

**PRESS CONFERENCE: WEDNESDAY, 3 NOVEMBER 2021
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou, everybody. Good afternoon. As we all know, getting vaccinated is the best thing that we can all do to keep ourselves, our families, and our communities protected from COVID-19, and we want to ensure that we've got enough vaccines to continue that protection for everyone who's becoming eligible beyond this year.

Today, I'm very pleased to announce the Government has signed a purchase agreement for 4.7 million additional doses of the Pfizer-BioNTech vaccine. These doses complement our current portfolio, and they're scheduled for delivery throughout the next year. This agreement will provide a continual supply of the Pfizer vaccine next year for those who didn't access the vaccine in 2021, but it also provides for us to extend eligibility to adolescents, 5 to 11 years, and, of course, provides supplies for a booster programme at such time as we determine that is necessary and Medsafe grants approval for it. New Zealand's also committed to supporting the ongoing immunisation efforts throughout the Pacific and Fiji. Should more population groups become eligible there, then we want to be able to support them with that.

The Pfizer vaccination programme is currently rolling out across New Zealand, and I want to encourage everybody to take up the opportunity to get theirs, particularly if they've not even had a first dose yet. If you do get your first dose now, you can be fully vaccinated in time for Christmas. We currently have around 2.8 million doses of the vaccine here in the country, and we're expecting an additional 1.5 million doses to arrive before the end of the year. We've also got the capacity available right now to deliver those vaccines as and where required, quickly, efficiently, and safely. And that's showing in the progress that we're making towards our collective goal of getting 90 percent of people fully vaccinated as we transition to a new way of managing COVID-19 cases.

To reach this 90 percent fully vaccinated target, the eligible people in each DHB area need to get to 90 percent first doses first. And it's good to see that five DHBs have already hit that milestone: Waitematā, 91 percent; Auckland on a great 94 percent; Capital and Coast, 92 percent; Canterbury on 92 percent; and Southern on 90 percent overall. Counties Manukau, Nelson Marlborough, Waikato, South Canterbury, and MidCentral DHBs are all getting quite close to that 90 percent goal. So it's a great step and a challenge to other DHBs. It shows that this is doable. Keep being creative and innovative, and working with your communities to get them out and to get them vaccinated. And a reminder, too, for everyone: if you haven't had your second dose of the vaccine yet, you can book in today. There are booking spots available on Book My Vaccine.

Across the country, 88 percent of people aged 12 and over have had at least one dose of the vaccine; 76 percent of people are fully vaccinated—that's eligible people—and we're edging close to 7 million doses delivered overall so far. Those aged over 65 are leading the charge, with 96 percent of them having been vaccinated with one dose, and 92 percent now being fully vaccinated.

A final note: Northland DHB. Yesterday, I talked about the importance of getting vaccination rates up there; 1,482 doses were delivered there yesterday. They've now hit 80 percent first doses. Good to see that progress. Let's keep lifting those rates so that everybody is protected.

I'll now hand over to Dr Bloomfield for today's update on case numbers.

Dr Ashley Bloomfield: Thank you, Minister. Kia ora koutou katoa. So there are exactly 100 new COVID-19 cases to report in the community today. Of these, 97 are in Auckland and three are in the Waikato. It takes our total in this outbreak to 3,733. Today, there are actually 10 new cases to report in managed isolation, and details about those cases, as well as other details with key numbers from today, will be in our 1 o'clock statement.

In hospital today, we've got 58 people. All but one are in Auckland hospitals, and that other person is in Waikato Hospital. There are three people in ICU or a high-dependency unit. I should say that, among those people in hospital with a diagnosis of COVID-19, there is a number who are not there because COVID-19 is their primary diagnosis. So what we're going to start doing is tease out and report, in addition to the total number, those who are there because they require care for COVID-19. For example, we've had some pregnant women in hospital being assessed who happen to have COVID-19 as well, and other people who are being assessed for other problems who are also COVID-19 positive.

Yesterday, we had 28,521 tests processed around the country. This continues to be a high number and a really important part of our ongoing outbreak control in Auckland and our efforts to ensure that, if there is any spread beyond Auckland, we detect it early. So thank you, anyone who has come forward and been tested. Wherever you are in the country, if you have any COVID-19 symptoms, please do get a test.

