

**POST-CABINET PRESS CONFERENCE: MONDAY, 11 OCTOBER 2021
HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa. Good afternoon. Today, I will update you on Cabinet's review of alert level settings in Auckland, Waikato, Northland, after which Minister Hipkins will share decisions made by Cabinet to strengthen our COVID response through the use of mandatory vaccination for large parts of the education and health workforce, in order to protect vulnerable New Zealanders. At the conclusion of the brief, we'll then bring up Dr Ashley Bloomfield, who is once again available to everyone to answer questions based on alert level decisions made by Cabinet today.

It will be clear to everyone that New Zealand is at one of the trickiest and most challenging moments in the COVID-19 pandemic so far. However, there is a clear path forward over the coming months, in which New Zealanders should be able to move to living with fewer restrictions and more freedoms as a result of higher levels of vaccination. In fact, we've now surpassed the United States, Australia, and Germany on first doses, and are fast approaching countries considered vaccination leaders. In fact, last week, nearly half a million vaccine doses were administered, including 115,000 first doses, and a record number of Māori turned out for vaccinations. But we are not there yet, and over the next few weeks, while we lift those levels of vaccination for everyone, we need to maintain restrictions to stop the virus from spreading both in Auckland and to other parts of the country.

This week, there are two things we are going to do to drive those vaccination rates up. The first is "Super Saturday", where, across the country, we'll be pulling out the stops to increase vaccination rates. It is also an opportunity to get your second vaccine if you're more than three weeks since your first. Getting fully vaccinated as soon as possible means we can be in a stronger position to ease restrictions. The second thing we are doing to strengthen our response is to make vaccination mandatory for large numbers of our health and our education workforces. This is a decision that has been made by Cabinet today. Minister Hipkins will provide more details very shortly. The reason we are stepping up our vaccination requirements is because Delta is a different and more difficult opponent. We have seen all around the world that is the case, where no one yet has eliminated a Delta outbreak. It is more transmissible, which makes it much harder to get ahead of, and it has spread through communities that are harder for us to reach. This has made getting to zero cases in Auckland very tough.

Regardless, throughout this outbreak we have maintained our approach: test, contact trace, isolate. We're continuing to try and stamp out the virus wherever we find it, and we'll keep doing that, but we do need Auckland's help, because, while we vaccinate, restrictions are still so important in terms of our ability to control this outbreak. In order to support Aucklanders to get through, last week we put forward some safe and minor changes to alert level 3 restrictions to make them more bearable and to support Aucklanders' wellbeing. Going outside to safely see another household was a change we made because the advice was that it was safe to do so, and nothing so far has suggested otherwise, but we do need people to follow the rules. That means, as a general rule, staying home in your bubble as much as possible; keeping your physical distance, including when you're at work or meeting up with one other bubble outside; wearing a mask; and remembering basic hygiene measures. We know this has been an incredibly hard period for those in Auckland, but these measures, when followed, make all the difference.

We want the R value—that's the reproduction of cases—to stay as close to 1 as possible. It has crept up a little in recent days. This means the number of cases will grow. If it moves up further, cases will grow faster, but if followed, our alert level restrictions can help control that spread. So, on that basis, Cabinet has decided that Auckland needs to stay at alert level 3

as it currently stands for another week before we can look again at any further easing of restrictions. Cabinet will review that position when it meets again next Monday.

On schools in Auckland, last week, as I told you, the preliminary advice from our public health team was that schools may be able to open for the beginning of term 4. This was initial advice, and today the public health team have advised us that the current state of the outbreak in Auckland has heightened the need for robust safety measures to be in place before schools reopen. Today, Minister Hipkins will set out these measures and our time line for the implementation of them. In the meantime, schools will not reopen on the 18th, and further public health advice will be provided next week. Distance learning will instead recommence at the beginning of term 4. Students who are currently able to access education facilities will continue to do so. In the meantime, can I ask students and their parents and caregivers of those aged 12 or over to please use this week to be vaccinated.

Now, on to our other regions and their restrictions. In the Waikato, we have a clear example of our tried and true method of stamping out the virus working. More than 23,000 tests have been done since the first cases were reported on 3 October; that is 4 percent of the population. This helps to give us a level of confidence that there isn't any undetected community transmission. However, our public health team on the ground have asked for more time to reassure themselves that we do not have cases that are more widespread. As a result, the advice we have received and agreed with is that the Waikato should remain in alert level 3 till 11.59 p.m. on Thursday, 14 October. On Wednesday, Minister Hipkins will then confirm the move to level 2 if the health team and Cabinet are satisfied it is safe to do so. We still need people to monitor any symptoms and to get tested if you have any. This is still a time to be vigilant against any embers of the virus that may be around.

One final point on the Waikato: thank you for getting vaccinated. We've seen the largest increases in vaccinations of any region in New Zealand last week, jumping 5 percent for first doses, up to 79 percent, which is equivalent to nearly 17,000 people getting their first vaccination. Māori are also up 6 percent in the Waikato, with more than 4,000 people getting their first dose.

Now to Northland. Here, unfortunately, we have a situation where we have an uncooperative COVID-positive person who is refusing to divulge their movements and where they have a female traveling companion we have identified but cannot locate. We've pieced together what we can from CCTV footage and other means of police investigation, but we know this is not necessarily telling us the whole story. While we haven't had any new cases from the 2,179 tests taken since the case emerged on Friday, without clear information of exact places and locations the person travelled to, we are relying on high rates of testing across the entire region to give us the confidence we need that there isn't any undetected community transmission. As you can imagine, this is an incredibly frustrating situation, the likes of which we've seen very rarely in our COVID response before. And given how extraordinary it is, I have asked Health to consider all of the options available to them as they and the police work with the individuals involved. In the meantime, decisions need to be taken.

