

**ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 27 OCTOBER 2021  
HANSARD TRANSCRIPT**

**Hon Chris Hipkins:** Kia ora koutou katoa. Good afternoon, everybody. I'll hand over to the director-general to do the usual update on daily cases, and then we'll talk about the alert level restrictions in the Waikato; schooling, early learning, and tertiary education in Auckland and Waikato; a few words on vaccination; and then we'll open up for questions. So Dr Bloomfield.

**Dr Ashley Bloomfield:** Thank you, Minister. Kia ora koutou katoa. So today there are 74 new COVID-19 cases to report in the community. Sixty-eight of these are in Auckland and six are in the Waikato. No cases in Northland today. It takes our total in the outbreak to 2,832, and, pleasingly, 1,550 of those have now recovered. There is one new acute case and three historical cases to report in managed isolation facilities in recent returnees from abroad.

As of 9 o'clock today, 31 of today's cases are yet to be linked, with interviews under way, and of the 79 cases reported yesterday, just 19 remain unlinked at this point, with investigations ongoing. Today, there are 41 people in hospital with COVID-19, all in the Auckland region, and five of those are in ICU or in a High Dependency Unit.

Yesterday, 17,536 tests processed, so good volumes of testing still around the country, and that includes in Auckland, and yesterday there were 13,578 swabs taken in Auckland, including in the community—testing and also the surveillance testing of people out in the community. Twenty testing centres open in Auckland today, and please, if you have any symptoms there that could be suggestive of COVID, go and be tested.

Just on Auckland, as outlined by the health Minister, the Hon Andrew Little, earlier this month, home isolation is now being used in Auckland to support the wider system, including the health system, to help manage people with COVID-19 in the community—those who can be safely managed in their own homes. I did provide some further detail on that, but this is an interim approach at the moment, so saying there are now 562 cases and close contacts in the community across 216 households who are safely isolating at home, with support from both health and social services providers. This is part of an interim approach as we move to a longer-term approach that will involve general practice and other community providers, both health and social sector providers, to look after people in their own homes; remembering that this is a part of our move to a response in a highly vaccinated population where the vast majority of our cases—that is, those who have been vaccinated, and most of those who are unvaccinated—will have either very mild symptoms or just symptoms where they can be managed safely at home.

There's a range of criteria looked at to assess whether someone and their whānau can safely isolate at home, and that includes their health, medical needs, as well as the social supports, the nature of others in the household who may be vulnerable, in which case they may, if there are vulnerable people in their household, then a case may go into a managed isolation facility still. Most of all, of course, people are given the option to safely isolate at home, and the feedback so far has been very positive, as the team reported to us this morning.

Turning now to Waikato, where, as I said, six of today's new cases are, these are all in Hamilton, all are known contacts of existing cases, and one of them was already in the quarantine facility that has returned a positive test. We're continuing to encourage testing region-wide in Waikato for anyone who has symptoms, and particularly in Te Awamutu, Ōtorohanga, Whatawhata, Hamilton, Tokoroa, where there are dedicated testing sites operating.

The other thing just about the Waikato, where there were the close contacts of the person who travelled to Blenheim from the Waikato: the two household contacts in Tokoroa have returned negative tests, and there are two other close contacts who are isolating and have been tested, and their results are pending.

Finally, a shout-out today to the Mā Te Huruheru Youth Leadership Group running a COVID-19 jab and grab vaccination drive today. It's a youth vaccination event, but you can take along the whole whānau. This is in Lambie Drive in Manukau. Those who come will be able to grab some merchandise, giveaways, free coffee, and ice cream. And within the first few hours this morning, they'd already administered 120 doses there. So thanks very much to the team. Again, that's on Lambie Drive in Manukau in Tāmaki-makau-rau. Back to you, Minister.

**Hon Chris Hipkins:** Thank you, Dr Bloomfield. The Waikato remains at alert level 3. However, from 11.59 p.m. tonight, we will start to ease restrictions a little while we continue to stamp out the current outbreak. People in the parts of the Waikato at alert level 3 will be able to meet for outdoor gatherings between two households, with a maximum of 10 people and physical distancing between the two households. Recreational activities will be expanded to include golf, hunting, boating, fishing, and scuba diving, with a maximum of 10 people involved. People must stay within the alert level 3 boundary. Face-to-face appointments with a number of healthcare providers can restart. Early learning services will be able to reopen with a maximum of 10 children in each bubble. So it's the same steps-down setting that we currently have operating in Auckland, the first step on our steps-down alert level 3. However, the boundary between Auckland and the parts of the Waikato that are in alert level 3 will remain in place. Most people will not be permitted to travel.

