

**ALL-OF-GOVERNMENT PRESS CONFERENCE: THURSDAY, 7 OCTOBER 2021
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Good afternoon, everybody. Quite a lot to get through today. So, shortly, I'll hand over to Dr McElnay, who will give an update on today's cases. I will then provide an update on alert level boundaries and a bit more information around vaccines and an update on vaccines. We'll then open up for questions, and at about half past one, we'll hand over to Dr Verrall and Professor David Murdoch, who will be providing more of an update on testing. So, Dr McElnay, we'll hand over to you to kick off.

Dr Caroline McElnay: Thank you, Minister, and kia ora koutou katoa. There are 29 new cases of COVID-19 in the community to report today; 24 of these cases are in the Auckland region, and five are in the Waikato. That brings the total for Waikato to 22. One previously reported community case has been reclassified as under investigation and removed from the overall outbreak tally. This takes our total cases in this outbreak to 1,448. There are also two cases to report in recent returnees in our managed isolation facilities. Of today's 24 cases in Auckland, seven are yet to be linked to a current case, and interviews are ongoing. All of the Waikato cases are linked. Of yesterday's 39 cases reported, only one Auckland case remains unlinked at this point, with investigations ongoing.

There are 10 active sub-clusters in Auckland where there have been recent cases; this has dropped from 12 yesterday. Two previously active sub-clusters are now classified as dormant, which means they haven't had an active case outside a household contact for 14 days, and that's encouraging. For hospitalisations, there are 23 people in hospital with COVID-19, four of which are in ICU or a high-dependency ward. This is a significant drop from the 32 in hospital yesterday, with nine people now discharged. For those still in hospital, this is a stressful time for them and their families, and our thoughts are with them.

On testing: we continue to see high testing rates, with 23,387 swabs processed throughout the country. In Auckland yesterday, there were 12,757 swabs taken across the city. Over 2,800 of these tests were from our eight suburbs of interest, and we're still encouraging anyone living in those suburbs to get tested, to give us the assurance that there isn't undetected COVID in those communities. We've seen an excellent response from our latest suburb of interest, Red Beach, and, in the last two days, over 1,200 people in this suburb have been tested.

In Auckland today, there are 22 community testing centres open; this includes 16 pop-ups. Four of the community testing centres are operating extended hours—in Wiri, Northcote, Balmoral, and Ōtara—to improve access for essential and permitted workers. There are seven pop-up testing sites in the Waikato, and they are in Hamilton, Karapiro, Raglan, Huntly, Kāwhia, and Tokoroa. Anyone with symptoms should get a test. And, yesterday, I can report, there were 6,480 tests taken across the Waikato.

And just some further information on the exposure event that we announced yesterday, at the emergency department at Waikato Hospital: all ED staff and staff who visited the ED have been tested for COVID-19. All 50 ED staff have returned negative tests; most have been cleared to return to work. There are six ED staff who have been identified as close contacts, and, while they have all returned a negative test, the level of contact they had with the case means that they are required to self-isolate for 14 days, with additional testing. Of the staff who visited ED at the same time as the case, 30 have returned negative tests, and a further 22 tests are still to be processed. They all relate to staff who are considered casual contacts only, and we expect those results this afternoon.

And just, lastly, today, the Auckland City Mission will be named as a location of interest, after a person who received services from their city centre site tested positive for COVID-19. The person visited the centre on the morning of 4 October, but the risk to the public is considered to be low. The person was outside in a tent for testing and also queued in the open air for a

meal pack. Everyone who visits the mission is required to wear a mask and stay two metres apart. Many visitors to the mission are vulnerable and have complex needs, and staff are working with Auckland Regional Public Health Service to ensure the safety and wellbeing of its clients and visitors. The mission team is contacting as many people who receive services at the site as they can to encourage the uptake of testing and to check on their health status, and staff at the mission also undergo regular surveillance testing. Back to you, Minister.

Hon Chris Hipkins: Thank you, Dr McElnay. While it's encouraging that all of the cases so far in the Waikato are linked, I did indicate yesterday that we would be keeping the boundary around the Waikato area that is currently at alert level 3 under review and that we would make further decisions on that following taking public health advice. That was following yesterday's news that we saw a couple of cases emerging that are outside of the existing alert level 3 boundary. This morning, Ministers have considered the public health advice and, out of an abundance of caution, we have decided to extend the boundary further south. The extension will cover the Waitomo District, including Te Kūiti, as well as Waipā and Ōtorohanga districts. That means that the boundary will follow the coast south to Mōkau and then east along the northern Pureora Forest Park, and then north to include Te Awamutu, Karapiro, and Cambridge, where it will meet the existing boundary. A map will be published on the Unite against COVID-19 website very soon.

These areas will now come under the same alert level 3 restrictions from 11.59 p.m. tonight as the rest of the Waikato area that is currently covered by alert level 3. It is the conventional alert level 3 that everyone is familiar with; the easing of steps in Auckland that we announced this week will not apply to this area. The level 3 restrictions will apply, at this point, until 11.59 p.m. on Monday night so that they can be reviewed by Cabinet on Monday. During the next four days, we'll be aiming for wide testing, contact tracing, and we will also have further wastewater testing in this area, and that will help us to make an assessment on how long these restrictions need to remain in place for.

This extended boundary will include the Hamilton airport, and restrictions on travel by air will be in place, which means that people will only be able to travel for limited, permitted reasons, and most of those travelling will require a COVID-19 test. Travel in and out of the area by road will also be restricted, although we are aware that this is more challenging than it is in Auckland; there are a much greater number of roads in and out of the area, and so we will be asking people to comply with the restrictions in place. We're asking people to carry evidence of why they need to travel if they are travelling. Police will be out patrolling, and the overall message is: if you haven't got a good reason to be travelling—if you haven't got a permitted reason to be travelling—please stay home.

What we do need is for people in the area to go out and tested, though, and to get vaccinated. So there'll be pop-up testing centres at Karapiro, and there are testing sites operating across Hamilton, Raglan, Huntly, and Tokoroa. Vaccination is the best tool that we have to provide everyone with their individual armour against COVID-19 and to reduce the need for these types of restrictions again in the future. We launched the national day of action next Saturday—we launched that yesterday. The virus is, clearly, finding the people who are not vaccinated. Only 3 percent of the cases in our current outbreak have had a vaccine; so my message is: please do not wait. I can assure you that the vaccine is safe and effective, but, please, if you're worried about that, do your own research—look at trusted sources like the Unite against COVID website or the Ministry of Health website, and talk to your health professionals: nurses, doctors, and so on.

We do know, and we are being told, that there are people who are still “waiting it out” to see if COVID-19 will pass them by, and there is a view—in this community, particularly, that we have just talked about—that COVID-19 won't reach into rural communities because of their relative isolation. That is wrong. COVID-19 will not pass by; that should be crystal clear by now. So, please, do not wait to be vaccinated. COVID-19 will affect our rural communities as much as it does our urban communities, and the best thing that we can all do is get vaccinated.