So far, only 1.1 percent of the region have had a test over the last 48 hours. Thank you to everyone who's come forward, but this needs to be much higher to make sure we have the certainty that there aren't undetected cases. This is especially important given in Northland we do currently have lower vaccination rates. So, on that basis, Northland will also stay at alert level 3 for a further three days until 11.59 p.m. this Thursday, 14 October, with Cabinet again reviewing those settings on Wednesday. Minister Hipkins will advise the public and everyone in Northland of those decisions at the same time as we advise the Waikato.

The two most important things Northlanders can do in the meantime is, please, to get tested and also get vaccinated. We need the confidence provided by testing to reduce restrictions. Finally, as I said earlier, this is a tricky period in our COVID response. I understand why people will ask and want more certainty than we can provide right now, and that's because we are in new territory, but our goal remains the same, even if the approach

to achieving it changes. We have a pathway forward and we remain in a very strong position to make the transition from lockdown restrictions to the individual armour of vaccines while maintaining our world-leading position on case numbers, hospitalisations, and deaths, as well as delivering a strong economy and low unemployment.

In the coming weeks, I'll outline the framework for our next steps as vaccination rates lift. Our reconnecting New Zealanders plan remains, and you'll see announcements at the end of this week on our self-isolation pilot which takes place shortly. And for the next few weeks, we'll continue to be careful and methodical in our decisions while getting everyone we can vaccinated, and you'll see that in the decisions that we have taken today. I'll now hand over to Minister Hipkins to talk about next steps in increasing our vaccination rates.

Hon Chris Hipkins: Thank you, Prime Minister. We expect to see a very busy week of activity across the country as we work to lift our vaccination rates leading up to "Super Saturday" this coming weekend, but that's not the only approach that we're taking to combat the virus. Workers at our managed isolation facilities, our airports, and working in other parts of our border are already required to be vaccinated, and we're already seeing that make a big difference. I can now confirm that we'll be extending this requirement to large parts of our health and education workforces as well.

Our education and health and disability workforces have done an incredible job throughout this pandemic, keeping themselves and the people who they care for safe. Vaccination remains our strongest and our most effective tool to protect against infection and disease, and we need as many people as possible to be vaccinated to allow all of our sectors to respond to the pandemic, whilst continuing to deliver everyday services with as little disruption as possible.

Most of the people working in these sectors are now already fully or partially vaccinated, but we can't leave anything to chance, so that's why we're making it mandatory. It wasn't an easy decision, but we need to have the people who work with vulnerable communities who haven't been vaccinated to now take this extra step.

Vaccinations for children aged 11 to five are not yet approved, and the health and disability sector includes a range of high-risk occupations. People have a reasonable expectation that our workforces are taking all reasonable precautions to prevent the spread of disease, and the Government agencies have been working with them to ensure that they're as protected as possible. A high rate of vaccination will help to protect staff from getting sick and help to protect them from passing that on. It'll also reassure those who are anxious about their children returning to a school or an early learning service.

So, to the details. Cabinet's agreed that high-risk workers in the health and disability sector will need to be fully vaccinated by 1 December. They'll need to receive their first dose by 30 October. This includes general practitioners, pharmacists, community health nurses, midwives, paramedics, and all healthcare workers in sites where vulnerable patients are treated, including intensive care units. We'll also be including certain non-regulated healthcare workforces, including aged residential care, home and community support services, kaupapa Māori health providers, and non-Government organisations that provide health services.

Schools and early learning staff, and the support people who work with them, who have contact with children and students will need to be fully vaccinated by 1 January 2022, and the target for them to receive their first dose is 15 November. That includes home-based educators; all those who support people in our schools and early learning services, such as teacher-aides, administration, and maintenance staff; and contractors. Secondary schools and kura will also be required to keep a COVID-19 vaccination register of their students. Students that don't produce evidence of vaccination will be considered unvaccinated.

All education workforce employees in Auckland and other alert level 3 regions will be required to return a negative COVID-19 test result before they can work on site, at such time as their schools and early learning services are able to reopen. Those who are not fully

vaccinated in the period leading up to 1 January will be required to undergo weekly COVID-19 testing until they are fully vaccinated. Work is continuing on what the vaccination requirements, if any, around the tertiary education sector should be, and I'll provide an update on that in due course. In the meantime, my strong plea to everyone is: please, get vaccinated. Prime Minister.

PM: All right. I'll just ask Dr Bloomfield to join us in the vicinity of the second podium, so that if you have any questions on—we'll start with Tova, then Jessica, then Jane.

Media: What will the ramifications be for teachers or those in the health workforce who choose not to be vaccinated?

Hon Chris Hipkins: Ultimately, in the health workforce they will not be able to work in those roles. In the education workforce, from next year, they won't be able to work in those roles, recognising that the first dose requirement comes in in the middle of a school term and it would be very impractical to be making hard decisions at that point, but by the 1 January requirement. One of the reasons we chose 1 January was because it does give the schools, then, the month of January to sort their staffing arrangements for next year.

Media: And will you be requiring parents to be vaccinated as well, or require only vaccinated parents to use the vaccine passport to access school grounds, or anything like that?

Hon Chris Hipkins: If parents are volunteering in schools—i.e., spending more time in school than just doing pick-ups and drop-offs—then, yes, they would need to be vaccinated to continue those volunteer roles.

Media: And, Prime Minister, epidemiologist Rod Jackson wants more vaccine mandates. Could we see more sectors like the police, the Public Service, bus drivers—could they also be mandated?

PM: Here you can see we're making very clear decisions on where individuals are interacting with vulnerable New Zealanders: our young children, school settings, and also healthcare. I think for New Zealanders that will make good sense. In other high-risk settings like, for instance, large-scale events or, potentially, hospitality, that's where we're looking to use things like vaccine certificates as a way to ensure that only vaccinated people are engaging with one another, and that's a big piece of work that we're doing at the moment.

Media: But don't public servants who are perhaps immunocompromised—don't they have a right to go to work—

PM: Sorry—public servants?

