. We've had commentary about those groups being harder to reach by traditional contact tracing methods. How big is that blind spot? Are they resistant to the door knocking, and of the stats that were given yesterday where only nine of the hundred households that were knocked in Clover Park actually agreed to be tested?

Dr Ashley Bloomfield: So I think they're different from the households in Clover Park. I think that's a different thing there. And we have had a number of households that have been in Clover Park—so saying we've seen very high rates of testing. Clover Park's leading the suburbs in Auckland in terms of testing rate. Most definitely it requires a different approach to engaging with and following up with and supporting people who are in transitional and emergency accommodation, and you can imagine there is a range of reasons why they are there. So they require a range of health and social supports, and I'm really proud of the work the teams are doing in Auckland to actually pivot the response away from the traditional contact tracing approach to working very closely with the Māori and Pacific health providers to reach into these communities. You know, the fact is here: all these cases were found because people agreed to be tested, and they are getting information around the contacts, then, but, of course, because they can be a bit itinerant, then that does make it more of a challenge.

Media: With 40-odd cases coming today, is that from across the [*Inaudible*] gang environment or are they from different sub-clusters?

Dr Ashley Bloomfield: So on Monday I referred to around 45 to 50. If you looked at all the people who were very close or household contacts who were isolating and you looked at

the conversion rate that we've had over this outbreak, it was an estimate of how many cases we would expect. It was 45 to 50 on Monday. It's now down to around 15 because a number of our cases today are ones that were picked up through the day five and 12 testing of people who were already isolating.

Media: Minister, if Auckland was still in level 4, would you see this many cases today?

Hon Chris Hipkins: Possibly.

Media: Dr Bloomfield, do you agree with that?

Dr Ashley Bloomfield: Yeah, I agree—possibly. And it goes to the nature of—you know, as I said yesterday, there are only a small number of active sub-clusters here. We've got over 20 different sub-clusters. Most of those are finished. We're calling them dormant because they're not yet closed or are well controlled. There's just a small number of active sub-clusters. Those were there even when we gave the advice to go down to alert level 3, and the control measures that are in place are identical to what we would have under alert level 4.

Media: Minister, you are seeing infections within workplaces, right? And there are a lot more people at work. There's 400,000 people at work in Auckland now because of level 3. Doesn't it follow that surely some of those infections must be in workplaces that under level 4 would not be active?

Dr Ashley Bloomfield: Well, yes, there are more workplaces open now, and hence why we have added in the surveillance testing of people who are now going out into those permitted workplaces, exactly for this purpose. It's part of our control measures.

Media: A police inspector has been investigated for crossing the Auckland boundary to drive people to a tangi. Do you have any further details on that or any views on that?

Hon Chris Hipkins: No, I don't. It is ultimately a matter for the police, but I certainly expect the police to be following the same rules as everybody else. They are there to enforce the rules but they also have to follow the rules too.

Media: Why is it a matter for the police if he's breaching Dr Bloomfield's orders?

Hon Chris Hipkins: Because, ultimately, a question around whether the police in themselves are following the rules is a matter for the police, and if they're not, then that is also a matter for the police.

Media: Just on transitional housing, Dr Bloomfield, yesterday you mentioned that the COVID cases among people living in emergency housing or transitional housing was centred around one boarding house. Has it moved beyond and spread to other boarding houses or is it still focused on that one?

Dr Ashley Bloomfield: Just to reiterate the comment yesterday, or just to clarify the comment yesterday, it's more than one transitional accommodation setting, but there are links between them, and also to households that are not transitional accommodation places.

Media: Minister Hipkins, are you aware and are you concerned that a volunteer tested positive, who is working at a pop-up vaccination drive-through, after mixing and eating with other volunteers? Is there any thought to stricter protocols on that?

Hon Chris Hipkins: Any person testing positive for COVID-19, particularly when they've picked that up in the community, is of concern. Our vaccination centres have very strict infection prevention and control measures in place for everybody who is there, whether it's people who are paid to be there, people who are volunteering, or people who are coming forward to be vaccinated. But I'll ask the director-general to add to that.