Up to Northland, then: there are no new cases to report today, and there was widespread community testing and vaccination yesterday, and even more of that today—so, as the Minister said, a high number of vaccines given yesterday and over 1,200 swabs taken as well. So there's additional testing and vaccination capacity up there today, including specifically at the Awanui rugby club, Taipā Eastern rugby club, and Pukenui Wharf—that's today and tomorrow—and that's in addition to existing clinics at Kaitāia, Kerikeri, Ōhaeāwai, and Rāwene. There are also pop-up clinics and mobile units being directed to specific places over coming days, and mobile vaccination vans this week in Kaikohe, Kerikeri, and again in Awanui. Te Hau Ora O Ngāpuhi is operating in Ōhaeāwai, and Hokianga Health is also running a number of mobile clinics in various parts in the Hokianga through to Saturday. So there are plenty of opportunities to be both tested and vaccinated in Northland, and, particularly in the mid- and Far North. Please do take up those opportunities. And of particular note, if you live in or around Taipā, Kaingaroa, Awanui, or Kaitāia and have had any COVID-19 - like symptoms in the last couple of weeks, especially around Labour weekend, I do encourage you to get a test as soon as possible, even if you have no symptoms now.

On to Waikato, the three cases there, bringing the region's total number to 144: two of today's cases are in Hamilton and one in Ōtorohanga. Two of them are already known to be contacts of existing cases, and the other one is being interviewed. All 18 of yesterday's cases have now been linked as well. There are new locations of interests that have been identified for Ōtorohanga and Hamilton, and so please do keep an eye on the ministry website for any new locations of interests. We will make those public.

No new cases to report in Christchurch today, and waste-water samples have been taken again throughout the city, and we're expecting results later today.

On to Auckland, finally, and there are 15 residents and four staff members now at the Edmonton Meadows Care Home in Henderson who have now returned positive tests. Three of the residents are receiving ward-level care at North Shore Hospital.

Continuing the vaccination theme, I've got two areas to cover here. First of all, an update on the vaccines for five- to 11-year-olds: we're expecting that application from Pfizer in the next couple of weeks, and Medsafe is ready to review the application promptly with a very careful assessment of the data on efficacy and on safety. If Medsafe provides provisional approval for use of the vaccine in five- to 11-year-olds, we will, as is typical, seek further clinical and scientific advice from our CV Technical Advisory Group, and then it goes through to Cabinet for a decision to use. So far, it's just the US FDA that has authorised, for emergency use, the vaccine in five- to 11-year-olds and the US Centers for Disease Control is expected to make a recommendation—it hasn't yet—on actual use. That's the equivalent of our CV TAG. At this point, no other countries have approved Pfizer for five- to 11-year-olds, as of this week.

In terms of New Zealand, of course, as the Minister has hinted—has announced today—we've ordered vaccines, another 4.7 million doses next year. That includes access to the paediatric version of the Pfizer vaccine; so that's part of our order for next year. So it will be offered if it gets through these approval processes, or if and when, in 2022. In the meantime,

of course, the best thing we can do to protect younger unvaccinated members of our communities is for everybody else who is eligible to get vaccinated.

And, finally, just some clarity around the medical exemption process for vaccination: as part of the work on vaccine mandates and vaccine certificates, we are establishing a central process for approving medical exemptions. That will be used for people who are required to be vaccinated under the mandatory vaccination orders because they work in health or education or corrections settings. There will also be a similar, related process available for people who need a COVID vaccination certificate to go about their daily business or participate in social events.

That application process and the criteria under which people can apply will be on the Ministry of Health website, and we will publicise it early next week. It will incorporate both applications for medical exemptions as well as those—and this is for people who are required to be vaccinated under the order. They can apply for—where there will be a service delivery disruption. And, as I say, it will be a centralised process. Now, I understand that there are some people who have already been issued paperwork that is intended to be an exemption or an exception. If you have received such paperwork and work in corrections, education, or health, you will still need to apply through a centralised process. If you have paid for that paperwork, you might want to ask for a refund.

The new process doesn't apply to people who have got exemptions under the existing border order, which are granted by the Minister. Those are separate and remain valid. So, just to emphasise, this new central process, which has not yet opened, is the only valid process through which anyone can obtain an exemption, either because they are required to be vaccinated under the order or because they cannot be vaccinated for a medical reason and want that recorded in their COVID vaccination certificate when that becomes available. Thanks, Minister.

Hon Chris Hipkins: Thank you, Dr Bloomfield. Just two final points from me: on that last issues that Dr Bloomfield raised, we have had reports of people aggressively demanding, from clinicians, vaccination exemptions. No one is entitled to aggressively demand an exemption from the vaccination requirements. There is a process that we're putting in place. Everybody who needs an exemption will have to follow that same process. That process will be robust, and I also want to make it clear that anybody seeking to exert pressure in the way that we've seen—that is a matter the police will be involved with, if necessary, and can follow up.

The second point on that is: if someone's offering to sell you an exemption or suggesting that you could pay a fee for the service of getting an exemption, they are trying to rip you off. There is no other language that I can use than that. It is a rip-off scheme. Don't do it. There will be one exemption process, and everybody will have to follow it.