Media: Public servants—yeah—who might be immunocompromised—don't they have a right to go to work and feel safe, knowing that the people that they're working around are all double vaccinated?

PM: Of course, keeping in mind that individual workplaces will also be undertaking their own health and safety assessment of the role of vaccines in those workplaces. What we are doing is looking at the areas where we have a direct responsibility for those workforces. Health and education is a very clear area where those are individuals dealing with vulnerable New Zealanders, and we believe we owe a duty of care to those vulnerable New Zealanders.

Media: Prime Minister, when you announced the phase one last week with the picnics and with the ECE, we did have a number of cases leading up to that as well. Why is it different this time? Why not go to phase two, even though we have those high cases this time?

PM: Keeping in mind this is actually—we always said we would review weekly, but we would be very careful and methodical. We would look at what was happening with the outbreak and we would also look at our vaccination rates. Now, we are seeing good progress on vaccines, but still we do need those fully vaccinated numbers to continue to lift.

So my message to Auckland is: you can help us in two ways. If you are due a second dose, please go and get it. It makes all the difference for your safety and the safety of those around you. And the second thing is: please do continue to uphold level 3. I know it's tough, but those restrictions are designed for your safety and your family's safety.

Media: Around the decision to change the opening of the school day—it was going to be 18 October. Have things got worse than we thought they would?

PM: Well, of course—no. The time, actually, when public health made the decision and said to us about the phasing, they thought we'd be in that first phase for two weeks. We said, "Let's just keep coming back and review weekly and get a regular cycle of review.", but that was actually their position at the time. On schooling, though, their view was, indicatively, the 18th, but they wanted to come back. They reserved the right to come back. They've done that. Their view is that those safety settings in schools are really important. We've set out today our expectations on vaccines. There's more detail for schools, again, around things like not having assemblies, use of masks—safety precautions that we need to be able to implement and take the time to implement before schools resume.

Media: But are the numbers getting worse than you thought they'd be?

PM: Oh, look, we have seen the R value tick up slightly, but, again, our restrictions in Auckland are still designed to be able to control this outbreak. So we need everyone's help, not just around vaccination but, yes, still making sure that they're following the rules of level 3. They are really important.

Media: Moving to the situation in Northland, you know, it's a very difficult situation and one that we haven't really seen before to such an extent. Are you looking at doing anything extra for the people in Northland, who are really uncertain about what's happening? There aren't a great deal of locations of interest, but people would assume these two people have travelled a lot. You know, is anything extra needed, because I think, you know, there's a lot of anger and upset up there about the situation.

PM: Yeah, so I might see whether or not Dr Bloomfield or Minister Hipkins may choose to speak to this as well. But what I would say is that Health are working very closely with the New Zealand Police, and, of course, we do need to allow the New Zealand Police to undertake their own investigations, some of which, you can imagine, we wouldn't necessarily go into great detail around some of the tools that they're using. But we are engaging them because of the extraordinary nature of the situation.

Dr Ashley Bloomfield I think the other two things that are happening that are very important, of course, is making testing widely available right across Northland, and whilst we've seen an uptick in testing, we need more testing. And in particular there will be people in Northland who know people that travelled there, may have had some interaction with them. It's very important for you to get tested. And, of course, the other thing is—and we've seen a great response to this—is making vaccination more widely available, and that's a thing that, regardless of where these people have travelled, it's very important that all Northlanders take up that opportunity.

Media: Do you want people to get tested who are symptomatic? Do you just want anyone to get tested, because you said they were—rates were very low?

Dr Ashley Bloomfield: Symptomatic testing is what we're looking for—people who have been in those locations or areas of interest, whether they're symptomatic or not, and anyone who may have had interaction with these two people who have been up there. They will know who they are—whether they are or symptomatic or not, go and get a test.

Media: You talked about all options available to health authorities. Can you explain what they—are you talking about health orders or stepping up in terms of going and finding people, or—yeah, can you give details?

PM: Yeah, so, essentially, just considering—I mean, this is an extraordinary set of circumstances. We have an individual who—we know who they are; we can't locate them.

So, really, it is between Health and the police to make decisions over what methods they'll use to then find that person.

Media: Is it taking too long, though? You know, we've had several days, and the risk must be getting greater the longer this person is out there and the longer those locations of interest, too, aren't being identified. I mean, what's the—

PM: Yeah, on the public health risk, it would really be for Dr Bloomfield to comment on that, but, really, my question has been—look I feel the exact same frustration that everyone else does. This is an extraordinary set of circumstances where we have someone who may or may not be COVID positive, who has travelled with an individual who we've identified but cannot locate, and they are refusing to cooperate. I mean, it is beyond irresponsible; it's dangerous. We're using every tool and means we can to try and locate the individual, and, again, I've just encouraged all views and options to be on the table. Health and police, though, are really pulling out all the stops to try and get that certainty. Dr Bloomfield.

Dr Ashley Bloomfield: The only thing I would say is that police have got a reasonable level of confidence the person is not travelling around in Northland at the moment. So that reduces any further public health risk—

Media: The second person?

Dr Ashley Bloomfield: —the second one—

PM: The second person, correct.

Dr Ashley Bloomfield: —but, obviously, what we're very keen to do, of course, is have that person tested. That will be very important.

Media: Apologies if I interrupted, but health options—are you looking at health orders, stepping up authority that might be needed to coerce the person—

PM: Well, of course, the health order right now would require the person to—if, Dr Bloomfield, I understand, that already exists, really.

Dr Ashley Bloomfield: That's already in place, and it's really—the police are looking at all the options available to them to actually do what they need to do to locate the person.

Media: Are the step-up options—I mean, are there options that have been on the table but haven't been used until now that could be triggered if a stand-off is reached, for example, you know, if it gets to that point, or has everything been done?

PM: No, I think there are still other options available. You'll forgive me for not going into the tools available to the police, because that is for them and their investigation, because this obviously extends beyond just contact tracing now.