As Dr Bloomfield said, the cases in the Waikato are predominately confined to a network of people who haven't interacted as much in mainstream settings such as workplaces. This means it's unlikely to have had significant or major exposure events. But we're not yet comfortable to drop the alert level settings any lower while case numbers continue to creep up in the Waikato. The situation in the area is not yet fully contained. We're still aiming to stamp out this outbreak. So Cabinet will review the alert level there again on Monday, along with our review of Auckland's alert levels.

In the meantime, to the people of Waikato, we do want to acknowledge your frustration. Please get vaccinated and encourage your friends and family to get vaccinated. The sooner all parts of the country reach that 90 percent vaccination level the sooner we will all have certainty that it is an achievable goal.

Northland remains at alert level 2 with no new cases reported there since Sunday. We know, however, that Delta is highly transmissible. People in that region do need to stay vigilant. Northlanders should continue to check with the Ministry of Health website for locations of interest and monitor for their symptoms. Anyone who does start to show symptoms of COVID-19 should get a test as soon as possible. That message, of course, applies across the country.

No new cases in the South Island, following the positive case in Blenheim on Friday, and the South Island remains at alert level 2. Again, we want everyone in the South Island to remain vigilant and to keep following those rules to help contain any potential spread.

Moving on to education. Clearly there are a lot of views about whether our kids should be back at school or not, whether it's safe for them to be there. And I do want to say that these are some of the toughest decisions that I've had to make as the Minister. Pleased to hear reports from those who are returning to school this week who are positive to get back into the classroom and positive about the opportunity to prepare for their NCEA exams. So a big thankyou to those school leaders and teachers at alert level 3, who have been working hard to ready schools for opening this week and welcome students back. Many of those schools are reporting good numbers of students in attendance, some saying around half their students are back while others are saying numbers back are as high as 80 percent.

In terms of school groups years 9 and 10—so the rest of the secondary school system—when they can go back to face-to-face learning, we do want to give those senior secondary school students as much opportunity as possible to be interacting with their teachers and we don't want to have high concentrations. We don't want secondary schools to be getting back to those high concentration numbers straight away. So we'll do a bit more work around that and then we will come back with further details.

I also know that parents with primary school - aged children want to know when we envisage primary schools reopening, and I know that those students are looking forward to getting back to school, as are their teachers. So I've asked the Ministry of Education to work with representatives in schools and kura over the coming week to provide advice on how we could manage a staged return to school. I've asked them to work on the basis of an indicative start date of 15 November. I do want to say, though, that that is an indicative start date and it is subject, as all things related to COVID are, to events closer to the time. It's likely that the options that they'll be exploring involve groups of students attending on different days in order to keep numbers lower. I've also asked them to consider more learning outside, where we know the risk of the virus spreading is lower, where the weather allows for that to happen.

I'd acknowledge that COVID-19 restrictions have been challenging on people's social, physical, and emotional wellbeing, and getting back to school will have a positive impact on equity issues, on the wellbeing of many children, young people, and their families. So we do want to see that happen as soon as we can and we'll work to map out a plan for how we can do that safely. In terms of early learning, we are also working with the sector on how we can expand capacity there to get more children back into early learning safely, and in tertiary we'll be working with that sector to look at how we can increase the bubble size probably from the 10 that it is now to around 20 for those labs and classes that can't be run through remote learning. This could also happen from around 15 November.

Final words on vaccines. Today we have a significant milestone to acknowledge: 3 million New Zealanders are now fully vaccinated against COVID-19. That means there are more of us that are protected than aren't and it means we're on our way to ensuring that we can have high enough levels of vaccination to keep us protected from COVID-19 and to expand our opportunities over the summer ahead. Auckland's edging closer to 90 percent of people in all three of those DHB areas having their first dose, which means when all of those people go and get their second dose we'll be able to shift to that simpler framework that will have fewer restrictions. And I know the rest of the country will get there soon, but I do want to underline the importance of that.

It should be clear to everybody by now that despite everybody's best efforts, and they have been huge, we are more likely to see cases emerging outside of Auckland. No country has been able to stamp out Delta once it's taken hold and that's likely to be the same for us. So it's not a question of if cases will emerge outside of Auckland; it is a question of when. That might sound stark, but as one of my colleagues said last week, "Delta is now on your doorstep." So the best thing that New Zealanders can do to protect themselves, their family, their friends, and their community is to get vaccinated. The best thing that we can do to enjoy greater freedoms and ensure we have greater freedoms over Christmas and summer, when I know people want to be able to get together, is to make sure we have as higher rates of vaccination as possible. When we reach the point where COVID-19 does make it out of Auckland, the higher the rate of vaccination we have across the country, the less likely we are to have our summer plans disrupted through extra COVID-19 alert restrictions.