We're also hearing some feedback from people questioning whether they feel comfortable being vaccinated when their children can't be, and, whilst I understand the love that parents have for their children and expressing that, my message to them is that the best way you can show that love towards your children is to get yourself vaccinated in order to protect them. While your children, if they're under the age of 12, can't currently be vaccinated, you will be increasing the layer of protection around them if you and if all of the adults who are coming into contact with them are vaccinated. So, please, show your love for your kids by getting the vaccinations yourself. There are literally tens of thousands of bookings available in coming days on bookmyvaccine.nz. Now happy to open up for questions.

Media: Why didn't you extend the boundary yesterday?

Hon Chris Hipkins: One of the things we have to do is look at where the risk is, look at where the best place to put the boundary is. We didn't have time to do that yesterday; so we've done that. We're also just—it is a decision out of an abundance of caution at this point. The evidence suggests that we're still dealing with a relatively contained group of cases, but these communities are very closely linked. So one of the things we do is we look at traffic movements, for example—the patterns of movements between these different communities—and the advice that I've had is that in places like Te Awamutu, for example, there is quite a lot of interaction there, and so that's why we've put the boundary where we have.

Media: You knew there was a Karāpiro case, you knew there was a Kāwhia case, and, with respect, that argument seems pretty flimsy given that, when we knew there was a Hamilton case and a Raglan case, you extended the border. So why—

Hon Chris Hipkins: One of the things we have to do is to look at where to draw boundaries and what the most appropriate decisions are to take in those situations. More information comes to light all of the time. But, as I said yesterday, everybody in the area, we've been asking them to be careful and to look for symptoms and to make sure they're following the guidance of the public health teams who are doing the contact tracing.

Media: And the fact that you didn't extend the boundary yesterday—do you think that could have contributed to the transmission—

Hon Chris Hipkins: No.

Media: —these new cases that we've seen in the Waikato?

Media: Where are the five new cases from in the Waikato?

Hon Chris Hipkins: I'll hand that to Dr McElnay.

Dr Caroline McElnay: I don't have the details of the five, but, from the overall numbers, they will be in Raglan and Hamilton, but not—

Media: OK, so they're inside the lockdown area?

Dr Caroline McElnay: They are. We only have two cases, as reported yesterday, outside of the lockdown area.

Media: So why have you gone as far south as Te Kūiti then, because that's well away from Kāwhia?

Hon Chris Hipkins: Yeah, so we did that based on public health advice. So they've spent some time working with the team at DPMC who help us to draw the boundaries, and they look at the overall movement between communities—they look at the commuter patterns and so on—as to where the most appropriate place to draw those boundaries is.

Media: Have you managed to find out what the specific number is in terms of those who have gang connections who are now part of the cluster? Because we've seen some challenging of that by some members of gangs.

Hon Chris Hipkins: Look, I'm aware that there is some debate in there about this. I do just want to say that gang members are not the only ones involved here; there are a lot of other

people who have tested positive for COVID-19 who are not in gangs or, necessarily, associated with gangs. But there are certainly people who are either in gangs or associated with gangs now involved. I don't have an absolute number on that, and, in some cases, it may be that they're not a member of the gang themselves but they might be connected with somebody who is or they might be connected with someone who is connected to someone. That's the nature of the way COVID-19 spreads.

Media: When you haven't put a ring around it and sort of established it as a cluster in the same way that you did with AOG church, for example, can you see that those who are tied up in gangs see that as very discriminatory and very judgmental of them, when you are just putting it out there that there is a number but not putting a number on it?

Hon Chris Hipkins: No, I don't think we're treating them any differently. Drawing a ring around particular events, for example, as we did with the AOG cluster—that was because there were particular events that led to that distinction. And in this case—in the Waikato case—there is an event, and that is the reason why we have, if you like, a ring around that particular group.

Media: Just in terms of the group who—say, roughly, 15 to 20 percent that are going to potentially be in that hesitant or anti-vax type group—what work have you done around working out who those types of people are? Because there's obviously targeted work around Māori and Pasifika, but, for example, what about young European men who think that this doesn't affect them? Do you know yet where these groups are, who they are, and how you differently need to be targeting them?

Hon Chris Hipkins: So later on this afternoon, we'll be releasing information that shows, sort of by suburb, the rates of vaccination across the country. And then, from that, you can draw a correlation between the demographic characteristics of those neighbourhoods that have higher concentrations of unvaccinated people. And that certainly provides some insight into the sorts of demographics that we're talking about here. The overall national statistics also tell us that it tends to be a younger cohort. Yes, there are more Māori, higher rates of Pasifika people, but I don't want to draw any generalisations here. I don't think that would be fair. We are seeing good uptake of vaccination amongst Māori and Pacific; they just happen to be disproportionately represented in the statistics of people who haven't yet been vaccinated. One of the things that—you know, and I've just touched on it in my remarks—we are picking up from the feedback that we're getting, the research that we're doing, is that it's not necessarily that people are staunchly anti-vaccination; it's just that there's a degree of comfort that they have at the moment that they don't feel that they need a vaccination, and my overall message to them—

Media: How do you target young European men out and about in the regions who just go, "It doesn't affect me; I don't care."? How do you target them, because that's quite a different response to how you target Māori or Pasifika?

Hon Chris Hipkins: And that's exactly what I outlined yesterday and the importance of this next 10 days, where we're asking everyone to be going out and having those conversations. If all of the 80 percent who have been vaccinated are having those conversations with the people who haven't yet been, only one out of four people who have been vaccinated need to bring one person in who hasn't been vaccinated and we have 100 percent vaccination. So we need those who have been vaccinated to be having those conversations. We're not going to be able to, as Government, reach every one of them, even with paid advertising, even with all that we are doing. That's why we need everybody who's part of that group who have done the right thing and been vaccinated—we still need them to be having those conversations with those who haven't.

Media: Have you got any more information as to how COVID spread from Auckland to the Waikato?

Hon Chris Hipkins: What I have—what I do know, and the feedback that I've had, is that it was a person who travelled into Auckland and out again, and it was one person, but I don't have more details than that.

Media: Do you have information to suggest that that person was in any way gang affiliated?

Hon Chris Hipkins: I don't have that information, sorry; no, I don't.

Media: Is that the Hamilton index case, though, presumably?

Hon Chris Hipkins: Yes, that's correct.

Media: OK, and can I just follow up on Jo's questions around the gangs? The Waikato Mongrel Mob says there is no COVID among gang members in the Waikato. Is that right?

