

**ALL-OF-GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 6 OCTOBER 2021
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou. Good afternoon, everybody. I'll ask Dr McElnay to run through the latest numbers and then we'll spend a bit of time talking about vaccination, before opening up for questions.

Dr Caroline McElnay: Thank you, Minister, and kia ora koutou katoa. Today, I'll give a short update on today's cases, the latest on the situation in Waikato, and finish with some updated advice on the gap between vaccine doses.

But, firstly, I'm very sad to report the death this morning of a patient with COVID-19 at Middlemore Hospital. Further details will be available later today, after discussions with their family. But, on behalf of all New Zealanders, I'd like to recognise this family's loss and offer our deep sympathy.

Turning to today's new cases, there are 39 new cases in the community to report; 30 of these cases are in the Auckland region, and nine are in the Waikato. That brings the total number of cases in the Waikato to 18. There are also two cases to report in recent returnees in our managed isolation facilities, and one further case in a border worker, which remains under investigation. The whole genome sequencing is under way to determine whether that case is linked to the border or whether it will be classified as part of the community. Of today's 39 cases, only one is yet to be linked to a current case, and interviews into this case are ongoing. And, also, an update from yesterday's cases: there are four which remain unlinked from the ones that were reported yesterday. We have 12 active sub-clusters where there have been recent cases, and they still remain the focus of our public health response. So looking ahead, we estimate, from the number of already notified contacts, that there could be an additional 36 cases in coming days amongst known household contacts. For hospitalisations, there are 32 people in hospital with COVID-19; seven of which are in ICU or a high-dependency ward.

For testing: swab numbers remain high, with 24,714 swabs processed yesterday throughout the country. In Auckland, there were 13,331 swabs taken across the city. So thanks to everyone who came forward. In Auckland today, there are 22 community testing centres open; of these 16 are pop-ups, including a new centre at Hillsborough Park, while the Manukau Sports Bowl pop-up has now closed.

Back to Waikato. Of the 18 cases in total in Waikato, of which we're reporting nine new ones today, we know that they are all linked to known cases, either as household contacts or socially. Two of these new cases reside outside the alert level 3 boundary in place, and that's at Kāwhia and Karapiro. Auckland DHB are setting up a pop-up testing centre at Karapiro. There are five testing sites operating in Hamilton, Raglan, Huntly, and Tokoroa today; with all five being open for extended hours to cater to any expected lift in demand. An existing site at Founders Theatre car park in Hamilton remains open.

Waikato DHB have also informed us that a patient visited its emergency department last Friday night between 10.30 p.m. and 1.55 a.m. That person has now tested positive for COVID-19. The patient was asymptomatic on arrival at ED, was screened by staff who were following alert level 2 infection prevention and control protocols. Despite adhering to these protocols, out of an abundance of caution the DHB has temporarily stood down a number of ED staff who are self-isolating, undergoing rapid testing with results expected later today. Some of these staff were working a different part of the ED to the case but are still being tested as a precaution. Public health staff at the hospital are continuing to investigate this incident and working directly with every affected staff member, and we expect that some will be able to resume work, following a negative test today.

There does continue to be exposure events at hospitals. This is not unexpected. It is important that people get help when they're sick, and it's important that we know that our hospitals are safe. Our hospitals have strict infection prevention and control measures in place, including the use of appropriate PPE. However, for smaller, contained exposure

events, where there is a low risk to the public, going forward we won't be routinely reporting on these, but we will continue to report any exposures of significance.

And finally, in light of the increased risk from the current Delta outbreak, the Ministry of Health is advising New Zealanders to consider a shorter gap between the two doses of the Pfizer vaccine than the current standard of six weeks. That's because we need to protect ourselves, our whānau, and our communities. We need as many people as possible to have their first dose to be partially protected, but we also need all those people to be fully vaccinated with two doses as soon as possible.

In August, we extended the standard gap between the first and second doses of Pfizer vaccine from three weeks to six weeks to allow us to give one dose to a larger number of people faster, but now, by enabling people to have that second dose sooner, but after at least three weeks, more people can be fully vaccinated sooner, and hence increase our community immunity. Back to you, Minister.

Hon Chris Hipkins: Thank you, Dr McElnay. Clearly, cases outside of the boundary are a stark reminder of how tricky the virus can be to manage, and, of course, how dangerous it can also be. We're seeing COVID-19 tracking down unvaccinated people, and it's making them sick. Our goal is to get the vaccine to people before COVID-19 finds them. We've now fully vaccinated half of the eligible New Zealand population, and in Auckland, around 85 percent of people have received at least one dose of the Pfizer vaccine. Yesterday, 63,624 people received a dose of the vaccine—the majority of those being second doses. Because we're an innately competitive country, it's worth noting that the North Island and the South Island are now neck and neck in the race to be the most vaccinated island, both islands sitting at precisely 80 percent of their eligible population having received a first dose.

This week, a 30-strong team has been set up to support disabled people to access transport and to get vaccinated in a way that suits their needs. It's another piece of our plan towards continual improvement to make the vaccine accessible to everyone. So to speak with our support specialists, people can call the COVID-19 vaccination healthline on 0800 28 29 26. It's free. That's from 8 a.m. to 8 p.m. Monday to Friday. If they press 2, they'll speak to the right team.

By far the biggest and most powerful weapon that we have in our fight against COVID-19 is vaccination. Vaccines reduce the risk of getting COVID-19, they reduce the risk of getting really sick if you do, and they reduce the rate of transmission. They're safe, we've got plenty of them, and everyone over the age of 12 can now get them. Our strategy to date of keeping COVID-19 out and vigorously pursuing cases that do emerge has served us very well, but we can't keep doing that forever, and new challenges, like the emergence of the Delta variant, has made it harder than it was before. As the Prime Minister said on Monday, getting back to zero cases of COVID-19 in the community is now unlikely. We need to prepare for a gradual transition to the next phase of our COVID-19 response.