A really staggering statistic: of the 2,759 cases in our current outbreak, just seven fully vaccinated people have need to go to hospital. So the best thing you can do to stay out of hospital is to get vaccinated. Now happy to open up for questions. Tova.

**Media:** With the FDA approving Pfizer for five to 12-year-olds, how long until it will be approved here and when do you expect children will be able to get their first dose? Perhaps you can address that as well, Dr Bloomfield.

**Hon Chris Hipkins:** We are preparing to be ready to deliver doses just as soon as we get the regulatory approvals to do that. We have the network set up. Obviously, we're able to operationalise that quite quickly. I know that the FDA approval was the first hurdle for our own approval processes here in New Zealand. I know that Medsafe are ready to move quickly on an application. They'll do it thoroughly, as they always do, but I know that they are ready to move quickly, but I'll ask the director-general to comment.

**Dr Ashley Bloomfield:** Yes, so in the US, similar to here, the first step in the process is the FDA has approved the vaccination. But it then does go to a technical group there for consideration of the balance of risks and benefits in that age group, similar to what will happen here. We're expecting all the information through from Pfizer in the first two weeks of November and our Medsafe colleagues are standing ready to consider all that. It was interesting to read the FDA assessment, and they will obviously review that as well as all the other data they get. Pending that approval, it will then be referred to our CV technical advisory group and they will provide advice and then we'll put advice through to Ministers.

I think the other thing that is important to be aware of here is that Pfizer is making an application for a paediatric version of their vaccine. So one of the important conversations we are having with Pfizer is around the accessibility to that paediatric version of the vaccine. And if you looked at the releases in the USA, they have got that paediatric version of the vaccine ready to go should it be approved for use. So that's an important part of the consideration of both the approval process here and then the timing of when we can roll out the vaccine.

**Hon Chris Hipkins:** I'll let you follow up, Tova.

**Media:** Thank you. On the Waikato, I mean, you say you're not comfortable loosening restrictions while cases keep creeping up, but cases are creeping up in Auckland; it's vastly, vastly more. So is it fair to keep Waikato in such tight lockdown?

**Hon Chris Hipkins:** As I've indicated, we are seeing cases still coming in the Waikato. It's not fully contained yet. For example, some of today's cases are currently in central Hamilton. We're aware that we're dealing with cases. We want to still give Hamilton and the Waikato their best shot at stamping out the outbreak. This is the way that we can do that.

**Media:** What happened to the MIQ announcement that was scheduled for today?

**Hon Chris Hipkins:** Ministers are meeting this afternoon to go through further details around changes in MIQ and we'll be looking to announce those tomorrow.

**Media:** Why couldn't they have done that by today? What was the problem?

**Hon Chris Hipkins:** Look, we're still working our way through that. There's a lot of complexity to consider. Of course, we have to consider the fact that the situation in Auckland and outside of Auckland is different so we've got to make sure that we're covering all of the bases in terms of the potential changes that we're making there. I'm also aware that people want to see a bit of a road map. We'll make some changes fairly quickly and then I think people will want to know the road map is to further changes and so we want to be able to work through that and provide people with as much information as we can. So, we're meeting again this afternoon because I'm aware that there's an eagerness to find out more about that and so we will have further information on that tomorrow.

**Media:** You're talking about stamping it out in Waikato. When are you going to give-up that term? Because it's been used so much, and, really, is it realised?

**Hon Chris Hipkins:** Certainly outside of Auckland at the moment with outbreaks, like the one we're dealing with, stamping it out remains the best course of action until we get to higher rates of vaccination. The sooner we get to higher rates of vaccination, the sooner we can adopt a different strategy which is the one that the Prime Minister has already set out.

**Media:** The Deputy Prime Minister, last week, said that the Government believed it could stamp out the outbreak in the Waikato. Do you still believe that you will be able to stamp it out?

**Hon Chris Hipkins:** Yes, absolutely. Although, the indications are that this one could have a long tail to it. So, there is a question mark over. It's certainly still possible, certainly what we're aiming towards. But, as we know with COVID-19, and with Delta in particular, events can overtake things. As I've said before, there's still a possibility that COVID-19 would break out of Auckland and that we could find ourselves in a different situation. But at the moment, continuing to stamp it out in the Waikato is our best option.

**Media:** Why does it have that long tail? Is it because people aren't following the rules?

**Hon Chris Hipkins:** It's just the nature of the cases that we're dealing with here.

**Media:** Modelling released by Te Pūnaha Matatini shows that if you've had a level 2 circuit-breaker in Auckland you could've saved 120 lives versus if you hadn't. Why didn't you take that modelling into account?