To a more positive note, it is going to be three weeks on Saturday since we had Super Saturday, and that means that the people who got their first doses on Super Saturday will be eligible. We'll be sending out reminder notices for those to come forward and get their second doses from this weekend onwards. They'll get emails and text messages. There'll be some radio and social media promotions as well. We'll be advertising around this weekend's NPC rugby matches. And, if you're in Auckland, you'll be able to get along to Eden Park this weekend, not for sports but to get your vaccine there. They'll have plenty of capacity there onsite. Jane, you're the first person to get your hand up.

Media: What are the predictions at the moment, on current vaccination rates, about the last and latest DHBs to hit 90 percent? And how long are you prepared to wait if there are laggards who are significantly below or nowhere near anywhere else? What is the plan for that?

Hon Chris Hipkins: It is notoriously difficult to predict, because first doses now are predominantly people who are walking into a clinic without an appointment. So our first dose, based on bookings, we're sitting at around about 89 percent across the country—so it's about

88 percent of people who have had it; there's about another 1 percent there who are booked in to get it. But we know that that's not going to be the predominant way that people that we're trying to reach now are going to be vaccinated. It's going to be from walk-in clinics, from us taking vaccination to places. And so that makes it quite difficult to model. In terms of the latter part of your question—how long will we wait?—we've set end of November as the time that Cabinet will be checking in and making further decisions on the overall rates of vaccine coverage and what the next steps from here might be.

Media: But is it possible that we get to the start of next year—January, February—and some of the predictions that have been made, some of those DHBs may not be getting there until January, February? Are you going to leave some behind if they hit a point where it's clear that's going to be it? What do you do in that situation?

Hon Chris Hipkins: Two points there. One is I don't want to get ahead of that Cabinet conversation that we're going to have in November. We'll be monitoring progress very closely. But we've made a commitment not to leave people behind. That doesn't mean that, if people choose to be left behind, we're going to hold everybody else up because of the choice that they make.

Media: How many of those 4.7 new doses of Pfizer are the paediatric version, and do you have a plan in place that's going to enable you to roll out that five- to 11-year-old age group quickly and smartly? And how long would that be between the pending Medsafe approval and the vaccination roll-out?

Hon Chris Hipkins: There are a variety of scenarios, and one of the questions, of course, that we have at the moment is whether we're rolling out a specific paediatric dose that is different to the adult dose or whether we're rolling out something that is, effectively, a diluted version of the adult dosage. So that is not yet settled. That will have an impact on the speed with which it can be rolled out, but I'll invite Dr Bloomfield to add to that.

Dr Ashley Bloomfield: Yes, so my recollection is it's around a million of the doses next year—but we can get you the exact number—are the first and second doses for that five- to 11-year-old age group. The timing once, we've gone through the approval process, and assuming Cabinet signs that off, will then be very much dependent on the supply—if we require the paediatric dose—with Pfizer, and that's an active and ongoing conversation. In fact, there was another one today at midday. So we will update regularly on how that is progressing.

Media: And, Minister, what do you know about the reason the Prime Minister's trip in Whanganui was cancelled today, and what does that say about maybe the momentum that the anti-vaccination movement is gaining?

Hon Chris Hipkins: My understanding is that she is in Whanganui today—that she's had to relocate some activities because her presence combined with the presence of anti-vax protestors was actually preventing people who were coming forward to get their vaccines from being able to access them, and I don't think any of us want to be in a position where we are preventing people who want to be vaccinated from being vaccinated. So I don't have the exact details of her diary movements, but I do understand that there's been some decisions made to reallocate her time so as not to distract or prevent people from being able to be vaccinated.

Media: Is the momentum gaining within the anti-vax movement, though, or do you still think it's a kind of "louder than they are large" group? And what's the propensity—or what's the likelihood that they're going to put other people off getting vaccinations at this kind of critical juncture?

Hon Chris Hipkins: Well, if I talk about a protest outside a vaccination clinic in my own electorate that we saw fairly recently, they were people who bussed themselves in from elsewhere; they weren't locals. And there is a very active—small but active—group of people who are travelling around the country staging protests. It doesn't suggest that there's a local groundswell of protest activity, though.

Media: Have you done genomic sequencing for both the Northland case and the Tonga case? Do we have any update on that?

Hon Chris Hipkins: We're expecting the genomic sequencing—the two Northland cases that we haven't yet identified. We're expecting the first result back some time tonight and the second result back tomorrow. So that will be very helpful. I don't know about the Tonga case, whether we've got that.

Dr Ashley Bloomfield: We haven't got the—this is the person that travelled to Tonga? No, we don't have that back, and I think it's unlikely we will, because the CT values were very high, and our experience is that there's very little viral—there's not enough viral material there from the sample to be able to get a whole genome sequence.