Hon Chris Hipkins: Look, I don't want to get around to identifying which cases are gang members or associated with gangs or not. I don't actually have that information. The feedback that I have had is that there are people who are associated with gangs involved in this, and that's about as far as I can go in terms of the information that I have.

Media: They're also saying they're not spreading the virus, but do you dispute that?

Hon Chris Hipkins: Certainly, there would be some evidence to suggest that there has been spread amongst gang networks.

Media: Because, like you were saying yesterday, they're not necessarily following all of those alert level rules.

Hon Chris Hipkins: That's right.

Media: Can you tell us how many more Kiwis are coming into that level 3 environment with those boundary changes?

Hon Chris Hipkins: Sorry, I don't have the population demographics there. There are some reasonably substantial places being brought in—so, Cambridge, clearly, and Te Awamutu have reasonable-sized populations.

Media: And, just following up on the gangs as well, can you describe how the Government is working with the gangs to try and, you know, improve the situation?

Hon Chris Hipkins: To be clear, this is not the Government working with the gangs; it's the front-line people who are dealing with—the public health teams who are doing the contact tracing. And the feedback that I've had consistently from those people on the ground doing the contact tracing is that they are getting a good degree of cooperation, there's a good degree of information sharing about close contacts, about people who could be at risk, and so we certainly want to maintain that approach. Whilst I understand that for New Zealanders at home sitting watching this, thinking, "I'm doing the right thing, I've been vaccinated, I'm following all of the rules."—my thanks go very much to you—the focus here is on stamping out COVID-19. I don't have any time for gangs or for the activities that they are engaged with, but that is not the number one priority at this point. The number one priority is identifying people at risk of having contracted COVID-19 and trying to stop the virus in its tracks. That has to be forefront of the activities here.

Media: A little over a week ago, you stood here and said that the National Party's plan would mean that we get COVID for Christmas. How confident are you, given that the numbers are sort of hanging in there, the border's creeping south, that they're not going to get COVID for Christmas anyway?

Hon Chris Hipkins: Look, we continue to pursue a strategy of having zero tolerance for COVID-19 cases. A greater movement at the border at this point would almost certainly increase the risk of additional COVID cases spreading into other parts of the country more quickly, but we are in a phase where we have to work extra hard in order to try and stop the spread of the virus. There's no question about.

Media: Whereabouts is the Prime Minister today?

Hon Chris Hipkins: The Prime Minister is up in the Tai Rāwhiti region, stumping for vaccination, working to help get our vaccination rates up there. It is one of the parts of the country where we need to do better. So she's doing some activity up there.

Media: And she thinks her presence up there will help?

Hon Chris Hipkins: I believe so, yes, and I think it will help as well.

Media: Wasn't she in Rotorua today?

Hon Chris Hipkins: Sorry—Lakes, Tai Rāwhiti. That part of the country.

Media: Do you know where she is?

Hon Chris Hipkins: I think Rotorua but then heading across into the Tai Rāwhiti area.

Media: We still have doctors peddling misinformation around vaccines, particularly up in Northland, where the DHB has said GPs' anti-vax views are impacting their roll-out. Why have those people not been stopped from doing that or even stood down? Does the Medical Council or another body need more teeth to do so?

Hon Chris Hipkins: I understand the Medical Council have issued some pretty clear guidance to members of the medical profession, but it's probably more appropriate for Dr McElnay to make that comment.

Dr Caroline McElnay: I'm aware that the Medical Council has certainly encouraged reports of activities from doctors to be reported to them. They then follow their processes after that. But they certainly do want to be advised of doctors in that situation.

Media: When there is so much at stake, does it need to be a little bit heftier than guidance?

Dr Caroline McElnay: Well, the Medical Council have got strong processes that they go through in order to assess the situation. So they have requested that people notify the Medical Council.

Media: Do you have an update, or do you have any more details, around the person who accessed the Auckland City Mission, given that a lot of homeless people often congregate together? Are there any concerns around that?

Dr Caroline McElnay: I don't have any more details than what I've shared with you today. Certainly, the person is being managed by Auckland Regional Public Health, and we want the City Mission to continue to operate, because, of course, it is providing services. But, as I've outlined, they are being provided in a safe way.

Media: Minister, do you have an update around the addition of whāngai as a reason to allow parents to cross the border? We've had a couple more whānau come to us to say that that has also been their experience?

Hon Chris Hipkins: Sorry, I did ask the team to follow that up, as I indicated the other day; I just haven't had the feedback back on that yet. So my apologies; I should have come back to you with an answer on that, but I haven't yet.

Media: Do you think that's a double standard, though, given that during level 4 and level 3 lockdown there was Māori customary fishing rights guaranteed? That suffered some backlash and then the rules were changed. However, this case doesn't seem to be getting any traction?

Hon Chris Hipkins: Look, like I said, I just haven't had a chance to get that feedback yet. I have asked for that to be looked at. So I will come back to you on that. I'm sorry that I haven't done that yet.

Media: Do you have any progress or anything more to say about the Government considering mandatory vaccination for travellers going over the boundaries, the level 3 boundaries, and also for teachers or ECE staff? Or is that something that Cabinet will consider on Monday?

Hon Chris Hipkins: On Monday. In terms of vaccination requirements for the Waikato level 3 area, as opposed to the Auckland level 3 area—sorry, testing requirements for the Waikato level 3—they are the same as for the Auckland level 3 area. Decisions around vaccination—and I’ve just realised you were asking about vaccination, not testing—Cabinet will consider all of those things on Monday. I haven’t got anything to add on that.

Media: Are there sort of legal hurdles there? Or is it simply that, if there isn’t great enough public confidence, you can enforce that if you want?

Hon Chris Hipkins: Yeah, there’s practicality considerations there as well, in terms of timing and all of those sorts of things, but there wouldn’t necessarily be a legal impediment to doing it. One of the key factors is practicality.

Media: Actually, further to that, so workforces and people can prepare and they’re not blindsided by this, can you give an indication of how wide that mandate is going to be? Is it going to be—obviously, we know, teachers—but will it include the health workforce or anyone crossing the boundary?

Hon Chris Hipkins: So we have been consulting on our front-line health workforce and—as I, I think, foreshadowed yesterday—having conversations about exactly where that line should be drawn. So does it include laboratory staff, for example, who are processing samples from people—and who are actually pretty critical to the overall functioning of the health system? So Cabinet will make the decision about exactly where those kinds of lines get drawn on Monday, but the two workforces that we’ll be considering specifically on Monday are the health workforce and the education workforce.

Media: And you’ve just stressed the importance of every adult who comes into contact with a child being vaccinated. So why, then, were children sent back to ECE centres when parents had no idea of the vaccination threshold of staff and no idea of the vaccination of the teaching staff?

Hon Chris Hipkins: There are other protective measures in place. So, for the level 3 areas where ECE is currently operating, it is limited in terms of the group size. There are other protective measures that we’ve put in place there. And, yes, we’ll have more around vaccination and testing to say on that next week.