**Hon Chris Hipkins:** You're talking about our level 4 circuit-breaker?

**Media:** Level 4 circuit-breaker. Why didn't you take that modelling into account? Or, did you and you therefore risked 120 deaths?

**Hon Chris Hipkins:** Well, a lot of the modelling, unfortunately, relies on the assumption that we would get the same degree of compliance with level four restrictions after months as we got as the beginning of imposing level four restrictions. We know that that's simply not true. So if you look across the Tasman to our mates across the Ditch, they didn't lower their alert level restrictions at all and they still got an explosion of cases after about 60 days of restrictions. So we have to bear in mind that that's a theoretical model based on a high degree of compliance with alert level 4 which we already weren't seeing by the time we made the decision to step down.

**Media:** But it's still a gamble though, right? A gamble with 120 lives.

**Hon Chris Hipkins:** No, not at all. Actually, I think that stepping down restrictions and keeping people with you and keeping people willing to follow the restrictions is a better bet than keeping restrictions so high that people won't follow them anymore and then you'll eventually end up with a worse outcome.

**Media:** What evidence do you have that compliance might be crumbling?

**Hon Chris Hipkins:** I think if you look across Auckland it was clear that we were starting to see the compliance with those rules fraying enough around the edges. Now, it doesn't require a big number of people to stop following the rules for there to be quite a significant change in the overall level of risk.

**Media:** Isn't that happening now? So why not just go to level 1 then if that's the case. If you've got an issue with non-compliance and you just scoot down the levels.

**Hon Chris Hipkins:** I think, as the Prime Minister set out late last week, we want to get up to that 90 percent vaccination rate so that we can move into a different way of managing COVID-19.

**Media:** How long do you anticipate that vaccine certificates will be in use?

**Hon Chris Hipkins:** We haven't set a specific time frame on it. The legislative framework to allow the use of vaccination certificates will be within the COVID-19 Public Health Response Act framework. That's a time limited piece of legislation, so it's subject to periodic review and renewal by Parliament and at some point it will not be renewed because it won't be justified anymore. So, these requirements will be attached to that. Which means that at some point they will expire and they will no longer apply.

**Media:** So, are you expecting it be months? Years? How long?

**Hon Chris Hipkins:** I wouldn't put a specific time frame on it at this point.

**Media:** In the Waikato, you talk about the difficulty of stamping it out there, the nature of the cases. What are the nature of the cases?

**Hon Chris Hipkins:** They're in a more difficult-to-reach part of the community.

**Media:** So it's their isolation?

**Hon Chris Hipkins:** And they're people that are more difficult to reach and difficult to contact trace.

**Media:** So you're saying these people are being uncooperative?

**Hon Chris Hipkins:** No, I'm not saying that at all.

**Media:** Well, what are you saying?

**Hon Chris Hipkins:** I'm just saying that, as with some of the other groups that we have dealt with, this is a more difficult to contact trace group of cases.

**Media:** What does that mean?

**Hon Chris Hipkins:** Well, I'm not going to share the specifics of the cases and of their personal lives and their backgrounds—

**Media:** No, I'm not asking you for their names—

**Hon Chris Hipkins:** —but it is a more difficult to contact trace group of people.

**Media:** Well, what does that mean?

**Hon Chris Hipkins:** It means it's a more difficult to contact trace group of people, Jo.

**Media:** Just in terms of the self-isolation, I think the figure that you gave from last week of the number was around the hundred mark, Dr Bloomfield, and it's now over 500.

**Dr Ashley Bloomfield:** Yes.

**Media:** That's a pretty sizable jump in a small amount of time. Is that sort of just reflective of how much you're progressing that self-isolation or—I mean, what does that reflect, exactly?

**Dr Ashley Bloomfield:** It does reflect, actually, we're progressing the model and increasing the capacity to do that, and that, actually, all of these people, as I said, are willing and interested in isolating at home and can do so safely. We have got space still available in our quarantine facilities in Auckland for people that need it, so it is just a natural progression of the model. And again, it's consistent with the move to how we imagine most cases will be managed in the community, not just in Auckland but around the motu in the future, where we've got those high vaccination levels. And I should also say, just on alert level 3, you know, we're more than a month into alert level 3 now, and our hospitalisation numbers are very manageable. They dropped, actually, over the weekend—we've got five people in ICU or HDU today. That number has not continued to increase. There is no doubt that the alert level 3 settings are making a big difference in keeping our case numbers low at the moment, while we get those vaccination rates up.

**Media:** Does for those cases to jump also reflect, I guess, the sort of spread of communities, as well? I mean, are you able to say whether the people that are self-isolating fit into a particular demographic, for example—like, who is actually using this more?