New Zealanders have consistently shown over the last year that they're willing to pitch in as part of the team of 5 million, and to help us confront the challenge of COVID-19 head on. We need to channel that energy into a final big push to get New Zealanders vaccinated. We have within our reach another significant COVID-19 milestone. We can be one of the most highly vaccinated countries in the world, but to get there we will need a big collective effort. We all have a role to play in getting our vaccination rates up.

So my message to the 80 percent of the eligible population across New Zealand who have had their first dose is this: your job is not yet done. You still need to make sure you get your second dose, but you also need to help us reach those who have not yet been vaccinated. You need to help us get them comfortable with being vaccinated. So we want you to talk to them about the reasons that you have chosen to be vaccinated. We want you to help make sure they get reliable, honest information about the vaccine. And we want you to help deal with any logistical barriers that may have stopped them being vaccinated. The next week and a half is critical. We want to pull out all of the stops to increase our vaccination rates. It has never been more urgent.

So we're asking everyone to contribute to a big, nationwide push for vaccination. This will culminate in a national day of action for vaccination on Saturday, 16 October—Super Saturday. On that day, we'll have vaccine clinics open throughout Aotearoa all day and into the evening, and a bit like on election day, we'll be asking all of our civic and political leaders to contribute to a big effort to turn people out. We currently have 350,000 appointments available on Book My Vaccine over the next 10 days, and that doesn't include vaccinations available through many of our general practice sites, where around 20 percent of New Zealanders have been getting their vaccines.

We're working to increase that capacity even further, but what we need now is demand. Tomorrow, we'll be releasing maps that show where the highest concentrations of unvaccinated people are by suburb. This will be helping our local iwi, who have been pushing for this; our local communities; and our local MPs to work together to mobilise their communities. Whether that's going door to door, working the phones, waving signs, there will be a role for everybody to play here.

Our political parties have different views on aspects of the COVID-19 response, but we are all united in one thing: vaccination. So Super Saturday will be an opportunity for all of us to put aside our political differences—just for 24 hours—and work together for a cause that we all support.

A webpage will be going live this afternoon with key information about the day and how people can get involved in it. We're also asking our business community, our media, and our community groups to play a role in this, as well. Those that want to offer incentives to the unvaccinated to get them through the door are encouraged to do that. We'll be asking parents and grandparents to encourage young New Zealanders to take up the opportunity to be vaccinated. We want to leave no stone unturned. No one should be left behind because they haven't had the support that they need to make an informed choice about vaccination.

Our response as a nation to the challenges posed by COVID-19 has been world-leading, and now we need a world-leading uptake of vaccination. So my request to everybody is this: let's pitch in and let's get this done.

Happy to open for questions.

Media: Minister, how many gang members are in this current cluster?

Hon Chris Hipkins: I don't have a number—can't quote a number—but I don't have the precise number on that. I'll ask Dr McElnay whether she has a more precise figure.

Dr Caroline McElnay: No—no, I don't have any precise number.

Media: It's quite a large number of gang members in this outbreak?

Hon Chris Hipkins: Yes.

Media: OK, and does that pose a different kind of bespoke set of public health risks, if you've got people who are perhaps operating in the shadows? How do you ensure that they're vaccinated, and how do you ensure that they're contact traced and the rest?

Hon Chris Hipkins: I think one of the biggest things that we have to do is ensure that we get as much cooperation as possible, and we do whatever we need to do to get that level of cooperation, within reason. But it does, of course—there's no question about it—pose some bigger challenges if some of the people involved have been more active than would be consistent with the alert levels in the areas that they have been, and so that does pose additional challenges for us. But our focus here is a public health one. It's about contact tracing; it's about getting testing, getting vaccination happening.

Media: Is it your understanding the drug deal has been part of the transmission of COVID in this cluster?

Hon Chris Hipkins: I don't have any information. I could speculate the same as everybody else, but I don't have any specific information on that.

Media: We've seen gang leaders from the Waikato come up into Auckland and be given special exemptions. Can you let us know how many other gang leaders you've given exemptions to, to come into Auckland to help facilitate the vaccine or the testing regime?

Hon Chris Hipkins: So I haven't personally given the exemptions; they've been given by public health officials. My understanding is, as far as I know, there are only two who have been given those exemptions, and they have been there to help ensure that there is cooperation with those who are doing the contact tracing, the testing, and all of the other measures that go alongside the public health response.

Media: And how important is it for people like the Mongrel Mob leaders to actually be getting out there and talking to these people, who may not be listening to the 1 o'clock pressers, who may not be listening to the Government messaging? There's a lot of criticism of the Government for granting that exemption, but given how many gang members have caught it now, is there an argument that that's the reason—that's what we need to be doing?

Hon Chris Hipkins: Ultimately, our number one priority here is to stop COVID-19 in its tracks, and that means doing what we need to do to get in front of the virus with our contact tracing and with our testing, and where we've been able to enlist gang leaders to help with that and where they've been willing to do so, we have done that. Look, I have no time for the gangs. I don't have any sympathy for them, but the number one priority here has to be to stop COVID-19.

Media: So what do you say to people who say that you're giving them special treatment?

Hon Chris Hipkins: Look, if there was another community organisation or some other entity where we needed to get someone in in order to make sure we were reaching into the places where we needed to reach to, then that's exactly what we would do.

Media: Is there anyone with COVID unaccounted for at the moment?

Hon Chris Hipkins: You mean in terms of we don't know where they are?

Media: Yeah.

Hon Chris Hipkins: Well, it is possible that there are contacts out there that we are not aware of, but we're certainly doing our—our contact tracers are doing their absolute best to find them. My understanding is that everybody who has been identified as a positive case is accounted for. I think we had an issue yesterday, which I think was resolved quite quickly, but as of right now I'm not aware of anyone who's out there at large with COVID-19.