Media: Just a quick follow-up: has the woman broken the border rules on a previous occasion?

PM: I cannot answer that, unfortunately. No, I don't believe—oh, Dr—no.

Media: Why not name her?

PM: Again, I see that as a matter for Health and police, but it's one of the options I've asked them to consider as they work through this issue.

Media: Prime Minister, there is a good chance that the other person that has not been located is potentially watching this press conference right now. What's your direct message to this person?

PM: The absolutely easiest option for you right now is to come forward, allow a test to be undertaken so that we can ensure we are protecting those who have been around you, and that may include your family and friends. That is by far the simplest path forward from here.

Media: And you said that the R value had crept up a little bit. Are you able to tell us the exact number of the R value?

PM: It's tending between 1.2 and 1.3 currently.

Media: And finally, how do you know that this person's not travelling around when you—

PM: Again, we're not going to get necessarily into all of the police investigation at this point, but I think what Dr Bloomfield shares is information that's relevant for those in Northland who may have that concern.

Media: Do you know if she's in Northland?

Dr Ashley Bloomfield: No, I don't know that, but the police will have an understanding of that. But the information they've passed to us is they've got a reasonable level of confidence she is no longer moving around in Northland.

PM: Keeping in mind that we do want to allow them the ability to undertake their investigation and to locate this individual. The more information we give away on how we're doing that may make that a little bit harder.

Media: It would be quite hard, though, to move Northland out of level 3, would it not, until that person is located and can be questioned.

PM: No, not necessarily. I mean, look, we do not yet know as to whether or not that person is positive. What we do know is that the more testing we have, the more confidence that we can have. And, of course, in the meantime, we are doing everything we can to locate the individual as well.

Media: It's also very possible that they—those two people who went to Northland—interacted with communities who aren't really going to be tested, like the same problem that has existed in South Auckland despite the public health team's best efforts, and if that remains unknown, it will be quite hard to step down—

PM: Indeed. One thing I would say is—bearing in mind, Health are working through a number of different community providers, community groups, and community leaders, so it's not that they are just relying on finding these two individuals and using the police. They have extensive options available to them to continue to do their work and make sure that they're testing as we should.

Media: Can I also ask if there are any unlinked cases in the Waikato?

PM: No.

Dr Ashley Bloomfield: No, no. All the cases for the last few days have been linked, and, in fact, all the cases amongst the 31 that we were reporting in Waikato stem from the same original case, and they've been both epidemiologically and whole genome sequence linked.

Media: Given that vaccination numbers have come up quite a lot in the last week, does this then present, kind of, a much lower public health risk than the unknowns in Northland, for example, and, you know, the potential for them to come out of level 3?

Dr Ashley Bloomfield: Yes, the testing rate, which the Prime Minister mentioned—4 percent of the population over the last week or two—the vaccination rate going up, and just the fact that all those cases are linked and are a known family or other contacts is comforting. However, we will take it day by day and look at what else is emerging over coming days before giving our final advice.

PM: Essentially, what we have is uncertainty. And the best thing we can do to allay uncertainty is, of course, to get more information; failing that, also testing—coupling that together with testing is what gives us greater certainty.

Media: You made a comment earlier, Prime Minister, about masks in school assemblies. What is the nature of mask wearing for schools given the mandatory vaccination stuff, and

what was the public health advice on that, too, and how does it marry with the decisions that have been made?

PM: Chris Hipkins.

Hon Chris Hipkins: There's quite a lot in there, Jo. Secondary schools: mask use is required in secondary schools when they are reopening, and that is, in fact, around the country, not just in those other areas. We haven't finalised decisions about any additional public health measures that might be put in place when schools reopen to larger numbers in alert level 3 areas, because at this point we've not made that decision, but we'll keep that under review. And, obviously, Health continue to provide us with guidance on that. Their view is everything that we can do to turn down the risk in those school environments we should be exploring, which is what we're doing.

PM: In that case, it does include, at this stage—their early advice is that would include the avoidance of assemblies and anything else that might increase risk indoors.

Media: Right, so there's a couple of things that've been ruled out that you haven't necessarily decided—

PM: These are general guidance that's been used before.

Media: OK. Can I also just ask, on schools: in terms of some small regional isolated schools where there's few teachers—there might be quite a large number of parents who come in to do voluntary teacher-aide - type work because of the isolated community that it is—do you have any concerns about how on board—as much as I hate that phrase—they might be with—

PM: Aligned.

Media: —actually going along with vaccination if they are against it?

Hon Chris Hipkins: The Ministry of Education will be working really closely with some of those schools, and I do want to reiterate a really important public health message, which I reiterated when I was standing here last week, and that is that, unfortunately, we do have a number of more isolated communities in New Zealand who think that COVID-19 is a big-city problem; actually, it isn't. And those in those isolated and rural areas are just as at risk, and so we need to see high rates of vaccination there as well. And so that is certainly a message that we'll be pushing through our education system, and the Ministry of Education will work with those schools where there is some resistance, to make sure that we can continue to provide education for children.

Media: What is the check on that? I mean, how does the Ministry of Health in a city know what is happening in a small, isolated school?

PM: Education.

Hon Chris Hipkins: The Ministry of Education and the Education Review Office have good monitoring systems in places.

PM: But also we need to ensure that parents have that level of confidence that, whether it's a teacher-aide or a teacher, that we're doing everything that we can, particularly for those children that cannot be vaccinated, to keep them safe and well.

Media: On the vaccine mandate, there are small towns in New Zealand—you were just talking about them—where there is one GP or one small, kind of, community health outfit. If those people refuse to get vaccinated, does the Ministry of Health shut them down—is there no GP in that town? Is that the, you know, the trade-off, or will there be some flexibility based on availability of services?