**Dr Ashley Bloomfield:** Interestingly, if you look at the ethnic breakdown and the age breakdown of the people self-isolating, it's very similar to the overall number of cases at the moment. So there's nothing particular about those groups. Generally, if there are large numbers of people in a household, it's more difficult for people to isolate safely at home and remain apart from family members, so the household numbers are tending to be a bit smaller now, but we are seeing—at the moment around half our cases' ethnic breakdown each day are Māori, about 30 percent are New Zealand European, and about 20 percent are Pacific and other ethnic groups. So there's nothing specific about this group, but it is just a shift in the model, and the social and health supports are there to enable people to isolate safely at home.

**Media:** Director-general, are you aware of anyone being sent a stranger's vaccination information? We've been made aware of a man who says that he's been sent COVID-19 information from a stranger, including his NHI number.

**Dr Ashley Bloomfield:** Information about someone else? Is that right?

**Media:** Yeah.

**Dr Ashley Bloomfield:** No, I'm not aware of that, but that sounds like something we'd be very keen to follow up, so I'm very happy to get the details of that and follow that particular one up.

**Media:** Would that be, on the face of it, quite a concerning privacy breach?

**Dr Ashley Bloomfield:** I'd have to have look into it and just see what the circumstances were behind it. Of course, we're very careful with personal information and you'll have noticed right through this programme there's been—I don't think we've had any incidence of privacy breaches, so very keen to understand more about that particular case.

**Media:** Minister, over the past couple of weeks the Prime Minister and the Deputy Prime Minister have said that they would have a look at whether documents and advice over the past couple relating to this outbreak could be released earlier than the usual practical release process. Yesterday, the Prime Minister said that we should probably ask you about it, so I'm going to ask you about it: will you release those documents earlier than the usual process which could see them released only next year?

**Hon Chris Hipkins:** Oh, no—absolutely, I've got no problem with releasing them earlier, so we'll certainly go through and see if there's—see if we can speed that process up. Derek.

**Media:** I just wanted to ask if the Pfizer data with the FDA process—so they've released their data into the trials of Pfizer; will Medsafe look at that data now or will they wait for an application from Pfizer?

**Dr Ashley Bloomfield:** So they're already looking at the data that are publicly available, and I think a couple of weeks ago Pfizer made available publicly more information about the trial they had done of just over 2,000 five- to 11-year-olds. The FDA have put up their report—their analysis of the risks and benefits. That went up last Friday. So yes, Medsafe are looking at all the data as it comes through, but they just haven't had the formal application, remembering that it's partly the data about the clinical efficacy and safety, but it's also the manufacturing data that they need to get to be able to do the full assessment.

**Media:** Do you have any estimate on how long that process might take until, like—the least amount of time when those jabs could start to be administered

**Dr Ashley Bloomfield:** I can't really give an estimate. We'll need to wait till we get the—what I would say is that because this is a new age group, and a younger age group, that Medsafe will, of course, as they always do, do a very thorough process to look at the risks and benefits, and I think that's one of the things that the FDA were very careful to do as well. It took them quite a bit longer to do this assessment than, say, their assessment of boosters or even their original approval, emergency approval, and it may well be that the Medsafe team decides to refer it to a special advisory group, an independent advisory group, as well, to get their view.

**Media:** With primary schools, are you going out to the primary schools in Auckland now trying to come up with a plan about how students could safely come back in, yeah—is that right?

**Hon Chris Hipkins:** I think what we're doing is what we've asked the Ministry of Education to do, is actually talk through with the primary schools the operational feasibility of some of the approaches that we've been talking about—so bringing students back, effectively, on a roster so that they're not all back at the same time, maximising the amount of time that kids spend outdoors—you know, if it's a good day, all day, potentially, again because that helps to minimise the risk. So just working through the logistical details of that. We're not at that point where we would be comfortable opening primary schools yet. That's why we flagged up around about 15 November as the next, kind of, milestone as a tentative date, but I don't want to lock that in stone because a lot can happen over that, sort of, 2½ week period.

**Media:** What is your modelling suggesting case numbers could be doing then, because if you're not comfortable now, presumably our case numbers are going to be a lot higher by then?

**Hon Chris Hipkins:** Case numbers and vaccination, you know, obviously, we'd like to get a lot closer to that 90 percent overall vaccination rate across Auckland before we get to that point, if we can. So I'm not saying no; I'm just saying at this point, you know, round about the 15<sup>th</sup> is where we think might be a realistic time frame for having more kids back at primary school.