Dr Ashley Bloomfield: Yes, that event was risk assessed by the public health unit, and there was a small number of people that volunteered who tested positive had, I think, eaten with morning tea or lunch, and they were treated as close contacts and are

isolating and being tested. But those were the only people who were judged to be in any way a close contact and requiring follow-up.

Media: The ministry was made aware by ESR on Monday that there was positive results for waste water in Tauranga. Why didn't you tell the public until yesterday?

Dr Ashley Bloomfield: Yes, that result came through late on Monday night—late on Monday. And our usual protocol with all positive waste-water tests is, actually, to do a repeat test before we do anything. We discussed it on Monday morning, including with the local public health unit, and made the decision and got in place that morning the testing and then announced it yesterday, which was just after we made the decision to do that.

Media: And, Minister, the National Party today released its comprehensive opening-up policy including opening up the borders when we reach 80 to 85 percent vaccination rates, ending lockdowns at 70 to 75 percent vaccination rates. They've challenged Labour to adopt the plan. Will you adopt National's plan?

Hon Chris Hipkins: Look, I haven't had a chance to read it in great detail, and so I will reserve judgment on some of the aspects of that plan until I have had a chance to look at them. It's clear that, you know, the National Party want to throw open the borders, have hundreds of thousands of people coming in. Therefore, one can conclude that the biggest promise they're making at the moment is that they're willing for Kiwis to get COVID for Christmas. The reality here is that they haven't provided any modelling for the number of COVID-19 cases that they would be willing to tolerate or what they would do in certain scenarios, because it would almost certainly result in significant numbers of cases in the community. They've given no indication of what they would do around managing that.

Media: Minister, have you had any information to suggest that there are people COVID positive that are refusing to go into MIQ?

Hon Chris Hipkins: No.

Media: Minister, how fair is it to exclude sportspeople from that trial in MIQ, because surely they'd be great candidates for it?

Hon Chris Hipkins: I think what we will see in the new year—and we've talked about this before—is that some of the things that we might not have been willing to do previously we would be willing to do in the future, and that might include more of those bespoke MIQ arrangements, so sports teams isolating in different environments to our typical MIQ environments. That's not going to happen this side of Christmas, I don't think, but early in the new year I think those sorts of possibilities will become more feasible than they have been.

Media: But you've made exceptions for teams visiting overseas. Wouldn't sportspeople just be an obvious choice? They're going to fly the fern overseas; shouldn't we be helping them to do that?

Hon Chris Hipkins: They're typically coming in in larger numbers, and we are talking about 150 people for the pilot at this stage. But, you know, look, we continue to talk to sports teams about what more we can do to support sports teams being able to come into the country. I think Kiwis enjoy being able to see sports at home, and they also take a great degree of pride in Kiwi sportspeople being able to compete internationally.

Media: Just further to that, individual athletes are struggling to get spots in MIQ. Why are sports teams being prioritised over individual athletes?

Hon Chris Hipkins: It is quite difficult for sports teams to secure MIQ vouchers in a way that's compatible with team-like activity, and so, yes, we do have to—and there's a very high threshold that we're talking about here—have some ability to be able to facilitate that where it is justified. We're not talking large numbers. If you added up all of the, sort of, allocations that we've made for things like sports teams, for various other things—RSE and so on—if you added that all up together, it's less than a fortnight's worth of overall room allocation. So we are talking quite small numbers here.

Media: But those athletes who picked an individual sport, is it just “Tough luck—you picked the wrong sport; you don’t get to go overseas to do your sport.”, whereas a sports team is able to do that because they have different criteria?

Hon Chris Hipkins: Look, I think one of the things I’d be concerned about here is the suggestion that just because someone’s in a sports team that they’re jumping to the front of the queue in order to gain access to managed isolation. We’re talking about a very small number of sports teams. They’re typically nationally representative sports teams—the All Blacks or the Black Caps, for example. It’s not every sports team, and it’s a very, very small number of sports teams.