Hon Chris Hipkins: I can speak to schooling, and then I might ask Dr Bloomfield to speak to the health system. In terms of schooling, we are used to—the Ministry of Education is used to supporting schools who have sudden short-term staffing needs, for whatever reason, and they'll continue to be able to do that. One of the reasons, as I indicated, we set

1 January as the deadline for those working in schools to be vaccinated is that it does give us the rest of the summer holidays, then, to work with schools who are potentially affected—if that, in fact, is what transpires—so that we can work with them. But I'll ask Dr Bloomfield to comment on the health.

Dr Ashley Bloomfield: First of all, of course, there will be some health workers, and, indeed, education workers, who won't be able to be vaccinated, for one reason or another, and so there will need to be an exemption basis. But there will also be a requirement to look at the nature of the work that those people are doing. In the situation you're talking about, we would take those on a case by case basis, but, actually, if we look at vaccination rates, for example across our Auckland district health boards, they are already in the mid-90s right across their staff. And I've got, actually, a really high level of confidence that health staff will be vaccinated, and I think particularly those who are working in isolated places, I would imagine even more likely. If there are situations that arise, then we'll address those on a case by case basis.

Media: On those exemptions, will those be purely health-based—you know, immunocompromised people—or will there be room for people who have exemptions for some reason which is not based upon their own health?

Dr Ashley Bloomfield: We haven't thought about an exemption process for the latter at this point, and I would look at them on a case by case basis. Of course there is an exemption for health reasons, but I'd expect that number to be very small. On the other case, we're not anticipating putting in some sort of exemption process.

Media: Just on that—

PM: I'll stick with my order, if I may. Have you finished your line of questioning there? Thanks, Henry. I'll come to Marc, and then I had Luke, and then I'll come to Maiki.

Media: Did Cabinet today consider raising restrictions in Auckland, if not to level 4 then, you know, layering something else on, given the upward trend in case numbers over the past week?

PM: So one of the things that's—so we have broadly just discussed settings every time. And, you know, that has been just generally as we look at what is happening in Auckland and we consider not only the restrictions but one of our criteria has always been compliance and adherence and the ability to continue to comply. And so one of the things that we've factored in, for instance, is what you saw in Australia was they had the same restrictions constantly and yet they saw, at a certain point, their cases tick up without having made any changes. So one of the things in our thinking has been, over time, adhering to really strict restrictions is hard, and you can expect that human behaviour might change.

So last week, what we sought to do was provide additional things people can do safely to try and prevent people perhaps doing things that might be unsafe. Meeting inside—if you want to do something that's not necessarily within the rules, you probably try and do it behind closed doors, and that might include meeting another family inside. That poses risk. So instead we've provided an option that is safer, but we have to make sure people are aware that they're able to do it so that people don't ask questions when they see people outside in a park or having a picnic.

So this is the kind of thinking we've been doing as we move. We have asked Auckland to stay in restrictions longer than we've ever asked them before, so we've tried to take into account that impact on their mental health and wellbeing, and their ability to continue to comply.

Media: Have you balanced that aspect of making sure people are still following the restrictions with making sure the restrictions are doing enough, because on the current trends, with the R numbers that you're giving out—

PM: There's nothing to suggest at the moment that what we're seeing in our cases is because, for instance, of people being able to meet another household outside. We have

seen some transmission in workplaces. We discussed today some of the workplaces—or cases in workplaces might be a better way to express it. We've seen a small pattern—but I'd call it small; I don't think it's a large number of cases, Dr Bloomfield—in the area of construction, food delivery, and taxi services. Again, not a large scale—small pockets. And here, this is where we're going in and trying to undertake surveillance testing to see if that is a widespread issue. But in all of those areas, there are already guidance on how to prevent issues there. Social distancing—so you're at work; it doesn't mean go and have drinks after work with your workmates. Still asking people to comply with all of the public safety measures in each workplace.

PM: One final thing I'll say: if you're stepping in to a taxi or any other vehicle with another person, masks are required, and evidence suggests that window at the front and at the back being down improves ventilation vastly and can prevent onward transmission. So I just want to impart that piece of advice too.

Media: Dr Bloomfield, on the locations of interest page, a large number of locations that are being added now, the instructions for people who have been there is no longer to stay home and get a test but now just to monitor your symptoms, but you can go to work and that sort of thing, and then if you develop symptoms you should get a test. Why that change?

Dr Ashley Bloomfield: Actually, two things on locations of interest. First, the person who lived near Katikati—and we spoke about this—who has subsequently returned a negative test and now a second negative test, we have stopped considering that person a case and having been infectious. Therefore, those locations of interest that related to that person are being now removed from our website. So I want to thank the person and their whānau for an amazing job and for the public health unit there in treating it as if it was a case, and for others in responding by being tested.

On the other locations of interest, what we have found, in looking back and reviewing the outbreak over the last two months, is we have had, I think, one case out of tens of thousands of people who were classified as—our terminology—casual plus; so that very casual exposure rather than in close contact. Only one case has arisen there, and therefore we've adapted the response and the advice now is, based on what we have learnt and the very, very low risk that there is transmission, that people who have been in locations of interest where this exposure is very low risk, they're not required to isolate and be tested as they have previously, but just to watch for symptoms. So that's what's behind that change there.

Media: This is probably one for Minister Hipkins. When you're talking about the new mandated vaccines for health workers who deal with vulnerable New Zealanders, what's a vulnerable New Zealander—what's the definition around that?

Hon Chris Hipkins: Well, particularly those who can't be vaccinated, those who are unwell and therefore seeking healthcare.

Media: What about—I mean—

PM: And our older New Zealanders, because—

Media: —is it anyone over—

PM: —home-care workers come in—

Media: Anyone who's over 65? Are they considered vulnerable?

Hon Chris Hipkins: Yes, certainly. That's one of the reasons why we included the home-based care sector, at both ends of the spectrum: those caring for elderly in their homes, and those caring for very young children in their homes.