**Media:** What's the issue with year 9 and 10?

**Hon Chris Hipkins:** The issue with year 9 and 10 is just the concentration that you would get there. So if we've got all year 11, 12, and 13s onsite, even if you brought back half of year 9 and 10s, at that point secondary schools are pretty full, and so we just have to work our way through that. So we'll talk that through with the sector. We're actually coming up to a point, though, where a number of those senior secondary school students will largely be offsite because of exams and preparation for exams and so on, and so we'll just look at how we can dock in what we do with years 9 and 10s with that.

**Media:** Are you envisaging they'll come back this year, or you're not sure?

**Hon Chris Hipkins:** I would like to see year 9 and 10s back at school this year if that's possible.

**Media:** Minister, you've had 10 weeks to come up with a plan to get kids back to school safely, so why haven't you done it until now?

**Hon Chris Hipkins:** Oh, look, we've got a whole variety of different plans and models, but every time—you know, in every situation you have to keep refining that and you have to keep reviewing it, because there are no hard and fast rules here. It really depends on what we see on a daily basis. And so, yep, we do want to see those kids back in school as quickly as we can and as safely as we can, but I know there's a lot of parental anxiety around that, too. They don't want to see kids going back to school and being put at greater risk, so they want to see that we're doing this thoroughly, and I can give them a reassurance that we are.

**Media:** On isolation for community cases, so a top Auckland GP was, sort of, sceptical of Healthline's ability to monitor cases isolating at home that have other health issues, because Healthline doesn't necessarily have access to their medical records and might send them to hospital unnecessarily, adding even more pressure to hospitals. So if I could get both your response to that, and whether you're confident Healthline will be able to cope with the sheer number of calls it's going to have to make as home isolation ramps up.

**Hon Chris Hipkins:** I just want to—I'll make one point, and then I'll hand over to the director-general. Healthline are not the only people involved in supporting people who are isolating at home. Primary care also have a role as well—so, GP practices, for example, who do have a lot more patient specific information, are also involved in that process, as are Māori and Pacific health providers, who, again, have more information and insight into the types of support that those families may need. So, yes, Healthline are playing a very, very important role with their phone calls, their checks, and so on, but they're not the only ones involved in this process.

**Dr Ashley Bloomfield:** Yeah, so just to follow on from that, Healthline is involved in the current phase of the roll-out. As we move into that longer-term approach, there will be much greater role of primary care and Māori and Pacific providers with clinical health expertise. So saying, I mean, Healthline, their expertise is in being able to walk people through, you know, a conversation and determine, very expertly, what level of care they might need. That's their routine business. So they're very involved at the moment, certainly have the capacity, but as we move into this next phase—and, actually, on the call this morning we had one of the GPs who's leading the conversation with general practice in Auckland, and many of them are very enthusiastic and supportive of being involved. And, obviously, they do have that knowledge of their patients so are able to play a really key role in determining what level of care they might need.

**Media:** Are you expecting more cases to come out in Northland?

**Hon Chris Hipkins:** I haven't been advised of—you know, it's always possible that there'll be additional close contacts who may be isolating, but I haven't been advised that any are likely at this point.

**Dr Ashley Bloomfield:** So we haven't had any further cases since the weekend, and they are all in a known sort of family grouping, and so very encouraging that so far there's been no further cases. And all the other close contacts of those people who are already cases are isolating, and none of them have returned positive tests as yet.

**Media:** We've had reports of some of the cases being spread across Te Tai Tokerau, and we've also had one report that one COVID case is isolating with two siblings and two children. Given that, do you—have the tests come back to say that they're negative or are we expecting other cases to come out of Northland?

**Dr Ashley Bloomfield:** Yes, so the seven cases are isolating across three households—they're all related—and they're in a relatively confined area in the mid Far North. The public health unit is—and local healthcare providers—in very regular contact with those whānau to make sure that they are able to isolate safely.

**Media:** Minister, we're now eight months since the first group of people in New Zealand got vaccinated, our border workers and then the staff of the healthcare workforce. The data shows that while the protection from being really sick is still probably pretty good, protection from getting infected itself will have worsened rapidly. Where are we at with whether to give them a third dose or not?

**Hon Chris Hipkins:** So we're ready to go as soon as we get advice that booster shots are required. My understanding from the Pfizer clinical trials around boosters is based on a median gap between the second and the third doses of 11 months, I think. So we're certainly still within that window for those earliest people in New Zealand who have been vaccinated, but it really sits with Dr Bloomfield and his colleagues to give us advice on when they think booster shots are desirable. We have access to the supplies to start that programme—confident that we'll be able to get enough to finish a booster-shot campaign in a timely manner if that's where the medical advice lands up. So we're all good to go.