Media: Can I just clarify some of the rules, because there's still some confusion about the phase 1, mainly because the Government put up different sets of rules for these things. Can playgrounds open?

Hon Chris Hipkins: Yes.

Media: Can stadiums open under alert level 2 with more than 100 people?

Hon Chris Hipkins: I'll have to check that one for you.

Media: Can you go to the toilet if you go to your friend's house for a barbeque?

Hon Chris Hipkins: No—unless it's an outdoor toilet.

Media: Why are there a different set of rules for people who are socialising—so you can have two bubbles for socialising, up to 10 people. If I have a group workout class there can be up to 10 bubbles, why is that?

Hon Chris Hipkins: They'll be socially distanced. If you look the guidelines around those kind of group activities, there are additional requirements for things like a group workout where people have to be a certain distance apart and so on.

Media: So if friends want to catch up and take their yoga mat along than that's fine?

Hon Chris Hipkins: If it was part of a structured class and they were following all of the relevant guidelines, then yes they could.

Media: It seems a bit incongruous though to have only two bubbles but 10 bubbles—what's the difference here?

Hon Chris Hipkins: Well, the difference is that people are participating in a structured activity where there is supervised and structured distancing involved here.

Media: Dr McElnay, what supports have been given to the family of the person who has passed away at Middlemore Hospital?

Dr Caroline McElnay: The Middlemore Hospital and the Auckland Counties Manukau District Health Board will be putting those supports in place. They have, obviously, been looking after that person for some time, so there will be a wraparound service offered to the family.

Media: Minister, whāngai isn't listed on the COVID-19 website as a parenting arrangement. Why is that?

Hon Chris Hipkins: Sorry?

Media: The term whāngai, sorry: the cultural practice of whānau raising other whānau member's children.

Hon Chris Hipkins: Look, I'm happy to follow that one up and look at that as to whether or not that should be included there.

Media: A mother was denied passage through the Auckland border. She says it's because her parenting arrangement was whāngai and not sanctioned by the court, per se. Do you think that that's fair?

Hon Chris Hipkins: Look, very difficult to comment on individual cases without specific information about the case in front of me.

Media: In general, do you think that the term whāngai or the cultural practice of whāngai should be a reason to allow people to travel through the border?

Hon Chris Hipkins: Potentially, but look it's something that I'd like to go away and have a look at.

Media: On the vaccination push, what's the hold-up for mandating vaccinations for teachers?

Hon Chris Hipkins: We have been consulting—I think I foreshadowed this a week or two ago—with more of our health workforce, and we've also had some consultation in recent days, really, with our education workforce and representatives of the education workforce. Cabinet will need to make final decisions about a mandate requirement which I fully intend to take to Cabinet at the next Cabinet meeting, and then we'll be able to announce it after that.

Media: Teachers and schools should prepare; a mandate is coming?

Hon Chris Hipkins: If I was a teacher, I would certainly be making sure that I was getting my first dose of the vaccine at this point.

Media: Can we have a few more details, just about the deceased? Could you just tell us, for example, how old they were, how long they'd been in hospital, did they have any underlying conditions?

Dr Caroline McElnay: I don't have those details, but, as I said, we will be able to share details later on once we've consulted with the family.

Media: Sorry, why wouldn't you have those details? I mean it's a pretty big piece of information that's—

Dr Caroline McElnay: I don't have those details. That information was given to me this morning but I don't have the details behind the death.

Media: This morning was hours ago. That should be something that we—

Dr Caroline McElnay: There's conversations happening with the family and we have to respect the family's wishes. They're obviously grieving, and so when we're able to release information, we will. I personally don't have that information; staff at Middlemore do. We will release that information when the family are comfortable for us to release details.

Media: Are you going to expand the level 3 boundary in Waikato?

Hon Chris Hipkins: We haven't made an immediate decision to do that but it's certainly something that we will keep under review over the next 24 hours to see what—

Media: You've got cases now that are in level 2, do you not?

Hon Chris Hipkins: Well, we're looking very closely at that. It is quite a contained community, from what I gather from the people who have been up there doing that work, and there's a good degree of cooperation and compliance there. But yes, it is possible that we would extend the boundary. One of the questions will be exactly where does the boundary go to, because if you take Kāwhia and Karapiro, that potentially extends the boundary quite a big way. So we'll work through that, we just haven't made immediate decisions on that.

Media: Is there a chance—given that the original Raglan case was five days infectious before becoming sick, is there now a chance that there are cases outside the level 3 boundary, you know, a number of cases outside that boundary that we don't know about?

Hon Chris Hipkins: We do know a bit about the movement of the people concerned within those areas, and that is certainly helping to isolate the risk. And we are seeing some really proactive activity amongst that particular group at the moment. But I'll perhaps ask Dr McElnay whether she has an insight.

Dr Caroline McElnay: Certainly. I've spoken to medical officer of health in the Waikato today and they are certainly very—they're confident that the cases are all linked. There's a very clear and strong linkage with those cases. The further, more widespread, testing that's been happening hasn't uncovered other cases that are unlinked, and that's a very critical point. Waste water surveillance is still negative in and across the Waikato area. So we're awaiting their specific advice about whether or not we need to do anything particular for these two new cases outside boundary.

Media: Did you hold off—or did the Government hold off—unnecessarily meeting Pfizer executives last year, in the early arrangements, as National's claimed?

Hon Chris Hipkins: No, not at all. Look, my understanding is that Pfizer sent out a letter in June. It was sent to a number of countries. Discussions with Pfizer commenced not long after that. The negotiations typically involved the signing of a confidential disclosure agreement. My understanding is that that was supplied by Pfizer to New Zealand—to New Zealand's representatives—towards the end of July; signed very quickly thereafter, and conversations were ongoing throughout that period. So I don't think we were slow there.