Media: Dr Bloomfield, in terms of a third booster shot, how crucial are those and at what point do people need them?

Dr Ashley Bloomfield: Great—thank you. I was hoping you would ask that question! So, at the moment, Medsafe is looking at the data around booster shots, and our technical advisory group is finalising its advice in the next day. So we're expecting to take something to Ministers, and Minister Hipkins may want to comment on that. There is increasing evidence—and I think there's only one randomised control trial of this. It was published—well, actually, it wasn't published; it was publicised by Pfizer on 21 October. And it showed a good response to a third booster dose to lift people's immunity, in the sense of reducing the likelihood of hospitalisation or serious illness. So that was good—right up into the mid-90s again. The important thing here is that the median time between the second and third doses was 11 months in that study, and so we're in a position here in New Zealand where actually no one has had their vaccine more than 11 months ago, but we are going to provide advice to the Minister, which will be around timing and who that should start with.

Hon Chris Hipkins: We're all geared up ready to take that advice to Cabinet; so I expect to be able to do that within the next couple of weeks.

Media: Because, in terms of the roll-out, would you see it following the same sort of pattern that we did with the first and second doses, in terms of going to border workers, health workers, elderly, and then tracking down the ages like that? Or would you expect to switch it up, knowing what we've possibly learnt since those first doses?

Hon Chris Hipkins: Ultimately, Cabinet will need to make decisions on that, and we'll do that based on the advice that we get from our health officials. And so we'll be looking at who has gone the longest and making sure that we're prioritising those who may have waning immunity potentially. But we'll also be considering what the minimum amount of time that is required between the second and the third dose should be, recognising, as Dr Bloomfield's already said, that it could be up to 11 to 12 months, but that might be at the outer end; there might be a shorter minimum gap. And so Cabinet will weigh that up.

Media: Because, obviously, there's that 11-month buffer period there in between, but I guess what people want to know is whether Māori will be prioritised differently in a third booster roll-out.

Hon Chris Hipkins: Well, can I say one of the challenges to that is that there will be a minimum period of time between the second dose and the third dose. And so, for the Māori that we have not yet reached with even a first dose, prioritising them for boosters isn't going to make a difference. So the key thing there is our challenge for Māori now is that we have to get them in for their first dose.

Media: But, in terms of those Māori who have had their first dose and who did line up at the right time, do you think that they would be prioritised in the third booster roll-out?

Hon Chris Hipkins: Look, I haven't—we haven't gone through that exercise of doing that, making that prioritisation decision. We will need to phase it, because we don't want to have several million people all trying to get their vaccines at the same time, and we particularly don't want booster shots to be crowding out the remaining people who we're trying to reach

with their first and second doses. So we'll have to manage that carefully, but we've got a lot of capacity in the system now. The systems continue to add capacity through the year, and we do want to be able to make use of that capacity when a decision around booster shots is made.

Media: Have you learnt any lessons in regards to the Māori vaccine roll-out, I guess is the question.

Hon Chris Hipkins: Sorry, what was that?

Media: Have you learnt any lessons in regards to the Māori vaccine roll-out?

Hon Chris Hipkins: Well, look, I want to come back to the point that we have always reiterated when we've talked about prioritisation, and that is: if you look at our rates of hospitalisation in this current outbreak that we're now dealing with right the way across Auckland, we've had a low hospitalisation rate, and high rates of vaccination amongst the most vulnerable, which are the older population groups, has had an impact on that. So that decision to prioritise the over-65s was absolutely the right decision, and it has absolutely manifested in the numbers that we are seeing across Auckland on a daily basis right now.

Media: In terms of the situation at Edmonton Meadows, there seems to have been a pretty substantial jump—it was 12 yesterday, 19 today, between staff and residents. Can you speak to the vaccination status of those people there and how concerned you are?

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

Dr Ashley Bloomfield: The only additional comment I can make is I know that there were very high vaccination rates amongst residents, and I think all staff were vaccinated. But we'll come back with some more detail. It may well be that these were people who had been exposed and they were being regularly tested as part of being followed up as close contacts, but we can come back with some more information.

Media: We've had reports from people saying that they are on the north side of Hokianga, they've tried to access medicines at Rāwene Hospital but have been denied access over that ferry. Was consideration to accessibility for basic needs—was that one of the considerations when drawing out those border lines?

Hon Chris Hipkins: Access to healthcare is something that is a permitted activity. So, if there are any issues there, we're happy to work through the logistics that might be stopping people accessing healthcare. But accessing healthcare, accessing vaccinations, accessing testing—those are absolutely things that we want people to be able to do.