**Dr Ashley Bloomfield:** So Medsafe, you might have seen, have got the application and the data from Pfizer. They're looking at that. In parallel, our CV TAG is looking at that. I think you're overstating the drop in effectiveness of the vaccine, and, again, it was only last week that Pfizer published the randomised control trial of the booster dose, showing very good efficacy in bringing people's protection levels right up again, but the median time was very much within the time that we are looking at, but as the Minister said before, all going well, we are planning for starting to roll out booster shots to those who were the first to receive their shots. We would be starting this side of Christmas.

**Media:** Minister, can you explain why exactly you trust the Ministry of Health to know how many people there are in New Zealand over Statistics NZ, an entire department set up to count New Zealand, basically?

**Hon Chris Hipkins:** Look, whichever way you cut the data, there are going to be a variety of different views on what the most appropriate dataset is. Ultimately, the dataset—people we have health data for—is as good as any.

**Media:** Are you comfortable with being at 10 percent off because of that?

**Hon Chris Hipkins:** Yes, I'm comfortable.

**Media:** Are you looking at any contingency plans in place for any drops in teachers when the vaccine mandate comes in?

**Hon Chris Hipkins:** The Ministry of Education work closely with schools who could be affected by that. I want to just note that, whenever we've introduced a vaccination requirement, we have seen projections that we could lose lots of people out of the affected workforces and that hasn't tended to be the real experience. As we get closer to those

deadlines, generally speaking, we see the number of people who are not willing to be vaccinated decrease quite significantly.

**Media:** Just following on from that, during this outbreak, how much consideration have you really given to mandating essential workers who are regularly crossing the borders, like truck drivers, for instance—those people that are traveling the length of the country and could potentially be spreading the virus. I know lots of Ministers have said, “Yes, we’ve thought about it—we’ve thought about it”, but have you really actually considered it at any point?

**Hon Chris Hipkins:** Yeah, we’ve given it consideration. Ultimately, there are a whole lot of practical considerations that make that operationally quite difficult, and we don’t know how long that internal boundary is going to be in place for either.

**Media:** The thing is, though, that you had an exemption—you know, people who can cross the border. You have the paperwork. You know who those people are. They’re identified in the same way that someone who works in a particular industry is identified, and you’re now rolling out quite a number of mandates in order for people to get vaccinated. So why is it any different now, and why has there been such a reluctance during this Delta outbreak to target a particular group of people who are potentially high risk?

**Hon Chris Hipkins:** We have looked at it, and, ultimately, it was the logistical considerations that made that not something that we wanted to implement in the short term. We’ve never ruled it out. We’ve also got to bear in mind that that boundary isn’t a permanent boundary. How long it’s in place for, we don’t yet know.

**Media:** So does that sit comfortably with you that you have had unvaccinated people driving the length of the country through a Delta outbreak?

**Hon Chris Hipkins:** Look, we have to accept that we still need to keep the country moving. We still need to supply people with food, for example, and that does mean that we need people travelling in and out of Auckland.

**Media:** Dr Bloomfield, on this issue you raised at the start around the vaccinations for under-12s, are you saying that it is a different vaccine? Is that something that we have an agreement for? And are you suggesting that the, you know, 1 million doses we have in storage right now will not be able to be used in that roll-out?

**Dr Ashley Bloomfield:** This is something that we’re clarifying with and in conversation with Pfizer around, but what I’m referring to is if you look at the FDA approval and the media stories about that, it was very clear that it is a paediatric formulation of the vaccine, and what our Medsafe team will be looking at is what are the differences between that formulation and the adult formulation, and what does that mean for the timing of a programme that we might be able to roll out.

**Media:** So is that something that you need to be reaching out to Pfizer to get supply of, or would you be able to use the existing doses we have?

**Dr Ashley Bloomfield:** We have already. It’s already a part of our discussions with Pfizer.

**Hon Chris Hipkins:** OK. We’ll finish up with Ben and then Jenna.

**Media:** Minister Wood and the Prime Minister yesterday said they are looking at new industries to extend the vaccine mandate to. Are transport workers, truck drivers, a part of that, or have you closed the door to that? And what other issues—

**Hon Chris Hipkins:** No, I certainly haven’t closed the door to that.

**Media:** And what other issues are you looking at?

**Hon Chris Hipkins:** Well, we’ll tell you at the time when we have more to say on that, but we’re aware that there’s, you know, there’s a lot of pressure from businesses as well, who would like to see Government being more proactive in some of these areas. So we’re working

our way through that. We need to have a public health justification for any extension of the vaccine mandates, and we'll continue to work our way through that.