Media: And just further to Jess’s question, individual athletes have been told that changes are coming. So is that what you sort of foreshadowed earlier in that they’ll have to wait for the self-isolation next year, or what will those changes be and when will they be?

Hon Chris Hipkins: Yeah, look, I haven’t got anything to announce on that, but, of course, we’re always looking at how we can do things differently, and I do think that things will look quite different in the early part of next year to the way they look now.

Media: Just going on from the RSE isolation that’s happening from Monday, what’s the rules around employers just in case people break the rules? Are there punishments? How is the Ministry of Health making sure that they’re implementing this properly?

Hon Chris Hipkins: Sorry, run that one past me again?

Media: So how’s the Minister of Health making sure that RSE workers—employers, sorry, are implementing the self-isolation period correctly—like, if they’re not breaking the rules?

Hon Chris Hipkins: Look, we are seeing really good cooperation from our RSE worker employers. They desperately need these workers for their business. They are absolutely committed to doing the right thing. They’re also very committed to making sure they have access to RSE workers in the future. And so they know that their ability to have that access to those workers depends on them doing the right thing. So we’re seeing a very good degree of cooperation there. I don’t know whether the director-general wants to add anything to that, but I am absolutely confident that those RSE worker employers are going to be doing the right things.

Dr Ashley Bloomfield: Yeah, so the DHBs will be supporting the testing of those workers, but the employers will be expected to, and I’m confident they’ll have arrangements in place. In fact, the workers will be able to work as long as they stay within that bubble, and I’m sure that the employers will be ensuring that can happen by making sure they’ve got the food and other essential services they need to [*Inaudible*]

Media: The housing crisis has been around longer than the COVID crisis has. We’ve seen growing emergency housing social wait-lists growing for some time now. We’ve seen overseas where these particular housing structures have been problems for COVID. What forward-planning and preparedness have you done around those communities with this outbreak? And, in particular to Dr Bloomfield’s point about going in and vaccinating people after they’ve been tested, what proactive forward-planning was done around that in the first place?

Hon Chris Hipkins: So I know that Minister Woods and Williams, as the responsible Ministers around housing, have been doing a lot of work with those emergency and transitional housing providers around vaccination and around ensuring that there is access to vaccination for people in that situation and then, in fact, that we get a good uptake in that area. So it certainly would be good to put that question to them, but I’ll ask the director-general whether he wants to comment on the work that Health have been doing, as well.

Dr Ashley Bloomfield: Certainly the DHBs in all the major metropolitan areas where there is emergency transition housing, that has been part of their plans. In this case, of course, there is an opportunity because they’re going in and testing—but remembering that

people are often in this accommodation for short periods of time, and so it's picking them up through the full range of initiatives that are in the community is most important.

Media: Yeah, in terms of that preparedness work, though, I mean, you could easily look to overseas, and just to Australia even, and see how much the spread there has been in this particular type of housing. I guess I'm just asking, you didn't know before how vaccinated this group of people are, are you confident that the vaccination rates are high there and has a lot of work been put into ensuring that, given we know that it's an area that is going to be problematic?

Dr Ashley Bloomfield: I don't have a readout on what the vaccination rates are for the people in this accommodation, and it will vary, but we can see if the DHB's got that information or is able to collect it.

Media: But, generally, is it high? Because you would want it to be high, right? Particularly in this style of housing.

Dr Ashley Bloomfield: We'd want it to be high amongst all groups, but, yes, particularly in those who are in this situation, that's absolutely right. And, again, I'm confident that all the DHBs have had this as part of their plans.

Media: Just a follow-up [*Inaudible*] also talked about the need to go in and help people [*Inaudible*] infection issues, they're [*Inaudible*] and also quite transient, if that work is also being done?

Dr Ashley Bloomfield: I'll have to come back to you on that.

Media: I also wanted to ask if you have any gauge on the vaccination uptake of ship pilots? Because that was a concern before, whether they would be vaccinated.

Hon Chris Hipkins: I haven't got a granular breakdown, but what I have had is sort of anecdotal feedback that, generally speaking, we've seen a much greater willingness to uptake vaccination amongst that workforce once more intensive one-on-one conversations and briefings have been provided.