Media: Also, on the eastern border line, the COVID map on the website starts before Kaeō township but the police checkpoint starts at the one-way bridge. There's also a rūnanga there that wasn't contacted by the ministry or given advice prior to the announcement last night that's almost on that border line. Why weren't they spoken to and why does the map and the stop point—why are those two different spots?

Hon Chris Hipkins: Look, obviously I'm not on the ground there right now. So where Police set up their checkpoints—that is often to do with just where it's most practical to be stopping vehicles. We're not enforcing a hard border around the new alert level 3 area in the upper part of Northland, as we have around Auckland, for example. So it's more similar to the Waikato arrangement, where we have extra police patrols, randomised stops. There may be some more structured checking in the first few days to make sure we get that movement down as much as we can. In terms of the consultation, I'm happy to come back to you on that.

Media: But also that means that—because there is a little bit more structure today—people would be driving five minutes to get gas, to go to a Four Square; instead, they're going to be diverted, going further into the area where the cases have been, to Kaitiāia, to get gas. Isn't it just more practical to do it where the border line says on the COVID website?

Hon Chris Hipkins: I mean, I guess part of it will depend on what they're travelling to get gas for. So if they're travelling to get gas because—

Media: I mean, the area's quite big, though. Tai Tokerau is huge and diverse, and people live in communities all over the place.

Hon Chris Hipkins: Can I just be clear, though, the main message at alert level 3 is: unless you have a permitted reason, a permitted activity to do outside the home, people should be staying home at alert level 3. So we want people to be minimising their activities as much as possible. Now, if they have a reason to leave—you know, authorised work, etc.—then they can do that at alert level 3, but we want that movement to be minimised while we identify what the sources—or try and identify the sources of these two cases.

Media: Just on the doses for severely immunocompromised, Dr Bloomfield: so GP leaders are saying there's a bit of confusion over who's supposed to be following up with these people—so is it meant to be sort of hospital specialists or practices—to get their third dose?

Dr Ashley Bloomfield: My understanding is for most the most part it's primary care, because they're the ones who provide most of the care for these people on a continuous basis, and I've heard of a number of people who've been contacted by their general practice and they've already been prescribed and administered that third primary dose.

Media: I've heard as well from GPs who've said it's quite difficult to extract that detail from their rolls—so it's quite complex. So they sort of fear that there is up to 20,000 people immunocompromised that are waiting to be contacted. Do you sort of think this is good enough, or do you think it should be more streamlined?

Dr Ashley Bloomfield: Well, what I would say is there's a clear list on the ministry's website of the conditions that are specifically included in that group of people who require that third dose, or for whom it's recommended. So, if people feel they fall within one of those groups, then they should contact their general practice if they haven't already heard.

Media: Just on the Christchurch Tonga case, have you got any updates on that, and has there been genomic sequencing done? Is there any links to the Christchurch cases? What's happening?

Hon Chris Hipkins: My understanding is that that case has been reclassified now as a historic case, with a very, very high CT value. As Dr Bloomfield's indicated before, it's often not possible to get enough genetic material to do a genome sequence there.

Media: So when you say it's a historical case, it started where, then? What's the link there?

Dr Ashley Bloomfield: So the testing of this person done—pre-departure test—was negative, and they returned a positive test when they arrived in Tonga. And, really, the decision around whether it's an acute or historical case—and I think the Tongan authorities rightly took a very precautionary approach; they assumed it was an acute case. We've been working with them. Because it's got very high CT values, certainly using our criteria that we use here, we would classify it as an historical case. And we haven't been asked to do whole genome sequencing on it, but our experience is that it's virtually impossible to get a whole genome sequence from a sample where you've got such high CT values—they were, I think, 39 and 43. So, ultimately, it's for Tonga to decide whether they think it's an historical case, but certainly for our protocols, it would fit within that category.

Media: Minister, Government figures show that 600 positive tests took longer than 24 hours to be notified and it took longer than 72 hours to notify 16 people who had COVID. Is that acceptable?

Hon Chris Hipkins: No—the labs are under a lot of pressure, and the test turnaround times have required a bit of attention and a bit more work. I know that the lab network are working hard to share samples across the country so that they can meet those turnaround time frames for processing test results. Of course, as our focus shifts around the country, as extra pressure gets added through extra testing, sometimes there's a day or two where they have

to recalibrate in order to be able to accommodate that, but, no, I'm not satisfied with the test turnaround times. It is something that we continue to look closely at how we can help to make sure that we get those results back as fast as we can.

Media: Given that huge pressure, will you be prioritising tests from the Far North, and where exactly are tests taken in the Far North going to be processed, and will it occur in Auckland?