**Media:** In the US my understanding is that Biden has opted to mandate vaccines for any workplaces bigger than 100 people or to submit workers for weekly testing. Is that an option if you considered mandating the vaccine, you're just like regular weekly testing for people, or—

**Hon Chris Hipkins:** Wouldn't rule anything in or out at this point. We haven't gone to that sort of regular—we're, effectively, doing that for education workers at the moment. So, you know, we'll see how that goes, but certainly I wouldn't rule out doing that in other contexts.

Jenna.

**Media:** One specific sector that has been calling for it is the construction sector. They're a highly mobile workplace, going into people's homes or subbies visiting multiple sites during a week, so have quite incredible risk of spread if there was an outbreak. Are you considering the construction workforce?

**Hon Chris Hipkins:** I don't want to go through every workforce and rule each workforce in or out, but I certainly, in this case, wouldn't rule them in or out. It is certainly a possibility.

**Media:** And Judith Collins says you should drop the vaccine certificates at 90 percent, rather than introduce them at 90 percent. She's saying that once we have that high level of coverage we shouldn't need vaccine certificates. What do you say to that?

**Hon Chris Hipkins:** Difficult to keep track of the National Party's position. That seems to be their position today. Only a couple of weeks ago, Chris Bishop was standing in the House berating us that it was all his idea, that we should be moving much more quickly to mandate vaccination certificates, and that, you know, the requirements should apply to an even broader number of locations. So I think their position seems to change by the day.

**Media:** Minister, a quick one: the Government said last month you're going to be getting more advice around additional privacy legislation to strengthen the protection of people's contact tracing data. Have you received this information yet?

**Hon Chris Hipkins:** My expectation is that the COVID-19 Public Health Response Amendment Bill currently before the select committee will be the vehicle that we are able to use to provide a much greater degree of certainty around privacy. Now, we've always been very clear that the information that's collected for contact tracing and vaccination and so on should only ever be used for that purpose and for no other purpose. If we can add a few extra clauses into the legislation that just gives people that extra degree of comfort, I don't think anyone's going to have a problem with that. So, yes, I do expect that that will happen imminently as that legislation progresses its way through its remaining stages.

**Media:** Do you want to see rapid antigen testing at the boundary? I know you say that you don't know how long the boundary's going to be in place for, but it is there for the meantime and is probably likely for at least another month or so. We've had Professors Skegg, Murdoch, and Plank talk about how they could be useful at the boundary. Do you want to see it there?

**Hon Chris Hipkins:** Um—

**Media:** I'd rather ask your opinion of that, Dr Bloomfield.

**Hon Chris Hipkins:** I don't want to give a final view on that. I do think that rapid antigen tests are likely to be more widely used in the next part of our COVID-19 response. Rapid antigen tests have some strengths and some weaknesses. Clearly, they're less accurate than the PCR tests. So they have a place, but they have a place where they're used appropriately. The last thing that we want is someone, say, for example, showing symptoms, getting a rapid antigen test which is negative, and saying, "I'm OK.", and they're subsequently turning out to be positive. So, I think, as we move to using rapid antigen testing more, we are going to have to educate people on the appropriate use of rapid antigen tests, which means, if you're having

symptoms, they're probably not the right tool to use; you're still better to get a PCR test at that point. So I wouldn't rule them out, though.

**Media:** Wouldn't that be an appropriate context for them, then, and then we could save the PCR testing resources for symptomatic tests?

**Hon Chris Hipkins:** Yeah. I mean, I think we are now heading into the stage where the demand for testing is going to continue to increase exponentially, and we don't want our labs tied up doing a whole lot of PCR tests every day where other testing methodologies could be a substitute for a lot of those tests. I mean, I'll ask the director-general to comment.

**Dr Ashley Bloomfield:** Just two comments here. The rapid antigen tests are useful when they're observed. And so in that situation, and we're looking at this, they may well play a role in testing that workforce that is driving across the boundary, but not at the boundary, because, also, it's not actually a "rapid" as in one or two minutes; it's 15 to 20 minutes, and does require, of course, it to be observed. But that's why we're working with employers at the moment, where they could take responsibility for doing that administration and observation of rapid antigen testing of their workforces on a more regular basis, particularly those who are crossing the boundary.

**Media:** You've mandated for close-contact industries, like hairdressers, with the vaccine. A workforce which comes in close contact with people all the time, often not with the consent of the people who they're coming into close contact with, is the police. There's no vaccine mandate for them right now. Can you see the Government getting to that eventually?

**Hon Chris Hipkins:** Quite possibly. Like I said, I don't want to go through every workforce now, off the top of my head, but we are working through that process, and that includes considering all of the workforces where a vaccine requirement might be justified.

**Media:** Do you have a time line for that kind of wider Public Service guidance?

**Hon Chris Hipkins:** Soon, yep. Thanks, everyone.

### conclusion of press conference