It's also worth remembering that at that time, there were 200 different vaccines on offer and everyone was trying to sell them to us, and, at that point, we had to make some judgments about who we thought the most likely ones to be successful were, and if you look at the four that we ended purchasing, I think we made quite good decisions about which ones to go with. But there were a number of people—number of companies—at that point saying we've got a vaccine in development, you should buy some. And Pfizer was one of the ones that we decided that we would buy and it's proven to be a very good decision.

Media: Did you run into supply issues, though, because of the speed of other countries compared to New Zealand in that time frame?

Hon Chris Hipkins: No. If you look at what we purchased initially, we purchased 750,000 courses of the vaccine—so 1.5 million doses of the Pfizer vaccine—and we did get access to those in accordance with the agreement that they entered into with us.

Now, it's difficult to go crystal ball gazing back through time and say if we'd asked for 5 million courses of the vaccine at that time, would we have been able to get them earlier? I don't know the answer to that and we will never know the answer to that. We made the decision early this year to order those additional doses and then they were delivered in keeping with the schedule that Pfizer agreed with us at that time.

Media: [*Inaudible*] as we continue to look at boosters and other medical treatments, in terms of the speed and how six weeks can actually become a very long time in an outbreak, like we've seen in the last month.

Hon Chris Hipkins: Look, it's a rapidly evolving space and it has been since the beginning. I think if we rewound back to just over a year ago—it's actually more than that now—to when conversations around vaccines first started, even the most optimistic people, I don't think were predicting that we would be this far through vaccination across the globe as we are now. The vaccines got to market really quickly, and I think we should all be really pleased about that. It potentially means that the global pandemic will come under control faster than it might have otherwise—than it otherwise would have done. But back then there was still a lot that we didn't know, and it is always easy to look back now with what we do know now and say: could we have done things different? Undoubtedly, yes. But we had to make decisions based on what we know at that time.

Media: I guess just following up from Derek's questions, we're seeing a rising number of cases and the spread down through the Waikato down to Kāwhia, Cambridge, and a large number of these cases infectious in the community. Are we losing control of this outbreak?

Hon Chris Hipkins: As I've said, my understanding—and the feedback that we've had from our contact tracing teams—is that they feel that these additional cases are reasonably well contained, in the sense that they know who their contacts are, they are all linked to one another, they know what the train of transmission was. If we start to see more cases popping up, then that changes the dynamic quite quickly, but at this point the feedback we've had from the contract tracers is that we don't need to make a boundary decision immediately. But we will keep that under review, and if we do feel like we need to in the next 24 to 48 hours then we will do that, and we can do that quickly.

Media: On vaccine certificates, in terms of mandating them for large-scale events, do you anticipate that sports events will be part of that, in terms of big rugby matches and what have you?

Hon Chris Hipkins: We haven't made decisions about exactly where we will draw the line, or what's in and what's out in terms of the vaccine certificate and where you might need to produce it in order to enter. But it is likely that big events, sports games at stadia for example, concerts, big hospitality venues—those are the sorts of areas where I expect we can conclude that they're highly likely to be included.

Media: Another question for both of you: what do you make of public criticism from a public health doctor within the Auckland public health unit who said yesterday, I'm quoting, that “we couldn't get back to zero cases because COVID took hold in communities that mainstream society forgot. Our current situation is entirely due to poverty, housing, and colonisation.”?

Hon Chris Hipkins: Look, I think it is true that COVID has taken hold in some of the most disadvantaged parts of our community. Around the world, when we look at what's happening around the world as vaccination rates increase, that is increasingly the pattern in other countries as well. COVID-19 finds the most vulnerable people in the community, and it finds people who haven't been vaccinated. Often, those two groups are one and the same, and that is absolutely our experience of this outbreak here in New Zealand.

Media: Have you failed to sufficiently protect those communities with vaccination and to engage with them in the response, in terms of contact tracing, testing?

Hon Chris Hipkins: There has been an awful lot of effort put into increasing our vaccination rate in those vulnerable communities, including working with our hauora providers, our iwi

health providers, our Pasifika health providers, primary care, pharmacies, putting pop-up vaccination clinics in, sending the buses out. It is a difficult community to reach. They are people, in many cases—and I don't want to generalise everybody, because I don't think that's fair. But we are seeing within those communities a disproportionate number of people who don't trust Government generally, and that distrust is built up over generations, potentially. So that means that we have to do different things in order to reach those communities.

Media: On vaccination rates, what are they in Cambridge, Kāwhia, and Ōtorohanga at the moment? And how concerned should those communities be—as well as the communities outside that Waikato boundary who are possibly exposed?

Hon Chris Hipkins: The only one that I've got of those three that you mentioned so far is Kāwhia—I'll see if I can find the other two for you and come back to you. The health database is showing 362 people within the population who are eligible for the vaccine, 248 of whom have had the first dose, and 149 second dose. So, in percentage terms, that's 69 percent first dose and 41 percent second dose. We'll see if we can find those other two communities for you and come back to you on that.

Media: I just wanted to follow up—are you satisfied that those teams that have been trying to reach those corners in those hard-to-reach communities have had those tools, have the best equipment to find them? I mean, I think the rapid antigen testing is still in the trial phase so they haven't been able to use that, is that correct? And have they been able to use saliva testing? Have they been able to go door to door?

Hon Chris Hipkins: Well, if we're talking about vaccination, yes I think they have good tools; I think the tools are getting better. One of the bits of feedback we've had around the vaccination is that there's better data, and so we're working with them to get better data, and you'll see that we're getting better data too in terms of granular by neighbourhood data.