PM: I think it would be well understood that if you're in the healthcare system, you've got an illness, perhaps a disability, you know, something that may potentially make you at greater risk if you happen to contract COVID-19.

Media: Is this—is there an expectation that this will be standard to other workers like physios, chiros, osteos—those sorts of healthcare workers—or are they not on the list at the moment, or they are on the list but they just weren't mentioned today, or...?

Hon Chris Hipkins: No, we haven't considered that yet. I mean, one of the things that we will be looking at in due course, of course, is that for personal services—so for those who are providing services where they're coming into very close contact with people—I think there is going to be quite a lot of consumer demand for the people providing those services to be vaccinated.

Media: So there's no active consideration being given to that at the moment?

Hon Chris Hipkins: Not right at this point.

Media: Just in terms of the vaccination register that was mentioned in a press release for schools—

PM: For education, yep.

Media: —and that's to do with students, is that because there's a requirement for anyone over or between 12 and 16 who's at school to be mandatory vaccinated? How are you feeling about that?

PM: No.

Hon Chris Hipkins: No. There are no requirements on the learners to be vaccinated, and that's really important. We're not going to exclude people from being able to participate in education, either because they can't be vaccinated or because, for whatever reason, they've chosen or their parents have chosen not to vaccinate them. But, bear in mind, one of the reasons that we're particularly conscious of education is that a very significant number of the children in schools can't be vaccinated at this point.

Media: Yeah, but how difficult was that balance, making that decision, given, you know, the high level of expectation around staff and volunteering parents? Was that a tough decision to make, and what do you say to parents who may want to see those students who are eligible to be vaccinated?

Hon Chris Hipkins: I would certainly encourage all those young people who are eligible to come forward and be vaccinated. We are seeing a good uptick in the last couple of weeks in the number of young people coming forward to be vaccinated, particularly as we offer vaccination in more education settings. So, many schools are working with their local health providers to get vaccination available in schools. I'd absolutely encourage them to take that up, but this Government, and previous Governments for a long period of time, have taken the view that people who haven't been vaccinated shouldn't be excluded from education. In fact, often those are the very people who need a good education.

Media: How much of a risk are unvaccinated students?

PM: It depends on age. Does Dr Bloomfield want to get into that? But, yeah, there is a differentiation in the research, isn't there, based on age?

Dr Ashley Bloomfield: Yes, certainly schools haven't previously been a setting where you've seen a lot of transmission, although they have found, in the UK, with widespread transmission, which they still have there despite high vaccination rates in their over-16s, that they are seeing quite high levels of infection in school-aged children. I should point out that schools are already required to, I think, record the vaccination status of their students—

PM: They are, yep.

Dr Ashley Bloomfield: —so this is just extending the requirement that's there, which will, of course, be extremely helpful if there is a case in a school, to be able to identify which of the children, or the students, who might've been at high risk.

Media: And, sorry, just one on behalf of a colleague, in terms of health, why did you release this directive without providing more specific detail as to who this applies to—i.e., do hospital cleaners come under this?

PM: Ultimately, we're looking at those who interface regularly with patients. So that's, broad terms, the definition, but I'll let, perhaps, Dr Bloomfield speak to that.

Media: I guess it's just because maintenance staff have been covered off under education, and contractors. So how is that different in a hospital setting with cleaners?

Dr Ashley Bloomfield: My understanding is it's the vast majority of staff working in healthcare facilities who may have interaction with either patients or residents of residential care facilities, but there'll be a lot of specifics made available, so it will be very clear who will and will not be required to be vaccinated.

PM: And this is something that we have been consulting on for a little while as well.

Media: The ministry has said it's not unexpected there will be Auckland DHB staff members who acquired COVID within the community. Are you accepting, then, that there very well may be clusters around hospitals?

Dr Ashley Bloomfield: No, the comment there is that—and we've seen this right from the start of this outbreak, and in previous outbreaks—because, actually, our DHBs in Auckland are probably three of the largest employers, these people are being infected in their lives outside of work, and when they're identified, of course, then there is follow-up to ensure there is no further spread within their workplaces given the fact that they are healthcare settings.

PM: I think, actually, in healthcare settings, the transmission within healthcare settings has been very well controlled and managed.

Dr Ashley Bloomfield: Yes, the only ones we've had in this entire outbreak are the ones in the last day or two around the dialysis unit at North Shore, but otherwise there has been no onward transmission within healthcare settings to either patients or staff.

Media: Should there be mandatory surveillance testing of all hospital staff and all Corrections staff?

Dr Ashley Bloomfield: I can't speak to the latter, but what I can say is, in the Auckland region, hospital staff have been amongst the most regularly tested and they've got some of the highest testing rates. There's been very widespread ongoing surveillance testing of our healthcare staff.

PM: And on Corrections, keep in mind Corrections actually are maintaining a COVID-free environment for existing inmates. Those who are coming into custody are being tested in order to determine whether they are potentially a risk to that COVID-free environment, and staff do have high rates of vaccination and Corrections are working to continue to ensure that's the case. Those who have in the past been in contact with positive cases have been vaccinated staff wearing full PPE.

Media: I guess because of the risk of an outbreak in the prison, and if you've got officers that may catch it in the community, would it make sense to—

PM: Yeah, and that's fair, and I don't think we'd rule that out in the future. For instance, we are looking at ongoing surveillance testing in high-risk workplaces going forward, and we are, of course, trialling the use of antigen testing for healthcare staff and also people coming into ED. So, again, looking more broadly: what are those high-risk settings where an outbreak is particularly problematic? And I would include Corrections on that list. So we'll need to keep that under advisement.

Media: Te Paati Māori says that not to put Auckland back into level 4 and the rest of the country into level 3 is a modern form of genocide given the vulnerability of Māori. What is your response to that?

PM: I disagree with that.

Media: And is enough being done, though, to protect those particularly vulnerable communities? I mean, we know the vaccination drives are going on, but is it too early to be opening up to that amount of risk?