Media: But the ECE workforce say they were blind-sided by being told to go back this week. Do you accept that?

Hon Chris Hipkins: One of things is—when you do switch things up a bit and when you change things—that is going to require a bit of adjustment from people. If we had moved from alert level 3 to alert level 2, for example, in Auckland they would have had about the same amount of notice that they had, and they would have had to do more in that respect. And so, with the stepped down way that we are progressing for Auckland, actually, we’re asking ECE to do less than if we had moved more quickly.

Media: So why did that decision need to be made so quickly?

Hon Chris Hipkins: Look, we’re aware that—I want to see kids back in early childhood education; it’s good for them, it’s good for their welfare, it’s good for their wellbeing, it’s good for their parents’ wellbeing often too. And so we do want to allow that to happen, but we want to allow that to happen in a way that’s as safe as possible. I’ll let you have one more, and then I’ll come over this side of the room for a bit.

Media: Did you consult the sector?

Hon Chris Hipkins: No, I don’t think we did on that particular decision.

Media: Why not?

Hon Chris Hipkins: Look, there’s not necessarily time to consult everybody that’s affected by every alert level decision that the Government takes. We’ll come over here, and I’ll just work along the back row, if we could?

Media: Can we, firstly, just get an update on the weak positive in Whangārei reported yesterday? The Northland DHB isn't aware of what the new result is. And also, just a clarification on rules—why are dentists allowed to operate under current rules and not physios and osteopaths?

Dr Caroline McElnay: So I'll talk to the weak positive that was reported yesterday. Auckland Regional Public Health are continuing to follow up with that person. They are an Auckland resident, and we're expecting further updates later today.

Media: Why wasn't it updated last night?

Dr Caroline McElnay: Sorry?

Media: It was expected to be updated last night—

Dr Caroline McElnay: Yes. They've made contact with the person. There's been some challenges in getting hold of that person. They have made contact, and they will be doing further testing. That was a weak positive, and that's our usual protocol. A Ct value of that sort of range can mean a number of things—could be a historic case, may be a false positive—and so they need to have a repeat swab. So that's what I understand is being arranged.

Hon Chris Hipkins: In terms of the who's in and who's out, in terms of people who are able to provide services at different alert levels, I accept that there will always be a nature of—that, wherever you draw the line, there will be some people who are on one side of the line and other people who are on the other side of the line. There's not necessarily ever any completely clear, neat, easy way to draw that line.

Media: Just going back to the Northland GP, multiple complaints were made to the Medical Council back in May/June about a doctor spreading a 20-minute video speaking about being anti-vax, and he's still practising and registered. Are you comfortable with that?

Hon Chris Hipkins: Look, that is ultimately a matter for the Medical Council. But, yes, I would expect that medical professionals are adhering to the very high standards that they set for themselves as a profession, and that sort of behaviour wouldn't adhere to the standards that they have set for themselves as a profession. I'll come down the front here.

Media: What do you make of the Whānau Ora commissioning agency going to the High Court to try and get access to Māori NHI data to be able to better target vaccinations and that sort of thing?

Hon Chris Hipkins: We're working as hard as we can to make sure that we're providing as much data as we can, consistent with privacy laws, and that includes with our Whānau Ora providers. So we have been able to provide them with more information. But, ultimately, Government also has to follow the law here, and there are some laws around what we can and cannot provide. We're pushing as hard as we can to provide as much information as we can whilst also adhering to the constraints that exist around people's privacy.

Media: In select committee today, Stuart Smith said that the provisions in the COVID-19 bill that would allow the Government to delay local government elections are actually related to the Three Waters reform and some of the opposition from councils around that—

Hon Chris Hipkins: Utterly—utterly—incorrect. No, not at all.

Media: And are you able to share the vaccination status of the person who died of COVID-19 yesterday?

Hon Chris Hipkins: I don't have that information.

Dr Caroline McElnay: I don't have that information.

Media: Minister, with the new boundary in the Waikato, is there any risk, with it being so large, that you will eventually run out of police capacity to enforce these greater and greater boundaries in Auckland and the Waikato?

Hon Chris Hipkins: As I think the Prime Minister set out when she announced the first Waikato boundary, this is a more complex part of the country to have alert level restrictions in place, and it isn't possible—as we do in and out of Auckland at the moment—to have checkpoints on pretty much every major road, because it's a part of the country that's very, very well networked, in terms of roading, and so we do have to rely more on people complying. But I'd note that, when we were in a nationwide alert level 4 and alert level 3, across the country, for example—again, same principle applies—we rely on people following the rules, and we do see that people are, by and large, following the rules.

Media: Do you know what level of staffing they do require at the checkpoints?

Hon Chris Hipkins: Look, those are ultimately matters for the Police and for the Commissioner of Police, but the feedback that we've had from them is that they wouldn't be able to resource a roadblock on every single road, and so, when we made those decisions, we accepted that reality, but they will be out patrolling. So they will be stopping people, but they might not be stopping every single car. And I think, whilst in an ideal world you'd have enough resource to do that, we do have to acknowledge that, in that part of the country, there are a lot of roads, and it would be very, very difficult to practically do that. Now, I'm going to wrap up in a moment, because we do have another part to this briefing, but, Jenna, I'll come back to you.

Media: On the release of the suburbs data, of the most and least vaxxed suburbs, this afternoon—New Zealanders are a competitive bunch—what kind of motivation do you think this will provide to get vaccinated?

Hon Chris Hipkins: Look, I think we all want to be part of the winning team, and New Zealanders, as a team of 5 million, have been part of a pretty winning team over the last year. Now we're taking this a bit more local, and so I would encourage everyone to look at those stats and make sure your neighbourhood and your community is getting the highest rates of vaccination that you possibly can.

Media: Why did all three applications for the three NPC rugby teams to leave the Auckland region get denied?

Hon Chris Hipkins: I'd have to go back and check that one, sorry. I haven't got that one with me. Derek, I'll come back to you—

Media: And a question on behalf of the former Deputy Prime Minister, Winston Peters: why are we hearing that the Government is considering putting the whole of the North Island into level 3 for months?

Hon Chris Hipkins: We're not.

Media: I just want to follow up on that—the suburb by suburb. Dr Bloomfield has already talked about Northland and Tai Rāwhiti. Is this kind of like—can we expect door-to-door teams to go out there, or is it more like pop-up testing stations? What's the strategy to try and boost those numbers in those suburbs?

Hon Chris Hipkins: Are you talking about vaccination across the country?

Media: Yes, I am.