In terms of testing, a PCR test is still the best way of identifying the risk. One of the things about rapid antigen tests is—the international evidence here is pretty clear—they're good at detecting acute infections, so people who are already infectious. PCR tests tend to pick people up a bit earlier than a rapid antigen test will, so at this point, in this particular outbreak, PCR tests are still the best option. In terms of rapid antigen tests, Dr Verrall is leading this work. I do expect that in the near future we will see rapid antigen tests more widely used in New Zealand in a wider range of settings and on a much more frequent basis.

Media: You've been disappointed with how quickly saliva testing has gotten across the line. You know, those people might not have wanted a PCR test unless it's non-invasive. Have they been offered saliva testing if they've said no to PCR?

Hon Chris Hipkins: Well, saliva test is a PCR test; it's just a different sampling method. The overall testing methodology is the same; it's just where the sample was drawn for. It was either drawn from saliva or from nose, but the processing is still the same. It's the processing there that's largely the challenge, because the sample has to be sent off to a lab. With a rapid antigen test, it can be done almost instantly on the spot. It's about 15 minutes to process that. When we can get to the point where we can use those much more widely, yes, we will be doing that. They are being tested at the moment. They are being used in this outbreak at the moment. And so we are getting good information from that, and I do expect that we'll see more rapid antigen tests fairly soon.

Media: You'd be aware that 25 large businesses are asking for emergency use of antigen testing, want to bring in about 370,000 tests within the next seven days. Is that a reasonable expectation on that, though?

Hon Chris Hipkins: Look, I understand the underlying motivation. I think it's a good motivation, which is that they want to provide more tools for the people who they are working with to be more frequently tested and to identify risk. I'm aware of other countries around the world where rapid antigen tests are now being widely used as part of risk mitigation. One of the reasons we've been reluctant in New Zealand is that they are good at detecting acute infection, but detecting early onset infection, not so good. And one of the concerns there is

that particularly when we're dealing with this, and it's still in this phase where we're trying to stamp out every case that we get, they, potentially, give people some false comfort. So—

Media: So one week is probably not realistic?

Hon Chris Hipkins: Not within the next week, I wouldn't have thought. But I do, as I said, see that more rapid testing will become a bigger part of our response fairly soon.

Media: Why does draft legislation anticipate the commandeering of private laboratory testing capability and supplies? What's the Government planning in that area?

Hon Chris Hipkins: Nothing at this point. That is to make sure that if we need to in the future, we have the ability to surge up our testing when we need to. There is nothing immediate on the books around that at the moment.

Media: Minister, did Pfizer offer in June, or close to then, early access to vaccines in 2020, earlier than the end of the first quarter that we eventually got them?

Hon Chris Hipkins: Not to my knowledge, no. I'll come up to Newshub, and you can figure out which one of you asks the question.

Media: Thank you. I'll go first. Thanks, guys. The index case in the Waikato, did they go to Auckland and catch COVID or did someone come from Auckland and give them COVID, or Hamilton?

Dr Caroline McElroy: I don't actually have the details there of the direction of transmission. And there's still a little bit of uncertainty between the two initial cases that reported, which one is the index case. We still are working on the premise that it was the Hamilton case that is the index case. But I don't have the precise details, but I am informed by the public health teams there that they do have a strong connection with a case in Auckland.

Media: Because no one seems to be able to answer that question for us, and maybe it points to the fact that if there was some nefarious activity going on within this outbreak, are you certain that these cases are being upfront with you and cooperating?

Dr Caroline McElroy: Yes, the teams have reported that cases are being very willing to share information. At the beginning of an investigation like this, when a case appears in the community, you're always a bit on the back foot because you're then rapidly trying to find out what's happened. But there's no indication from the public health teams that they're not getting information from the people concerned. But also they are—speaking to an earlier question—they are using all resources at a community level to work with those individuals and to work with their social contacts in order to make sure that we do get that information, because, obviously, the more information we can get, then the more testing that we can do and manage any cases as they appear.

Media: Can I just ask: why are you setting up a testing station in Tokoroa? Do you think that there are cases that far south?

Dr Caroline McElroy: Tokoroa—I don't—did I say "Tokoroa"?

Hon Chris Hipkins: I think, from the conversations this morning, I know that there's pop-up testing happening around the broader region as part of the surveillance to see whether anything has leaked out there and to see whether there's anything happening there that we haven't picked up.

Dr Caroline McElroy: Sorry, it's part of our surveillance approach where, yes, we're specifically looking at places of interest for case finding but we also want an assurance that there hasn't been any further spread. So it's a general approach that we step up testing stations so that people can get tested.

Media: And, Minister, are you disappointed that the website was changed so many times with the rules last night?

Hon Chris Hipkins: Sorry, look, it's—I don't update the website myself, so I'm not sure what the updates were last night. Obviously, we try and get information out that's clear and consistent, and so if there was a bit of switching around, then, you know—

Media: How do you reckon you've done at getting that clear and consistent information out there?

Hon Chris Hipkins: Look, I think if you—some days are better than others. But if you rate it since the beginning of the pandemic, over the last 18 months, I think we've done pretty well.

Media: On sort of encouraging every Kiwi to get vaccinated, how would you both start those conversations with the hesitant? If you were the shoes, how would you open up that conversation with someone who is hesitant?

Hon Chris Hipkins: I think understanding the motivation for being vaccinated, for those who have been vaccinated, actually does help with the unvaccinated. There are some things that put people off, so generally avoid talking about needles—that's pretty clear. It comes through in the research that needles are one of the things that put people off, so don't talk about that part of it, but talk about the underlying reasons for being vaccinated. Where people have got questions about the science, you know, "What does the vaccine do?"—particularly questions about the mRNA nature of the vaccine—make sure you're referring them to someone who can speak knowledgeably about that. A health practitioner is probably your best bet there. There is some really good information from health practitioners, with health practitioners speaking, available online. Refer them to that information.