Dr Ashley Bloomfield: So there is capacity at all the hospitals throughout Northland to do rapid PCR testing on a limited number of samples, and so any tests that are of people that are close contacts, or where there's a high index of suspicion, are done there locally and urgently. Otherwise, they are transported through to Auckland, where they are being prioritised so that the turnaround time is as short as possible.

Media: Minister, have you made any decisions yet on the minimum age for a vaccine certificate. Is a 12-year-old going to dinner with their parents going to have to show a vaccine certificate to get into a restaurant that is using them?

Hon Chris Hipkins: You are testing my memory; I'll have to come back to you on that as to where we—it was certainly discussed, and I just can't remember where we drew the line. So, look, can I come back to you on that. We definitely did make a decision on where the line should be, but I just, off the top of my head, can't remember what the decision was

Media: And, for these booster shots you've ordered, is it your basic understanding that, even with five- to 12-year-olds, you'll have enough to give everyone in New Zealand who is five or up three shots?

Hon Chris Hipkins: Yes.

Media: Right.

Hon Chris Hipkins: Absolutely.

Media: Why are there 1,500 people currently classed as "Other" in the health stats about where people with COVID are staying? Is there a delay in getting quarantine organised? And what's the capacity like across Auckland?

Hon Chris Hipkins: We still have rooms available, as of right now, in our MIQ facilities in Auckland and around the country, to accommodate positive cases. We are moving much more now to the default of people isolating at home unless there's a good reason for them to go into MIQ. And, in some cases, people can isolate somewhere else quite safely. You know, the real test is: can they isolate safely somewhere? And if the answer to that question is yes and the risk of that is low, then we would do that, and we would only move them to MIQ if they couldn't.

Media: And also, on vaccine certificates, if Auckland—you know, they're moving quickly; they're doing well on hitting that target. If they get there and you don't have a vaccine certificate in place, what happens? And what risk is there given the huge reliance on vaccine certificates for access? And have you dropped the ball on it in terms of being prepared?

Hon Chris Hipkins: No. The stress testing of that system—so the making sure that it's all robust—is happening now, as we speak. With the trial of the certificates—you know, the first people will be getting their certificates in the next couple of days so that they can start testing it, just to make sure that all of the kinks are ironed out before we turn it on for everybody. And that literally is only a few weeks away now. So we're good to go. I can say with a reasonable amount of confidence, unless there's a sudden spike in vaccinations overnight in Auckland, that we'll have this system ready to go before Auckland hits the 90 percent marker.

Media: So you're looking in the next two—so maybe, like, mid to end of November, they'll be up and running for the whole country and in place?

Hon Chris Hipkins: That's the advice that we've got so far. Now, bear in mind that there is a couple of things in that. One is: people need to be ready to download the certificate when

the certificate is turned on, and that means creating their My Health Record now will make it much faster and easier for them to do that when ready. And, of course, if we can stagger that so that people are doing that over the next few weeks, then we won't get the system all suddenly overloaded with everyone trying to do it all at the same time. And then the process of, you know, just clicking the button to get the certificate will be quite quick and simple. The most time-consuming part is the part that people can do right now, which is make sure they've created My Health Record—I think it's called—

Media: Is that just the one, at the moment, that you have with your GP that's in existence, or is this a new—

Dr Ashley Bloomfield: It's My Covid Record. So that's—

Hon Chris Hipkins: My Covid Record, sorry.

Media: Oh, so My Covid—so it's separate to the one that you book your GP through? I think that's called My Health.

Dr Ashley Bloomfield: Oh yes, it's not your app that you might have which is linked to your notes with your GP; so it's the My Covid Record website that was announced two or three weeks ago. And I think many people, including in this room, have gone on and created their profile.

Hon Chris Hipkins: Some sooner than others!

Dr Ashley Bloomfield: It tells you when you had your two—I'm sure—vaccines. And then, this next phase will just, then, create a QR code that you'll either be able to download on to your phone or take a screenshot of or print off.

Media: But it will create a digital certificate, and that will be in place in the next couple of weeks?

Hon Chris Hipkins: Yes.

Media: Are you concerned about how low the vaccines have been these first two weekdays of this week? We had a pretty standard kind of 10 to 12k first doses the last two weeks, and then this week has just fallen off, down to seven or six.

Hon Chris Hipkins: Yeah, we've been having conversations about that, obviously. I am concerned about it, yes. We are getting to that point where demand for first doses is really starting to tail off now. And so we're looking at things like making sure we've got extra after-hours available for those who can't access vaccinations during the day, that we're really leaning into those communities where the vaccine availability could have been an impediment, previously, because they're small communities, may be isolated out—so have we just made sure we've covered all our bases there? We've got that huge amount of work that's going on with our iwi and hauora Māori health providers, making sure that we're doing—you know, a lot of money going in there to make sure we're absolutely accessing and reaching all of those communities. So, yes, I am concerned about it. And, yes, we are looking at doing everything we can, leaving no stone unturned, to get as many vaccines out the door as we can.