Hon Chris Hipkins: Yeah, so what we've indicated is, over the next 10 days, we're asking our civic leaders, our political leaders, our community groups who have good connections in those communities to use that information that we're making publicly available to really target those communities where we need to see an uptick in vaccination rates, and use those networks, use the existing tools that are available. Now, political parties do this at election time; we go out and we target groups who otherwise might not get to the polling booth. Civic leaders do similar things. But there are community groups who have really good, rich connections into those communities, and we're asking them to contribute to the nationwide effort as well. So that's why we're putting the information out there, because this isn't just going to be about us and about the central government. I'm sorry to reveal it to everyone in

the room, but the majority of those people won't be watching this 1 p.m. briefing, and so we have to reach them in other ways.

Media: Do you think it would have made a difference to allow younger Māori and Pasifika—to open the door to vaccination bookings for those cohorts earlier, or do you think it wouldn't have made a difference at all?

Hon Chris Hipkins: Ultimately, earlier in the campaign our focus was on trying to stop COVID getting into those communities in the first place, and we were actually very successful in doing that, and vaccination played a role there. As vaccination numbers became more available, we were able to move more quickly to open up the vaccines to a much greater group of people.

Media: As we transition away from elimination, are DHBs currently exploring ways to house more patients with COVID-19 outside of the hospital system?

Hon Chris Hipkins: They're certainly working on making sure they have the capacity to deal with any increase in COVID-19 cases presenting, and they've been doing that for the last year and a half, and I know that they're stepping up their efforts in that regard. Minister Little's been leading that particular piece of prep work, around making sure the health system is prepared for increased numbers of COVID cases, but the overall answer to your question is yes; they are doing quite a lot of planning there and upskilling of staff, for example, to make sure that, if they end up with more people in ICU, they've got people trained to help step into those roles.

Media: Just following up on the NPC rugby question: there's an inconsistency, because the Silver Ferns were granted exemptions and these teams weren't. So why would there be a different set of standards?

Hon Chris Hipkins: Yeah, I didn't make those decisions; I think the Director-General made them. So I don't know the details of that—

Dr Caroline McElnay: No, I don't know.

Hon Chris Hipkins: But happy to follow that up and come back to you. Now, I'll just do a couple more quick questions—Jo and then Jason.

Media: Just a clarification for businesses in Auckland: yesterday, you talked about one person, 10 bubbles being allowed for structured things like yoga classes, etc. Are businesses able to run mental health, wellbeing workshop type things with 10 of their staff, meet in an area which would mean staff members travelling from different suburbs meeting, socially distancing, and doing some sort of mental wellbeing type activity?

Hon Chris Hipkins: If they were following all of the relevant guidelines. I'll go back and check that that's consistent with the guidelines that we've put out, but I'd say to them: people can do things as long as they're following the guidelines that have been put out.

Media: So crossing suburbs is fine?

Hon Chris Hipkins: I'll take that one away, because you've given a particularly specific example there. I'll take it away, and I'll come back to you.

Media: Are DHBs standing down all staff after COVID exposures, including Auckland Hospital, which is now a location of interest?

Dr Caroline McElnay: I'm not quite sure if I understand the question. There is existing protocols that the DHBs follow should there be a case. It's very case-specific. There usually is an initial stand down while staff are tested and assessed as—degree of contact that they had with the case—and then a number of staff are usually allowed back. A number of staff, as we've seen in the Waikato, may have to stay off for a longer period. So it's hard to give a sort of generic answer. I'm not sure of the specifics around Auckland City Hospital.

Media: Can you reassure staff concerned about their safety—that the DHBs are following the Ministry of Health's advice procedures?

Dr Caroline McElnay: Yes. Yes, they are, and they work very closely with the local public health unit, wherever that is, and in Auckland that's Auckland Regional Public Health.

Hon Chris Hipkins: OK. You can be lucky last for this round.

Media: Do you know why there's a doctor in Southland Hospital's maternity unit, who runs it, who has been unable to get an emergency MIQ allocation, despite the fact that she's delivering a critical public health service and was visiting terminally ill family?

Hon Chris Hipkins: No, I don't review the individual applications. One of the things I would say is I am looking at the number of health workers that we are needing to get into the country at the moment. And so I'll be taking a good close look at that, because there's several hundred potential health workers that are currently waiting to see whether there are things that we can do to support that, because, ultimately, we need them in our health workforce. So I'm looking closely at it, but I can't comment on specific individual cases, because I don't have the details of those. Right, I'll now hand over to Dr Verrall and Professor Murdoch, and they're going to give you an update on testing. And then I'm sure that they will also take your questions. Thanks, everyone.

Hon Dr Ayesha Verrall: Kia ora koutou. From the outset of the COVID-19 pandemic, we've used a range of methods to contain and control the virus, to protect lives and our way of life. Right from the beginning, testing, contact tracing, and isolating have helped us to quickly find COVID-19, contain it, and stamp it out. It is a strategy that has worked well for us to date, with no COVID in our communities for a record number of days, and a world-leading public health response that has seen very few deaths and hospitalisations compared to most other countries. Testing has been a key part of this response. It has helped us hunt down the virus, put a fence around outbreaks, and stamp out the spread of COVID-19.

As one part of the armour safeguarding our freedoms, testing has been vital in our efforts to protect New Zealanders. A massive amount of testing has been carried out in the current outbreak. Since New Zealand went into lockdown just over seven weeks ago, almost one million PCR tests have been done. Māori and Pacific health providers have been amazing at encouraging their communities to be tested, providing tailor-made initiatives such as pop-up testing centres at convenient locations. We've used whole-genome sequencing to map in detail every chain of transmission—again, to find every case and also to understand the transmission of COVID-19—so we could prevent future outbreaks. And we have used wastewater testing to help with the early detection of outbreaks.

Our strategy is evolving. An increasingly vaccinated population is providing more options for us, and so our toolbox is changing. To date, we have relied heavily on high-sensitivity PCR tests, because, until most New Zealanders are protected by vaccinations, the cost of missing a case has been too high for us to rely on tests that cannot provide us with high levels of certainty. As the strategy evolves to one based around high levels of vaccination where we continue to stamp out COVID-19, our approach to testing can also adapt to the new environment. When we are well protected by vaccinations, we can, in certain circumstances, use lower sensitivity tests that provide other benefits such as accessibility and convenience, so that we detect more cases overall.

So the Director-General of Health asked Professor David Murdoch and his team to review the coordination of COVID-19 testing, review the processes by which tests and innovations are assessed and adopted, and identify opportunities to ensure ongoing sustainable and fit-for-purpose COVID-19 testing in New Zealand. Professor Murdoch will talk about his team's findings shortly. The review panel acknowledged the huge contribution of laboratories to Aotearoa New Zealand's successful COVID-19 response, while often working under great pressure. I want to thank these teams for their continued efforts to keep New Zealanders safe.