Media: And, doctor, you know, with your experience, you must have had these conversations before. How do you go about starting them?

Dr Caroline McElnay: I completely endorse everything that the Minister has said. An anti-vax perspective is not something that's unique to COVID and it's certainly something that we've experienced before with other childhood immunisations, and I think it's about being clear. It's about understanding what the concern is, because people do have a number of concerns, and sometimes they are as straightforward as not liking needles, or, often, they've heard something and they assume that that "fact" that they heard is actually true. So it's understanding what is the concern that people have and being able to step through those concerns, and a conversation with trusted people—you know, people that you do trust—and health professionals are in that category of highly trusted individuals. There's a wide range of health professionals, so I would certainly encourage people who have concerns to talk to a trusted health professional to get the real facts.

Hon Chris Hipkins: One further observation from me on that: one of the things that we are picking up informally and through the feedback that we're getting is that the number of people who are staunchly anti-vax isn't a particularly large number. What we are seeing is quite a number of people who are saying, "I'll probably get one, just not right now." They don't necessarily see it as being something that's urgent or something that they need to do right at the moment, but they think that they'll get to it eventually. So, really, one of the messages that we want to convey and we want the rest of the community conveying is that, actually, now is important—there is an urgent need to do this and, please, do it now.

Media: Just on the Waikato Hospital case that came in on Friday, are there any more details we have on it, because we understand that the staff were only stood down—was it this morning? That's a five-day period of time. How long was the person in hospital for? Do we suspect they had COVID whilst in hospital?

Dr Caroline McElnay: I only have limited information on the particular case, but my understanding is they did not present with COVID-like symptoms, but they have tested positive since and, as part of the routine backward look that we do to see where people have been whilst they were infectious, the ED department has then come up as a—similar to a location of interest, where the person was there whilst they were infectious and, hence, the follow-up of the staff there.

Media: And just on hospital capacity throughout Auckland and in the Waikato, with staff being stood down, is there any extra capacity that's being brought in, or are hospitals struggling with these staff members being stood down?

Dr Caroline McElnay: I haven't heard any concerns from Waikato today. As I say, they were getting rapid testing done, so results come back quite quickly. We would expect a number of staff who have been stood down to be able to resume work. We'd also expect a high number of those staff to be vaccinated already. So I haven't heard any comments from Waikato that there's a particular pressure at the moment, and, certainly, that's one of the questions that we've been putting to all of our district health boards—is have they got any concerns about their staffing. And, appreciating the pressure that Auckland has been under for some time, for the rest of the country, we've got confidence in the staffing there.

Hon Chris Hipkins: We'll get working along the back row there.

Media: Can I just follow on that and have my own question? There's been a number of exposure events in Auckland. What considerations were made regarding those when you decided to ease level 3 restrictions?

Hon Chris Hipkins: Obviously exposure events are something that we always take into account. We have modified level 3 restrictions to give people a little bit more freedom, but we are still at level 3 in Auckland. There is still risk in Auckland, and that's why we have stayed at level 3, and we haven't moved further than that. So we do consider all of that.

Media: And do you regret that modification, given the spread now down into the Waikato?

Hon Chris Hipkins: No, I haven't seen any evidence to suggest that even the shift from level 4 to level 3 would have necessarily stopped the chains of transmission that we have been seeing through the current outbreak that we're dealing with.

Media: And just for a colleague—there's been lots of discussion on roadmaps. How much longer will the South Island be at level 2 and is there a roadmap for the South Island—what would that look like?

Hon Chris Hipkins: I think, as the Prime Minister's set out—and we'll talk more about this in the next couple of weeks—it is likely that we will start a transition to a different way of managing the risks around COVID-19, and that will happen gradually. It won't be a sudden big bang, but it means that level 1 as we knew it previously will probably look a little different in the context of a highly vaccinated population, and our response to individual cases or individual clusters of cases will probably be different as well. We're working our way through that. I haven't got any announcements to make on that today but there will be more coming in the coming weeks on it.

Media: Minister, on the transition away from elimination, the Prime Minister has said on Monday that that was only possible because we've achieved much higher vaccination rates than we had previously. I'm wondering if you can give a sense of where the line was in terms of when that become more possible. You know, if we'd had only a third of the population fully vaccinated or less than 60 percent of one dose, would that have been doable at that stage?

Hon Chris Hipkins: Certainly getting up to 80 percent of the eligible population now in the vaccination programme—so at least having had at least one dose—that is a good number and that is very helpful. We obviously want to keep pushing, so our forward bookings now suggest that we'll get to 82 percent based on the people who are in the booking system. But as I've outlined, we can do better than that. When I look around the world and I look at other countries who have done really well, Portugal have got about 98 percent of their eligible population vaccinated; that's given them one of the highest vaccination rates in the world. I think if they can do that, we can do that too. So my message really is: every vaccination helps and every vaccination puts us in a stronger position.

Media: If the rest of the country had had the vaccination rates that Māori currently have, would we be able to transition away from elimination?

Hon Chris Hipkins: I wouldn't necessarily want to speculate on that. If I look at some of the countries who have been transitioning slowly and progressively down through restrictions, they've generally managed—they have often started with a lower vaccination rate than we have at the moment and they've taken small steps, as we are taking small steps. And the countries that have taken that approach have tended to go back less, whereas the countries that have taken bigger steps towards removing restrictions have then had to sort of lurch backwards and forwards. So I am looking at other countries: Ireland, Denmark, they have been more sort of slow and steady in the way that they've stepped down, and that's the approach that we're taking here.

Media: So just on boosting vaccination rates among sort of hesitant, so why were Auckland GPs only in the last six days funded to call Māori and Pasifika patients? Shouldn't that have sort of happened months ago and shouldn't that be happening sort of for the rest of the country now the virus is out of Auckland?