Media: Why did the update today on Auckland—the suburbs of interest was dropped out of it today. Are they not of interest any more or—what's the story there?

Hon Chris Hipkins: Well, I mean, one of the realities around Auckland is that pretty much everywhere is a suburb of interest at the moment. But I'm not sure why they were specifically excluded.

Dr Ashley Bloomfield: Let's come back on that. It may well just be to try and manage the amount of information that's in there. But we can check and see if there are particular suburbs of interest.

Media: Back to the Christchurch cases, the other cases, was there ever an epidemiological link found for those cases, and are you confident now that that is confined, or do people in Canterbury still need to be worried?

Dr Ashley Bloomfield: Yes, so there were just the four cases in Christchurch. One of whom, the index case, had travelled to Auckland and then returned, and the epidemiological link was to a whānau in Auckland. And the other three cases: one was a household contact, and two others were close contacts in another household that was visited by one of those original two cases. There have been no other cases arise from those cases. So the feeling is that is well contained.

Media: On exemptions, I've got a couple of questions. The change to bringing the approval process into the Ministry of Health—I mean, yesterday, school principals were expecting to manage that themselves. They weren't thrilled about it, and they were expecting in the hundreds or even low thousands of people wanting to get those exemptions. What were you hearing that prompted you to bring that process in-house, and were you taken aback by the number of people you've heard of who were expecting to get them?

Hon Chris Hipkins: I mean, just to clarify, this isn't a sudden decision; this is a process that we've been working to put in place for a while now, and we had communicated feedback to educational leaders, school leaders, about the sorts of very high thresholds that will exist for people who want to apply for one of those exemptions. Having said that, you know, when you're doing things like this, there's a lot of messages that go out and not all of them make it through; so, in this case, we're able to provide much—today we're endeavouring to provide much—greater clarity and certainty there about what the process will look like so that we can try and avoid some of that confusion.

Media: Does that mean that—because, on Monday night, the Ministry of Health told me that they wouldn't be able to provide figures for how many people nationally have gotten those exemptions, because they were being processed with the employers. So does that mean that you'll be expecting to be able to provide numbers, after 15 November, about how many of those exemptions have been granted?

Dr Ashley Bloomfield: Yes, we will be, and that will include those that are medical exemptions, including those who are required to be vaccinated under the order and those who require that for their CVC, as well as the exceptions because of essential service disruption. We're expecting, in both cases, they will be small numbers.

Hon Chris Hipkins: Can I just note there are different exemption processes that have been put in place as we've rolled out required vaccinations. We're now moving to a more standardised process, but if I think about port workers, for example, where we were concerned that we could have some ports closing down if not enough people got vaccinated, an exemption process was put in place there. They come to me. I get public health advice, a very robust assessment, and most of them have been declined—and I'm talking a handful, not a big number. One or two of them were approved for a very short period of time in order to allow for a transition. Obviously, I could not sustain doing that, and the system could not sustain doing that, for every single one of them now that we're moving to a bigger number of people potentially applying, and so hence we'll have a different process. But there have been different exemption processes in place up until now, and we're now moving to something that will be more standardised. And, in time, we will align all of the orders to make sure that that's all clear.

Media: I understand that there's guidance coming for GPs later in the week about what constitutes, or to the medical profession about what constitutes, a suitably qualified professional and what the specific circumstances are. Why is the health order so broad? Why does it take physical or other needs? Why couldn't you just be specific in the order about what you meant?

Dr Ashley Bloomfield: What I would say is we're providing some further advice to the Minister about the order, to get greater specificity there. And, as part of that, we have

discussed and concluded that the best way to manage this process is through having a centralised approach to it. Primary care practitioners are still likely to be part of that, because they will have the relevant medical information that will need to be included as part of that process, but the actual decision making will be done centrally.

Hon Chris Hipkins: I just note, on the order process, the orders are drafted pretty quickly normally, when we make these decisions, and often there are bits in them that we further elaborate on and further amend as we get into the process of implementing them. Mark, I haven't given you a question yet.

Media: On the genome sequencing, we used to sequence every single case we got. Are we still planning to do that given the high case load, and, if not, what's the next strategy for it?

Dr Ashley Bloomfield: We are still sequencing every case at the moment, and the plan is to continue doing that for the time being.

Media: On last week's question, has there been any update on how you might be able to expedite the release of some of the advice you've received from Dr Bloomfield and some of the papers that have gone to Cabinet around the current outbreak?