One of the key themes in the report we're releasing today is how we adopt and use testing innovations. Rapid antigen testing is already in use in four approved health programmes to assess how suitable it is in the context of New Zealand's COVID-19 prevalence. Auckland

hospitals and areas deemed high-risk settings are using this technology to detect cases early in patients presenting with symptoms of COVID-19, to manage hospital capacity, ensure the safety of visitors, and inform clinical decision-making. Rapid antigen tests will also be used as a point-of-arrival test in the self-isolation pilots that will take place in Auckland and Christchurch from the end of this month and into December.

The Ministry of Business, Innovation and Employment is working closely with businesses and the Ministry of Health to support businesses to accelerate additional levels of testing for their workforce. I can announce, today, that we're working closely with the private sector on a plan to bring rapid antigen tests into the country so businesses can use it in a way that will work best in New Zealand's COVID-19 environment. I've been in talks with business leaders who are eager to use this technology to protect their workforce, and tomorrow I'll meet with a group of them, as well as fellow Ministers and officials, to discuss the next steps for safely incorporating rapid antigen testing into our COVID-19 response to boost public health protections.

I want to be clear that, while this technology provides a result quickly, rapid antigen tests tend to be less sensitive at detecting cases, especially in asymptomatic people or those who are either very early in or towards the end of their infectious period. When I worked as an infectious diseases doctor in Singapore, it wasn't uncommon that I'd review patients whose diagnosis of dengue was missed because the treating doctor relied too heavily on a false negative rapid test. That's why we must ensure a system is in place so that we don't miss cases, and any positive cases must then be linked with healthcare and managed appropriately. Developing these systems will be the work businesses and Government will design together.

I'll now hand over to Professor Murdoch to talk about his review of COVID-19 testing.

Professor David Murdoch: Thank you, Minister, and kia ora koutou. The COVID-19 Testing Technical Advisory Group was established only a month or so ago, and our first task has been to undertake a rapid review of COVID-19 testing across the country. The focus of the review has been on the systems and processes by which testing activities are coordinated within New Zealand, and on how new tests and testing innovations are assessed and adopted. And I want to acknowledge, at this stage, the other members of the group, who have worked very hard on this report. The main purpose of our review was to ensure that COVID-19 testing is agile and fit for purpose in supporting New Zealand's pandemic response.

As Minister Verrall indicated, we are moving from a time when we need to totally rely on tests of very high sensitivity, the PCR tests. Although PCR will continue to be the main testing method that we use, we need to look at other testing options to complement PCR. We also need to keep abreast of new developments, both in terms of tests and how they're used, and developments in this area are moving very, very quickly. As is common at a time of major crisis, during this pandemic we've seen a very rapid movement in technological developments, and we can expect many new exciting innovations in the testing space—and those of us who work within it are very hopeful that we're going to have quite a lot of advancement in diagnostics and, actually, not just for COVID.

I would also echo the Minister's comments: the panel were very keen to acknowledge the huge contribution that laboratory staff and all of those other staff supporting testing throughout the country have had in the pandemic response. I mean, these have been some of the hidden heroes, and testing, of course, underpins virtually every aspect of the response. But New Zealanders can be well assured that we have excellent laboratory services in this country.

The other findings from our report can, really, be mainly grouped into three themes. The first is that we need to be faster and more agile in assessing and implementing new tests and testing approaches. As a country, we were too slow to adopt saliva testing and slow to prepare for rapid antigen testing. So we do need to up our game here. We need a clearly articulated process for how tests are regulated and funded. We need ongoing assessment of

new tests and testing approaches, and to look overseas as part of that and gain from experience from overseas. We need to be piloting new tests and testing approaches, too, just to assess how well they'll work in the New Zealand context, and that's really quite important.

What was also obvious to the group was the need to better connect with communities and innovators within those communities. And that's not just the business community; that's with Māori, Pacific, rural, and other communities. As we know, one size doesn't fit all for many parts of this response, and it's really critical that we work with communities to co-design and implement testing strategies that are fit for purpose. So this is about innovation as well as equity of access.

The third theme is around allowing the laboratories to be best prepared for the future. As I say, we've got excellent laboratories, but they're very keen to get information so they can plan; so we need to make sure they get the information they need about the testing strategy and the pandemic plan and what changes may be occurring, so that they can plan for the future in terms of their workforce, in terms of their supplies and reagents. And also, with regard to workforce, as well as we've heard about doctors and the need to get doctors into the country, certainly lab staff as well—there's an issue with retention and recruitment, and efforts directed toward that would be very important.

So, ultimately, we need to have a robust system to ensure that we have the right tests in the right place for the right people, and that our laboratories are best prepared. Thank you, Minister.

Hon Dr Ayesha Verrall: Thank you, Professor Murdoch. In summary, as the Prime Minister has said, a highly vaccinated population opens doors. It means COVID-19 will be less threatening and a less scary illness. That's good news. It might also mean that people's behaviour around testing will change. So now's the time to bring in new tools into our tool kit—for example, by using new tests and new settings. To be clear, PCR is likely to remain the mainstay of our testing plan, but greater use of rapid antigen testing is another marker in our progress to reconnect with the world. We want to continue to actively control any COVID-19 outbreak now and in the future, and our public health teams are contact tracing and testing as extensively as ever. And the more New Zealanders who are vaccinated the greater we can protect each other from the virus. We need everyone to do their bit; so please get vaccinated. I'm happy to take questions.

Media: Is there a change of heart on this? In the past, the Government hasn't been too hot on this kind of testing.

Hon Dr Ayesha Verrall: As I said, one of the important things to note here is that we're shifting into a different environment, with a highly vaccinated population, and that means that we have new opportunities. The risks of missing one single case, once we're all vaccinated, is substantially lower. In addition, we haven't been in the position that other countries have been with high prevalence of COVID-19, which is when rapid antigen tests perform best. So now is a good opportunity to make these changes.

Media: But that doesn't preclude us from preparing for these things, and just picking up on Professor Murdoch's point about needing to be faster and more agile—too slow with saliva testing, too slow to set up for rapid antigen, only setting up the technical advisory group a month ago. So why didn't you prepare better for this?

Hon Dr Ayesha Verrall: We've sought this advice because we want to make the most of these opportunities. And I think—I'll ask Professor Murdoch his view, too—there is a conservatism that comes from the idea that there is such a high risk attached to missing one single case. So one of the things we want to do is to start to unlock that and allow some of these new innovations to come through.

Professor David Murdoch: No, I agree. I think, naturally, with the elimination strategy, we were focused on—and that was the right strategy—the best tests. And I think that did lead to

a degree of conservatism, which is an explanation, not a justification, but it was certainly deserved to focus on the best tests at the time.

Media: But, to your mind, could we have better prepared for the eventuality of moving out of the elimination strategy, which we've done as of Monday? Could we have been better prepared in terms of saliva testing and rapid antigen, so we could be rolling it out on mass now?