Hon Chris Hipkins: GP practices and primary care practices are funded on a per-dose-delivered basis, and that model has served us quite well up until now. As we get to the tail end of this and the people who they're seeking to reach—some often require a bit more of an intensive approach—then, of course, we do look at the way we fund that. But up until the last week or so, the issue has been we've had lots of demand coming in and we've been making sure we're vaccinating as fast as we can. As that demand for first doses drops away and as we see we've got to go out and push more into finding people and encouraging them to come forward, that will be a bit more intensive, and so yes we do look at doing things differently.

Media: Minister, a 63-year-old man was arrested in connection—or charged—with some protests that happened in the Domain. You can probably make the connection as to who that was. Are you glad to see the police taking this sort of action and would you encourage more of it?

Hon Chris Hipkins: That's ultimately a matter for the police and it would be unwise for me to start commenting on individual decisions around charging that they make.

Media: Obviously talking to transition now, has your appetite or tolerance for community transmission changed already, though, given that we've seen spread of COVID outside the alert level 3 boundary into communities that aren't highly, highly vaccinated at this stage?

Hon Chris Hipkins: No, not at this point, and you'll see that we're still at alert level 3 in Auckland, still at alert level 3 for a reasonably significant part of the Waikato region, and we will keep that boundary under review. And if there is any suggestion that the group that we are dealing with now is not contained, then there's potential that that alert level boundary would shift.

Media: So have you had any expectation or modelling around how the virus might spread, given you're stepping down controls in Auckland?

Hon Chris Hipkins: The moves that we're making in Auckland are very, very moderate, and they've been designed with the fact that COVID-19 could still be in the community. We've designed those changes with that in mind.

Media: Say that cases climb—you know, I mean, Victoria's seen 1,500 cases a day in a short matter of time, in a matter of weeks. What's your tolerance for putting more restrictions, for bringing it back up to level 4?

Hon Chris Hipkins: I never put hard and fast numbers on that, because to some extent it depends on the nature of the cases. So one of the things we've seen in this outbreak is we've had quite a number of younger people in this particular outbreak who have recovered reasonably quickly. On the other hand, if we were to see a larger scale outbreak amongst pockets of older people, then that would be more concerning, because we know that the rate of hospitalisation there could potentially be higher. So the nature of the cases will play as big of a role in those discussions as the number.

Media: Do you think you'll hold out longer now than you would have six months ago?

Hon Chris Hipkins: Look, we are beginning—very, very slowly beginning—a transition here. That doesn't mean that we're going to suddenly lurch into something. Like I said before, looking internationally, the countries that have been slow and steady in their changes tended to be able to sustain that.

Media: Could Aucklanders expect these current restrictions to remain until Christmas?

Hon Chris Hipkins: Look, I'm not going to cast that far ahead at this point.

Media: On the Monday decision you obviously had public health advice for, but did you have any specific modelling done to predict what would happen just with the slight changes to level 3?

Hon Chris Hipkins: Look, the modelling—it's very difficult to model those things because they are quite small changes in terms of the modelling. But you will have all seen the modelling that's been put out around this particular cluster, and we're still within that modelling. It may shift which of the lines on the model we're more likely to be heading towards.

Media: Did you have any public health advice that zero cases was no longer possible?

Hon Chris Hipkins: Look, I've been on a call every morning, with the exception of maybe one or two days, since this outbreak began—every single morning, including the weekends, at 11.30 every day. I have been well aware of the nature of the outbreak that we are dealing with, and the increasing reality that getting back to zero gets harder and harder as every passing day goes past. And so I guess I've had longer to adjust my mind-set to that than people might have had who are hearing that for the first time this week, but I think it has been trending in that direction for a wee while now.

Media: We've heard some people—obviously, public health experts—say publicly that it has been getting increasingly more difficult, but they still thought it was possible. Did you have any public health advice saying it was no longer possible?

Hon Chris Hipkins: I think the advice of the director-general, certainly, to Cabinet on Monday was that getting back to zero cases was pretty unlikely, and I think we've been trending in that direction. One of the things that I would also just say is we do need to make sure that we're keeping people with us, and alert level restrictions only work if people voluntarily comply with them. We can't have a police officer on every corner making sure that everyone's doing what they need to do. And it has been a strain. And so the changes that we have made this week relieve a little bit of pressure. And if that increases the likelihood of people complying with the rest of the restrictions that are in place, it does actually potentially help us.

Media: We're getting reports of a Whangārei essential worker returning a weak positive—

Media: Come on, Jason. It's her story.

Media: Oh, sorry. Go ahead.

Media: Do you have any further details of a weak positive case from an essential worker in Whangārei?

Hon Chris Hipkins: My understanding is that there is a case under investigation. The test result is not yet clear as to whether or not it is definitely a case. It's someone who is based in Auckland but was in Whangārei when they had their test taken and is now back in Auckland. That's the only information I've got at this point, and it is not yet a confirmed case. It was a test result that sits outside of the Ct value. It sits outside of the range that allows us to determine that it's definitely a case. So I'm sure that person will be then re-tested. And so I don't have anything further on that.

Media: How concerning is it, though, if there is a positive case in Whangārei?

Hon Chris Hipkins: From time to time, over the last year and half that I've been doing this, these cases that are under investigation pop up from time to time, and, as often as not, they turn out to be not cases, or it could be an historic infection where someone has been tested through part of regular testing and it's thrown up a very weak result. So the reason we don't announce cases that are under investigation, unless there's a good reason to do so, is quite often they turn out not to be cases. Now, if this is a case, then clearly there'll be contact tracing, and if there are exposures or locations of interest that flow from that, then we'll release that as soon as we can. But at this point, like I said, it's a potential case under investigation; we don't have a confirmed case there. So that's pretty much all the information I've got on that one.