Media: And there's been no exemptions granted to them?

Hon Chris Hipkins: Not by me, not that I'm aware of so far. I'll come back to you whether there's been any need for that.

Media: Are there any updated figures on how many in the current outbreak were vaccinated when they got COVID and whether or not they have been transmitting to other people?

Dr Ashley Bloomfield: I gave an update, I think, on Monday with the proportions of all our cases—all the people who are eligible for vaccination, the proportion who were vaccinated, and that was 68 percent unvaccinated, and just 4 percent fully immunised—that is, two weeks since their last vaccination. It's not straightforward, then, to find out how many of those who are vaccinated might have transmitted to others. That will be a piece of work that will be done as part of an analysis of the outbreak subsequently.

Media: National's calling the MIQ system a "lottery of misery", and says it could clear the backlog in a week. What do you make of those comments?

Hon Chris Hipkins: Well, I mean, just to put those numbers into perspective, yes, there is a lot of additional demand for people wanting to come into the country, but simply throwing open the borders isn't a responsible way of dealing with that. To put that into perspective, if we did reopen the border, you're talking about 12,500 people a day who could be coming across the border, or about 385,000 people per month. They could be coming from all over the world. It would be very, very difficult to keep COVID-19 out in those circumstances. In fact, it would be impossible. It would be giving up on trying to keep COVID-19 out of the community. I know that the National Party have talked about the UK, so let's put this into perspective. They haven't provided any modelling for what they are expecting in terms of

case numbers or hospitalisations as a result of their plan. But if we simply take them at their words, which is that they're looking at the UK, translated into per head population comparison, that would see around 16,000 cases, 460 hospitalisation, and 54 deaths per week. If we were the UK, based on a relative size of our population, that is what we would be dealing with.

Media: To be fair, that's not what National's proposing, though. They're saying if you are unvaccinated and you're not a Kiwi citizen or resident, you wouldn't be able to come to New Zealand. And they would only do that once there's 85 percent of the [Inaudible]

Hon Chris Hipkins: If you're dealing with hundreds of thousands of people coming into the country every month, then the reality is COVID-19 will be coming with at least some of those people. Yeah.

Media: Just really quickly, same question for Dr Bloomfield that I asked before. Are you aware of anybody in Auckland during this outbreak that has refused to go into MIQ or has shown resistance—COVID-positive people?

Dr Ashley Bloomfield: I'm not aware of people that have refused to go, but I will say that in some circumstances, the medical officer of health can agree that a person can isolate at home or in a place that is not a managed isolation or quarantine facility if there are good reasons. Sometimes that's because they need supports—if they, for example, have a disability or a medical condition—and there may be other circumstances where, actually, the best place is for them to isolate in their own home, and the medical officer of health is the person on the ground who has the discretion to grant that exemption.

Media: How many of those cases are current?

Dr Ashley Bloomfield: I will come back to you on that.

Media: On the MIQ system, though, it is pretty miserable, isn't it?

Hon Chris Hipkins: Oh, look, there's no doubt that restrictions at the border are having a significant impact on a number of New Zealanders, both here in New Zealand and abroad. There's no question about that. We're doing what we can do to safely accommodate people who are coming and going from New Zealand, and largely coming back to New Zealand. But it is really difficult. I've never underestimated that. And I do acknowledge that, you know, it creates a difficulty. The reality, though, is that many of those people wanting to come to New Zealand from abroad—come home to New Zealand for summer, for example—are looking at New Zealand and saying, "New Zealand's a good place to be at the moment, because we would have more freedoms in New Zealand than the place that we currently are.", because of the situation that New Zealand is in at the moment. And so giving away the advantages that we have in order to allow more people in isn't going to leave us better off.

Media: Two lotteries in, you reckon you've got a better system than the last one?

Hon Chris Hipkins: I think it's fairer in the sense that everybody gets an equal shot. About 10,000 additional people will be coming home as a result of the two rounds of room allocations that we have done using the lobby system. It has taken the fastest finger, if you like, aspect out of it, and it's meant that everybody is treated equally once they are in the lobby, and they get an equal opportunity to be drawn out and have the opportunity to book.