Professor David Murdoch: I think we could have been better prepared, yes.

Media: Minister, it was just a couple of weeks ago, on Twitter, that you were rubbishing Chris Bishop's calls for rapid antigen testing to be rolled out.

Hon Dr Ayesha Verrall: He was talking about sharing a particular piece of research that's from the United States, where they have very, very limited public health controls in place, high levels of COVID in the community, and that sort of setting. The researcher he was citing has modelled that you might be able to flatten the curve a little by using access to rapid antigen tests at home. That is not the situation that we're in, and what we're exploring is quite strategic uses of them in particular settings.

Media: You're saying, now that we're highly vaccinated, that there is a role for this test. I mean, we're only 50 percent fully vaccinated.

Hon Dr Ayesha Verrall: So we're starting to use it in more and more settings. We are not at the stage at all—and that's clear in my remarks—where we're using it as a replacement for PCR or anything like that at all.

Media: Minister, just to follow up on Tova's question, we were always going to hit this pivot point where we went—when the country went—from elimination to some sort of reopening plan. I mean, why wasn't this done months ago so that, like, the processes and everything were ready to go?

Hon Dr Ayesha Verrall: Yeah, I think, to be fair, there is a large amount of innovation in our testing space. So, for example, rapid antigen tests are already being used—as I outlined—in Auckland hospitals. There are saliva tests in use. We have been using wastewater testing, we have been using whole-genome sequencing, and we have a large capacity and excellent network of laboratories providing PCR testing. There is a point where we need to change, and we're making that change as our vaccination rates go up.

Media: But has the Government been dragged kicking and screaming to this? I mean, you've had to wait for this report to, basically, give you the hurry up. Is this reluctance?

Hon Dr Ayesha Verrall: Absolutely not. We've asked for this report in order to be able to unlock the power of innovation in this space.

Media: Can you give us some more detail on what this pilot will actually entail? How large is it going to be? Are there specific sectors that you're going to be focusing on? How long will that pilot take place?

Hon Dr Ayesha Verrall: Yeah, we want to work with businesses that run non-clinical services and who have workplaces or workforces that need to be out and about—so, for example, people who can't work from home—and we're designing this pilot in conjunction with industry. So we'll work through exactly how it'll take shape together.

Media: Just on the back of that question, what are some of the time frames around this?

Hon Dr Ayesha Verrall: Kick-off meeting with me tomorrow, and—

Media: Right—so who are you meeting tomorrow?

Hon Dr Ayesha Verrall: Yeah, tomorrow, we're meeting with a group—with Rob Fyfe, Adrian Littlewood, and some other business representatives, including some from primary industries and other mostly multinational companies, many of whom operate overseas and have had experience. One of the things we want to get is the benefit of their experiences from overseas.

Media: Which sorts of industries do you think we'll see this rolled out in first?

Hon Dr Ayesha Verrall: Yeah, as I said, we want to design this together, and those will be some of the things that we work through.

Media: Professor Murdoch, you've, obviously, delivered the report today, and gone away and done the work—what is your role now, in the coming weeks and months?

Professor David Murdoch: I chair the COVID Testing Technical Advisory Group. So we are a Ministry of Health group, and we provide advice—technical advice—to the ministry.

Media: So will you be providing further advice as there are advances of research, or you'll be kind of checking in and saying, "Hang on, why aren't we doing this? We could be doing this better."? I mean, is your role partly accountability and partly advice to—

Professor David Murdoch: I'm expecting it's both.

Media: Newshub understands that the drug detection agency has applied to the Ministry of Health to import and use two types of rapid antigen test. Is it likely that that application will be approved?

Hon Dr Ayesha Verrall: Sorry, Jenna, can you please repeat your question?

Media: We understand that the drug detection agency has applied to import and use two types of rapid antigen test. Is it likely that that application will be approved?

Hon Dr Ayesha Verrall: I'm not aware of that application, and I'm not aware of who that drug detection agency would be. It's not one of the members of the industry I've been corresponding with.

Media: OK. And the 25 businesses that are seeking emergency clearance to import the 370,000 tests this week—will you approve that?

Hon Dr Ayesha Verrall: We're going to work together on a system that will make sure that the objectives business have can be met alongside the public health objectives that we also have as the Government.

Media: You'd be very aware that those businesses are concerned to start surveilling their workforces right now, because—

Hon Dr Ayesha Verrall: Yeah, I understand that concern, and that's what we'll be working through together. But we do need to give that process a chance to—

Media: How quickly can you move?

Hon Dr Ayesha Verrall: The regulatory process is a decision by the Director-General. He will seek technical advice as part of making that decision, but that isn't the only issue involved in how we do this. We also want to make sure that any positive cases identified are linked into the health system. So we just want to take the time to be able to make sure those processes are in place.

Media: So it's not going to happen this week?

Hon Dr Ayesha Verrall: We've set up what's called a design sprint to make sure that we are across all the different areas of importation, procurement, and the public health processes.

Media: It doesn't sound like a quick process.

Hon Dr Ayesha Verrall: It's called a sprint.

Media: So are you expecting this pilot to be completed by the end of the year, because, you know, most of the population will be vaccinated—fingers crossed—and also [*Inaudible*] you'd be looking at opening up the borders; so, arguably, you'd want this fully implemented and not just a pilot. When will it be completed?

Hon Dr Ayesha Verrall: Yeah, so we'll be doing this in what's called a design sprint, where we can rapidly try new methods and learn from them and adapt as we go. I think there will be progress on the ground within a month.

Media: Professor, do you think there's any merit in having rapid antigen testing as part of the surveillance testing in a community outbreak?

Professor David Murdoch: There will certainly be roles, and that's to be worked through, but absolutely there will be roles. Ultimately, we'll be looking at protecting vulnerable populations, protecting essential workers, keeping caps on outbreaks. So there will be a role.

Media: So, when you say that you think we could have been better prepared, and in light of your view that it has merit in community surveillance, then is it a bit of a missed opportunity that we haven't been able to do that for this outbreak?

Professor David Murdoch: I'm unsure about that. I think there is—we have actually done really well with our PCR testing, in terms of there is really good capacity at the moment. It's been tested.

Media: Have we been using that capacity—are you happy with the way we've been using that capacity? At the beginning of the outbreak, we had those massive, long lines at testing stations. We had capacity in the country to do thousands of saliva tests a day and we weren't doing that.

Professor David Murdoch: Certainly, the system was strained at the start, as it was everywhere in the world.

Media: But the system wasn't being used entirely, as well. Is that also—

Professor David Murdoch: Sorry?

Media: The system wasn't also being used to its full capacity. Isn't that—

Professor David Murdoch: Yeah, I should say there certainly have been times—many times during the pandemic—that lab services have been absolutely stretched, but, also, I should say, they've done remarkably well with our PCR testing.