Media: Minister, on misinformation, some other countries are looking to regulate the algorithms that push up a lot of the anti-vax material into people's newsfeeds. What are you going to ask Facebook, Google to do on Super Saturday to reduce misinformation?

Hon Chris Hipkins: Look, I think, Facebook and Google, from what I've seen, have already been quite proactive in removing some of the biggest sources of misinformation in New Zealand.

Media: Have you seen the comment streams that go up beside these live streams?

Hon Chris Hipkins: Oh, I've seen them on my own Facebook page. Yes, I have.

Media: This is being promoted by the algorithms.

Hon Chris Hipkins: Yeah. And so, look, I have seen that. I would ask the social media companies to continue to be proactive in helping to manage that. Obviously, we want to tackle the source of that discontent, which a lot of that is just people who don't have the right facts.

Media: When you guys made the change from a three-week gap to a six-week gap between vaccinations, the argument was that the international evidence showed that was best practice. Now you're saying three weeks, which makes it seem like that was a political decision because you were running out of vaccines at that point. Will you admit that?

Hon Chris Hipkins: No, it certainly wasn't because we were running out of vaccine, although it did allow us to vaccinate more people more quickly, and that was an upside of it, but that was not the only consideration there. And—

Media: It was a consideration.

Hon Chris Hipkins: It was a consideration amongst many. Yes, and I think we were quite open about that at the time, that that was one of the things that we considered. I mean, we make these decisions based on the advice that we get from the technical advisory group. Their advice at that time was to move to six weeks; their advice now is to three. I'll let the—

Media: Two days ago, the Ministry of Health was telling the *New Zealand Herald* that the optimal time is still six weeks. How does that change so quickly? And how do you expect people to keep up?

Dr Caroline McElroy: We certainly have sought further advice from our technical advisory group on this particular issue, because a number of health professionals have said to us, at this moment in time, when we really want to get as many people as possible fully vaccinated, "Can people be vaccinated before the six weeks?" And the technical advisory group has come back and said yes—there never was any safety concerns with vaccinating at the three-week. And so from a pragmatic, practical perspective at this moment in time, if you've had your first dose and the only thing that's stopping you from getting your second dose is waiting for a six-week mark, the advice is, actually, that can be done sooner.

Media: What was the main reason for changing it from three weeks to six weeks?

Dr Caroline McElroy: So, from recall, that was a comment from a technical advisory group. That was a combination of looking at the schedules that have been used in other parts of the world. In New Zealand, we were quite unique in having that three-week gap right at the

beginning, which we stuck with. A number of different countries had different schedules. So we looked at what was the optimal schedule, and the advice from the technical advisory group that then put everything together, a six- to eight-week gap was the recommendation.

Media: So now you're recommending a suboptimal gap?

Dr Caroline McElroy: So now we're saying it's still within the realms of being optimal. I mean, it's a range. These are not pivot points where because you get a vaccine one day ahead, it's suboptimal. It doesn't work that way; it's a range. And the technical advisory group has advised us that, yes, people can get that vaccine, as many others have, sooner than six weeks, but so long as you have the three-week gap—that is the bit that is fixed: it's the three-week gap between the two doses.

Hon Chris Hipkins: OK. We'll just do a couple of last questions.

Media: Surely, the guts of that is just, basically, the vaccine was deemed marginally more effective had you had a six-week gap, but we're going back to a three-week gap now because Delta's here and people need to get vaccinated, right?

Dr Caroline McElroy: Well, essentially, we want people to have maximum protection, and we'll get that from having double doses.

Media: Minister, did you have advice on compliance in Auckland presented to you on Monday or that led to that decision on Monday, in terms of ratcheting down level 3 restrictions?

Hon Chris Hipkins: No, but we've certainly had clear feedback that—I think the mood is fraying there.

Media: Where do you get that feedback from?

Hon Chris Hipkins: Correspondence, you know, the mood on the street, the media coverage; there is clearly—

Media: So you check your Facebook messenger and that's how you make decisions—

Hon Chris Hipkins: No. Not at all.

Media: Derek's question around the zero cases issue, do you regret going to level 3, and do you think that made it more difficult to get to zero cases?

Hon Chris Hipkins: No. As I've said, I haven't seen any evidence, and certainly the—any views from our contact tracing team that the shift from level 4 to level 3 had a material effect in terms of the cases that we are dealing with at the moment.

Media: And will you release the health advice, the Cabinet documents that underpinned that decision to transition away from elimination, which is, you know, the biggest strategic shift we've had in the pandemic since—

Hon Chris Hipkins: Look, we're not moving away from elimination. Our overall approach has been to continue to have zero tolerance towards COVID-19 cases. But the way we do that is going to change. And that is going to change progressively over a period of time. It's not a sudden shift, it's just that as we get to a higher vaccinated population the way we express our zero tolerance towards COVID changes a little bit.

Media: But you don't expect to get back to zero, so you're not eliminating it. You'd like to, but—

Hon Chris Hipkins: You're confusing elimination and eradication.

Media: Can I ask a quick question—

Hon Chris Hipkins: We're going to have to wrap up, so one each.

Media: Mine's a one-word question from you. Now that we're making a transition in our COVID strategy—in one word—can you describe how you're feeling about that?

Hon Chris Hipkins: I'm optimistic about the future, there are certainly—

Media: One word.

Hon Chris Hipkins: One word? Optimistic.

Media: Medical professionals have raised major concern that roadside drug testing is unreliable. Will you hold on pushing this through Parliament?

Hon Chris Hipkins: Roadside drug testing isn't really something—it doesn't really fit in my domain. So you're probably best to direct that to the relevant Ministers.

Media: Would you be concerned though? If it's unreliable, would you want to see it being pushed through?

Hon Chris Hipkins: Look, like I said, that's outside of my domain. It's not a topic that I'm particularly well briefed on, so I can't really comment on that. Thanks everybody.

conclusion of press conference