Hon Chris Hipkins: Yeah, my office has been working on that, including the alert level decision papers and so on. So I expect to be able to release those within the next few weeks, which will be faster than the time frame we normally work on for those documents.

Media: Minister, why are you still using cohorting in MIQ? Is it still necessary when the risk profile has changed so dramatically?

Hon Chris Hipkins: It is starting to be progressively relaxed, the cohorting in MIQ, so that we can make the best use of those facilities.

Media: And when will be the end point? When will we get rid of cohorting completely?

Hon Chris Hipkins: Look, it still depends on the circumstances. There may sometimes be a higher-risk flight, for example, that we wanted to keep separate from others. But we want to make the best use of the rooms that we've got, and so I think you'll see less cohorting. The MIQ environment now—relative to what we're dealing with—is relatively low-risk; we've driven most of the risk out of it by now.

Media: Dr Bloomfield, why has New Zealand recommended two Pfizer doses for 12- to 15-year-olds when, in the UK, only one dose has been recommended?

Dr Ashley Bloomfield: I can't speak to why the UK has gone for a single dose, and, in a way, it's sort of the question—I would invert the question, because, actually, the trials were done with two doses in 12 to 15s, and that's the advice we received from our clinical group—our clinical advisory group—here. So that's why we've gone with the two-dose regimen, which is what most countries have done.

Media: On vaccine access, places in the outer regions of the Far North, like Pānguru, have had a vaccine clinic there once every three weeks; often, these clinics are only open for up to two hours. Is there going to be an extension of those hours; are they going to do more rounds; and, for the Māori health providers who carry the heavy load of that, are they going to get more resourcing to help with that?

Hon Chris Hipkins: On the latter of the question, yes. We've just—as we announced a couple of weeks ago—put a lot of extra funding into those Māori health providers so that they can do more. Obviously, there's still a limited number of people who can do this work, and so they are moving them around, but we're working with them to see if we can extend hours and make sure that we're making it as easy as possible for people to get vaccinated.

Media: And two hours in a rural community, though: is that just another example of inequities for Māori that live in these out-of-the-way communities?

Hon Chris Hipkins: Well, it's one of the reasons why we have put that extra funding into those providers so that they can work on a lower-economy-of-scale model and deliver more vaccines.

Media: Minister, just following up on Charlotte's questions earlier, and maybe with your education hat on, what would you say to parents who are concerned that they're hearing from principals that teachers and other school staff have come forward asking for exemptions—that they've gotten from osteopaths, chiropractors, midwives? You know, you're entrusting your children to these people in their education, and that's what they're doing.

Hon Chris Hipkins: Look, ultimately, it's all anecdote and it's hard to, you know, make—I don't want to cast aspersions on a whole profession based on anecdote. The feedback that we've been getting from the teaching profession, overwhelmingly, is that they support this requirement. They want to know that the people that they're working alongside are vaccinated and that they're doing everything they can to protect the children who are in their care. And, yep, there'll be a few people out there—you know, the teaching workforce is a real cross-section of New Zealand society, and so there will be a few people out there who have perhaps received misinformation about that. And so my request of them is: just make sure you're sitting down and speaking to someone—as it is with everyone else—make sure you're sitting down and speaking with someone who actually knows what they're talking about before you make a decision on vaccination.

Media: Forgive me if this is just beyond my understanding of technology and how it works, but in terms of the vaccine certificate, is there any particular reason why the COVID Tracer app can't carry that so people aren't having to open multiple apps when they go to places?

Hon Chris Hipkins: Yeah, there are some technical reasons. There's also some limitations around what we can do under the Apple-Google exposure notification framework, in terms of what else we can build around that system—that Bluetooth system. So we did go through that to see whether we could just get one. We will be endeavouring to make sure that they're interoperable, though—you know, make it as seamless as possible—but they'll still need to be different systems at this point.

Media: And so, once vaccine certificates are operating, QR scanning is still going to be very much mandatory anyway? That won't drop off at any point?

Hon Chris Hipkins: Certainly at this stage, QR code scanning is still a really important tool in the tool box for us, because we're still going to be aiming to suppress and minimise the spread of COVID-19.

Media: But that vaccine certificate won't do the job of the QR scan—it won't clock you in somewhere and provide that record on your phone for you?

Hon Chris Hipkins: No, because they're different systems. So the QR code creates a record on your phone that is your own personal record; the vaccine certificate, of course, is being verified by somebody else. So they're different technology required for the different purposes that they're being used for.

Media: So can you rule out now that there will ever be any industries, as mandates roll out, where employers would be approving or not approving vaccine exemptions? It's always going to be going through the ministry from here on out?

Hon Chris Hipkins: Certainly at this point, that's our expectation, yeah. All right, thanks, everybody.

conclusion of press conference