PM: I wouldn't consider level 3 opening up. We are still in very heavy restrictions in Tāmaki-makau-rau, and that's for good reason, because we're continuing to both look at the outbreak as it stands but also vaccination rates that do need to lift. We have got some positive indications, though. For Māori who are over 65, the lowest rate across the country for a first dose is 89 percent—and, in fact, many of the areas are above 90 percent. We again see high rates for our over-50s. But we need to continue to see those rates pick up across every single DHB, and we're putting a huge amount of effort into that, as are our Māori providers, as we speak.

Media: But is this more urgent for Māori to get vaccinated in this context?

PM: In my view, the urgency is across the board, but, yes, there is greater urgency for Māori because we have seen lower rates. But, again, let's celebrate the high rates as well, and particularly for our over-65s. They are impressive, the rates that are being reached, which shows us what is possible with that ongoing effort.

Media: Broadly speaking, cases are going up in Auckland, at a time when you are increasing freedoms. Are you tracking how many cases are coming from those increased freedoms? Say, the workplaces under level 3 that were allowed—around level 4. Or have we had any cases at the picnics that have been taking place over the last five days?

PM: To answer your second question, no. The health advice is, no, we haven't seen any cases that emerged from those changes. And if those rules are complied with and followed, nor would you expect to. Social distancing and being outside, if done properly, is considered to be a safe activity. I would just, again, ask everyone: please, don't treat it casually. The guidance we give is for reasons. It's based on evidence. It's based on what we know of Delta. So if you follow them, it will be a way to keep yourself safe. But, again, the level 3 restrictions, they are still tight, and we ask people to follow them.

Media: Is that an acknowledgment that transmission is happening at the level 3 businesses, or you haven't got to that part?

PM: You will have heard me just talk about—we have seen some workplaces where we have seen cases. So you've heard me talk about construction, food delivery, and taxis. So some of those are workplaces that become open and available at 3, but I don't think it's fair to say that we would have had, say, zero cases or no increases in cases were it not for that move; I don't think, necessarily, that would be the case.

Media: Can I also just ask to reflect on the four-day trip you made to the beautiful Tai Rāwhiti and other places? Like, did you see it was worthwhile? I mean, it certainly looked enjoyable. And would you suggest it would be possible for other high-profile, popular people in their regions to go and try [*Inaudible*]?

PM: I'm not sure I'd describe myself in that way; I'm not sure if that's what you were doing, though. I would say I do consider it worthwhile. Yes, of course I make sure that I am contactable at all times—a bit more of a struggle in some parts of the country than others, and I really tested that over the last four days—but staying in close contact with, in particular, Minister Hipkins, as we had some decisions that needed to be taken.

But, next to that, the most important thing for us right now is lifting those vaccine rates, and my message was not just one of thanks to those working on the ground but a message that, as Minister Hipkins said, this is not a city problem. We have to make sure that nowhere in New Zealand considers that Delta and this outbreak is only an issue for Auckland. We will be in a disastrous situation if we don't see vaccination rates high across the country. And already you hear those from Raglan commenting that they didn't think it would reach them.

Delta finds unvaccinated people no matter where they live. So we have a duty to make sure that we find them first with our vaccine programme.

Media: Could All Blacks or, you know, other people do the same thing—

PM: Oh, yes, absolutely. And I know that our programmes, our providers, are looking for those local heroes and influencers, but, actually, everyone is an influencer within their own family. And the number of times that I heard someone say to me, “I wasn’t going to do this but my niece encouraged me.” or “My auntie’s a nurse and told me I needed to come.” or “Actually, I came because I’m worried about my baby sister.”—I heard a lot of stories like that. Those people are as influential as anyone else.

Media: Given this big increase in unlinked cases and the R value increasing, coupled with the high hospitalisation rate as well, what gives you the confidence that under these current settings it’s working and the cases won’t ramp up and overwhelm the health system?

PM: Yeah, so our current hospitalisations are 33, we’re steady on our ICU numbers at seven, at present, and those have been sat around that rate for a while. I will note that one of the additional cases we have is in Starship hospital, and that’s, again, an individual who cannot be vaccinated and that is, again, why it’s so important that the rest of us are. But as you will have heard me say, when followed carefully and when those restrictions and the rules around them are followed, they can be done safely. So it’s our job to continue to reiterate, you know, why it is we need Auckland to continue to be cautious, but also keeping in mind this is the longest we have ever had these harsh restrictions. We do need to make it a little easier for Auckland to continue to maintain them as well. We will keep monitoring that R value, we will keep monitoring cases, and we will keep monitoring vaccine rates because we believe they will also make a difference in the long run.

Media: Professor Shaun Hendy has said that if daily cases get up to about a hundred a day, he believes that will start to overwhelm the contact tracers, the hospitalisation rate will be at a higher level, that it could be overwhelming the health system and there would need to be a circuit-breaker level 4. Is that something that you’d consider—would that be a point where—

PM: A hundred cases does not necessarily mean that it would overwhelm the health system, but I should let Dr Bloomfield speak to that.

Dr Ashley Bloomfield: Well, two things: first, we would always give advice based on what we’re seeing in front of us, and we haven’t—and we won’t—resile from giving what we think is the best public health advice. The second is, you know, we’re in a position where our vaccination rate in Auckland, and indeed across the motu but in Auckland specifically—87 percent of people now have had their first dose, which is the best predictor of getting the second dose. It continues to increase, and that—so a hundred cases amongst people, some of whom will be vaccinated and in what is an increasingly highly vaccinated population, is different from a hundred cases in an unvaccinated population, and therefore—and we’ve shown in this outbreak, as has happened in other countries, that vaccination makes a significant difference on hospitalisation rates and, of course, death rates.

Media: Just really quickly for the director-general, are all COVID patients in hospitals being treated within Auckland, or are there some in other parts of the country?