Media: Will you put more transparency in place to show how many rooms are available for each month, which is one of the criticisms that the Kiwis overseas had experienced? And also the technical glitches where people do get in and then they have to refresh, and they're dropped out of the queue and they miss out.

Hon Chris Hipkins: I haven't heard much on the technical glitches. Certainly happy to look at that. And we could certainly look at whether we could release, for example, a breakdown of the month-by-month rooms that are being released in any given ballot. Certainly happy to go away and have a look at that.

You haven't had a question, so I'll come to you and then over to Henry.

Media: Thanks. On the 12 cases from today which have yet to be linked, is there any more information you have about them? And any way that they—are any of them associated with one another, for example, or anything like that?

Dr Ashley Bloomfield: The only additional information I had before I came down was that for six of them, there appeared to be a link to an existing case. And that was because they had used a SURV code with their test. But other than that I don't have additional information, other than basic demographic information, because the interviews are ongoing.

Media: So they may have [*Inaudible*] as a result of being notified that they are a contact, or something like that?

Dr Ashley Bloomfield: That's correct, or they may have been picked up through surveillance testing, but, certainly, at the moment we know at least half of them had used a surveillance testing code.

Hon Chris Hipkins: Henry. Last question with you.

Media: Minister, one of the things Judith Collins was asked about today was vaccine mandates for customers, and whether she's comfortable with private businesses using them. Obviously, I think most people agree a concert, you know, make people get vaccines to come in. She said she'd be comfortable with airlines using it for domestic passengers, and for supermarkets barring unvaccinated people from coming in as well. Is that something that the Government would be comfortable with, or is that a step too far?

Hon Chris Hipkins: I think, around airlines—I know that airlines are having those conversations and we are talking to the airlines about those issues at the moment, and that's an international conversation that is happening—

Media: Even for domestic flights?

Hon Chris Hipkins: That is an international conversation that is happening and I imagine that that will spill through into domestic airline activity, not just here but around the world. In terms of supermarkets, I think the idea that you would deny people access to food because they're not vaccinated, I think, might be a step too far. [*Interruption*] Now, you didn't get a question so I will let you have the last question.

Media: Thank you. Just a question for a colleague. So when an international athlete does seek an MIQ spot, what's the process? What criteria is used to determine their application?

Hon Chris Hipkins: Ultimately, if they're coming in under a specific sporting allocation, then it has to be sponsored by the national sports organisation. It has to meet a very high threshold, which is, you know—the national significance threshold is quite a high one. Therefore the majority of people who are coming, if they're leaving for sporting-related reasons, will be using the MIA system, the same as everybody else is. It is a small number, as I said, that we're talking about through any other allocation system.

Media: One of the other ideas that National has is vaccination stations outside nightclubs. Is getting jabs outside clubs anything that you guys have entertained?

Hon Chris Hipkins: I'm not sure that when people are loaded up on alcohol that that is necessarily the right environment to be safely administering vaccines.

Media: Any thoughts on that question?

Dr Ashley Bloomfield: My hope is that people will get vaccinated, and particularly in Auckland, before we're in a situation, and around the country, where nightclubs are open again, and I would have thought that's a great motivation for people to be vaccinated whatever age they are.

Hon Chris Hipkins: All right, you definitely have the last question.

Media: Thank you. Will people have to provide ID alongside a vaccine certificate when they're rolled out in a domestic setting?

Hon Chris Hipkins: It'll ultimately be up to how the venues enforce any rules, if there were any rules. The vaccine certificate will have a person's name on it. It will have the ability to check that against the database to make sure it's an authentic vaccine certificate, using QR code technology. So the person checking it would be able to scan that QR code and check the name against the name that's on the database for that QR code, if that makes sense; so, therefore, stopping people just taking someone else's QR code and manufacturing their own vaccine certificate. It would be wise, of course, to check that the name that's someone is presenting with is actually their name, and so they may ask for some other form of identification for that purpose. Right, thanks, everybody.

conclusion of press conference