Media: Is it likely that rapid antigen testing will be used pre-flight for either international or domestic flights in the future?

Hon Dr Ayesha Verrall: That is one of the options being looked at. I know we're receiving some modelling on the role of rapid antigen tests as a pathway, which will include, potentially, shortened MIQ—potentially in combination with PCR tests.

Media: Can I also ask—just to take you back to earlier this week, when the Government made the decision to lessen restrictions in Auckland, despite there being ongoing community transmission—as a health professional, did that decision, knowing there would be more cases, churn your stomach a bit?

Hon Dr Ayesha Verrall: I think the issue that I thought through for that decision was that, with our level 3 and 4—some of the most stringent restrictions in the world—and we have used level 3 and 4 with the original variant for short periods of time, but we were increasingly asking people to stay at these globally very high levels of restrictions for a prolonged period of time, and that has other consequences.

Media: Can I also throw that question, in a different light, to Professor Murdoch? Do you think the genie is out of the bottle now, in terms of infections in the community, and do you agree with Michael Plank that it's only a matter of time before COVID-19 spreads to all corners of New Zealand?

Professor David Murdoch: Sorry, I'll need to get you to repeat that. I didn't quite catch the beginning.

Media: Do you agree that the genie is out of the bottle now, in terms of infections around the country, and agree with Michael Plank in saying that it's only a matter of time before it spreads to different corners of New Zealand?

Professor David Murdoch: I think—it's certainly—yeah, I mean, we're certainly at a different stage now, and it's going to be very difficult to control. So yes, broadly, I would agree with that. I mean, saying, "everywhere inevitably", well, I'm not sure about that, but certainly it's going to be difficult to control at this stage.

Hon Dr Ayesha Verrall: I think just a point I'd make in addition to that is that there is a— with vaccination, we can disconnect infection from disease and death. That's the opportunity that we have. So transmission in countries with high rates of vaccination—for example, Singapore. I think 83 percent of their total population is vaccinated. More than 90 percent of their cases either have no or extremely mild symptoms. So COVID can change if we have high rates of vaccination.

Media: With the Ministry of Health devising a new testing strategy, do you have a time line on when that might be ready for release and ready to start being implemented?

Hon Dr Ayesha Verrall: I'm afraid I don't have a time line, but I know it is one of the priority pieces of work in the ministry at the moment.

Media: One of the other recommendations from the report released today looks at pay for lab techs and lab staff who are having to do, you know, quite a lot of work over the past 18 months. Is that something that the Government has control over and can increase their pay?

Hon Dr Ayesha Verrall: I believe most laboratory technicians are employed by either private companies—and many are unionised. A small minority—for example, the lab that Professor Murdoch works in—is still owned by the district health boards.

Media: As a public health expert who was involved in the creation of New Zealand's elimination strategy, can you just help shed some light: there's been some conflicting statements about whether we are moving away from elimination. In your view, are we moving away from elimination, and what are we going to do in our current strategy right now?

Hon Dr Ayesha Verrall: I think the important thing about the strategy is it's not an end in itself; it's a way of achieving your aims. And our aims are to protect people's lives and our way of life, and that hasn't changed. But what has changed is the availability of vaccines, and that means that COVID doesn't have to be a serious disease for most people, like it was previously, and that does allow us to evolve our approach, as we're doing.

Media: So we're not doing elimination anymore?

Hon Dr Ayesha Verrall: No, we are able to look at more options now, and I want to make it very clear that we continue to use all our tools—particularly contact tracing, testing, case isolation—incredibly vigorously in the affected communities. I'm going to take two more questions, because we're past 2.

Media: There have been calls, alongside mandating vaccinations for teachers, to also regularly test them. I know there's pilots for the private sector, but is there any capacity for, perhaps, rapid antigen testing with teachers—ECE staff especially—while those young children can't get vaccinated?

Hon Dr Ayesha Verrall: The announcement today is about particular parts of industry, but we are aware of others settings and are seeking further advice on them.

Media: Can I just ask, Professor Murdoch: when you say we've been too slow on the saliva testing, too slow on the rapid antigen testing, who do you put that down to? Do you put that down to the Ministry of Health?

Professor David Murdoch: Look, I actually don't know. I mean, I think—but I'll go back to my comment before about the focus on elimination and having the best tests, and I think that

did drive a certain conservatism, and partly justifiable, on the best test. Looking back, yes, we've probably missed a few opportunities just to get things up and running.

Hon Dr Ayesha Verrall: Last question.

Media: Professor, we know that, since the beginning of this year, there's been a saliva test that's equally accurate to the PCR tests, conducted by APHG. That provider was stopped by the Ministry of Health from providing free services to Māori and Pacific communities in Porirua back in March. How can you possibly not see that the Ministry of Health is an issue here?

Professor David Murdoch: Well, I'll comment—I mean, I agree that was too slow. I think the adoption of saliva testing—there has been evidence around for quite a while, of equivalence.

Media: What gives you or the Minister any confidence that the Ministry of Health is capable of even conducting a sprint?

Hon Dr Ayesha Verrall: So we are doing that with the officials at the Ministry of Health, who are doing an excellent job in responding to the pandemic and running the largest medical event in our country's history—the vaccination campaign. But we will be doing that in conjunction with officials that assist me in my other portfolio—in research, science, and innovation—and they'll bring in both a business and some of the expertise in the design processes.

Media: Minister, in the future do you—

Hon Dr Ayesha Verrall: Last question.

Media: Just a quick question on contact tracing capacity. So the Ministry of Health has said that it could work with a thousand new cases a day and 6,000 contacts. So that's about six per person. Is that quite low? And, since the PHUs are pretty well staffed now, why did Auckland need to lean on other PHUs for support?

Hon Dr Ayesha Verrall: That is always the plan for one of the layers of escalation that we built into the contact tracing system, is that that work gets devolved—particularly the clinically tricky contacts gets devolved—to other public health units, with some of the simpler contacts—for example, low-risk, identified at locations of interest—going to call centre staff. So that's how we manage the demand during high-demand periods.

Media: Minister, in the future—

Hon Dr Ayesha Verrall: Last one.

Media: Thank you. I'm just a bit perplexed as to the way the system is being reviewed, kind of from within. I wonder whether, in the future, the report could be released to media more than a half an hour before the press conference, and whether perhaps the report writer could do a media briefing separately to the official Government briefing, so there's a bit of independence, I guess, with the person checking the system.

Hon Dr Ayesha Verrall: Thank you for that feedback. I'm very happy to take that on board for next time. I think one of the points, too: Professor Murdoch's committee was convened and commissioned by the Ministry of Health. They did have a link, with Ian Town being one of the officials who works closely and usually attends their meeting. For the purpose of this report, Dr Town was not involved in that review. Thank you very much.

conclusion of press conference