Dr Ashley Bloomfield: There’s one in hospital in Waikato—

PM: And one in—

Dr Ashley Bloomfield: —and there’s one in Palmerston North.

PM: —Palmerston North.

Dr Ashley Bloomfield: Yes, he was the driver who went down and was admitted a few days ago but is improving there.

PM: Yep—no new admissions to either of those hospitals.

Media: I just wanted to ask if you know how many contacts there are in the Waikato and Northland.

PM: I'll let—do you mind if I let Dr Bloomfield flick through his notes to see whether or not we have that information with us.

Dr Ashley Bloomfield: We haven't got it broken down by region here in front of me, but we can provide that.

Media: And I also wanted to ask: is there another vaccine available in New Zealand at the moment? We have agreements—

Dr Ashley Bloomfield: Yep.

PM: Ah, yeah—a good question.

Media: —with other suppliers. There might be teachers and healthcare workers who have medical reasons not to take Pfizer—

PM: Yep.

Media: —and they might think it's a bit unfair to have a mandatory—

PM: We've been thinking about that for our other mandated workforces.

Dr Ashley Bloomfield: So there's not one at the moment. Of course, we have got both Janssen and AstraZeneca approved, and now we're just working with both of those suppliers to ensure we can get supply of one or tother to ensure there is a back-up option for people who cannot be vaccinated with the Pfizer vaccine.

Media: Given those dates that've been outlined today by Minister Hipkins, when do you think they'll be available for those people in those workforces who really need to—

PM: We've been working on that for a while. It hasn't been quite as straightforward from the suppliers' end.

Dr Ashley Bloomfield: We'll update as soon as we can about the availability of a second vaccine, but we would see that as exceptional. You know, one of the things is that the Pfizer vaccine has shown it's very highly effective and also it's got a very good safety profile, and that's why we've based our programme on that one.

Media: Prime Minister, do you think you can ease the restrictions in Auckland or anywhere else before Māori and Pasifika—particularly young ones—have a first dose vaccination rate that is above 90, i.e. can you open up—

PM: Let's get high rates and then you won't have to ask me that question. But it is one of the reasons that we've been very cautious about being too simplistic and just saying when we reach X rate, then Y will happen, because it actually does matter whether or not you have good spread across age range and across different ethnicities and communities. What's very clear from all of the modellers, keeping in mind that they do model differently and do have different outcomes and different numbers—but I'm sure they'd all agree that if you have large unvaccinated groups who are more likely to socialise with one another, such as young people, you're more likely to get outbreaks, even if you hit a 90 percent rate. So that's why that even spread's so important.

Media: So what is that threshold that you're looking at, then, before restrictions can end?

PM: Two things: we want higher vaccination rates. We've said that as a general rule of thumb, and while we haven't attached movement based on this, we are aspiring to 90 plus. But at the same time, movement is not contingent solely on that, though, because it matters what's happening in our outbreak as well and what we see from that outbreak and its impact on our hospital system. But, ultimately, we are not going to just simply say that our hospitalisation rate is all that matters. We don't want people broadly affected by COVID if we can prevent it.

Media: Does that mean, though, that you could ease restrictions before those most vulnerable young Māori communities are at the 90 percent?

PM: That would depend on what's happening with that outbreak. If that outbreak is widespread, uncontrolled, and is more likely to reach them, then that would be of concern. Our values here on COVID have remained the same. We do everything we can to prevent people having contact with this virus, as much as we can, which is why what we are doing now is exactly the same as what we were doing on day one of this outbreak, and that is we continue to be very aggressive with COVID, much more so than you see in many other countries. That's for that very reason—we want to prevent people's contact with this disease.

Media: Prime Minister, last week you suggested there could be more financial support on the way for struggling households. Could you provide an update on that?

PM: Yeah, I'll get Minister Sepuloni to do that. She does have announcements to make, but I'll leave that to her. I imagine that will be likely, I believe, over the course of this week, most likely.

Media: Can you give us any hints as to what that might look like?

PM: Well, you've described it, really. We are mindful of the impacts of COVID restrictions on low-income families in particular.

Media: Just on the Māori vaccination rates, Minister Henare said that the group that is been worked with in getting across the line at the moment, you're looking at, sort of, three to five conversations that they're having with whānau leaders, support people, and that the next group that needs to get across the line is going to be more in the category of 10 to 15 conversations. Are you concerned at, I guess, the time that it might take to do that and what effect that will have if it pushes out into next year, because if you want that rate higher for Māori as well, those conversations and that, I guess, comfort level could push out for quite a bit.

PM: Yeah, no, not necessarily, because I—look, I'll give you an example. So, for instance, over the past four days I've seen examples of where, actually, two to three conversations over the course of an hour was sufficient, but, actually, just that first ask wasn't enough and that first conversation. Also, the ability for an individual to ask some questions and then talk to a health professional on the spot really made a difference, too. The second thing I observed is that even, for instance, through our drive-throughs, I saw some young people who had come along that day to observe what was happening, to ask questions, to think, and you got a sense, because some were even describing what it would take for them and that they were very close to being vaccinated, that, actually, the next opportunity very likely that they would be. But we are at that harder end, where it's not so much just having a vaccine station on the corner of a street is enough; we need to be proactive.

Media: Prime Minister, Minister Hipkins just left.

PM: He's just left.

Media: But on education and on other high-risk locations in Auckland—

PM: It's one way to deal with a press conference! Ha, ha!

Media: —have you used this time at all to install ventilation systems at any schools or other high-risk locations, or give money to board of trustees to be able to do that themselves, given the science has moved so much on ventilation and how key it is?

PM: Yeah. Actually, I have had conversations with Minister Hipkins about this, but I would rather he speak to it than me try and summarise some of those conversations, because some thought has been given to those issues and what the science tell us but also what's going to be possible in some of those schooling environments. So I'll let him speak to that, if I may. OK, thank you very much, everyone. See you tomorrow.

conclusion of press conference