

**POST-CABINET PRESS CONFERENCE: MONDAY, 1 NOVEMBER  
HANSARD TRANSCRIPT**

**PM:** Kia ora koutou katoa. Good afternoon. First, to the week ahead: tomorrow I will travel north to support the region's COVID-19 vaccination efforts. On Wednesday, I head to Whanganui to support our vaccination teams there. And on Friday and Saturday I'm attending the Labour Party conference, which is being held virtually this year.

Today, Cabinet made decisions on the country's COVID-19 alert levels, but before I share those decisions, I want to hand over to Dr Bloomfield to share not just an update on the latest information on cases but what we are generally seeing, in Auckland in particular, right now with the outbreak. We're very aware that daily case numbers don't necessarily tell you much about how we are doing overall, and that information is really important when it comes to the decisions we have to make around next steps. So today, that's what Dr Bloomfield is going to share. Dr Bloomfield.

**Dr Ashley Bloomfield:** Thank you, Prime Minister. Kia ora koutou katoa. So our statement went out at 1 o'clock today, and you will have seen the key figures. I'll just give a brief update on vaccinations and the situation with cases, and then, as the Prime Minister said, walk through some of the detail around the Auckland outbreak.

So our latest vaccination figures do show two vaccination milestones that were reached yesterday: 75 percent of eligible New Zealanders are now fully vaccinated, and we expect 80 percent or so to be in that situation next week. Auckland has already achieved 80 percent of eligible people fully vaccinated, and these are very significant milestones. If you recall back at the outset of our programme, you will well remember that 70 percent coverage was a figure that was being bandied about internationally, and for us to achieve 80 percent of our eligible population 12 and over already fully vaccinated is fantastic.

There are, as our statement said at 1 o'clock, 162 new COVID cases to report in the community today—156 of these are in Auckland, five are in the Waikato, and there is one in Northland. There are also four new cases to report in recent returnees in managed isolation. Today, there are 53 people in hospital with COVID-19. All are in Auckland, and just three of those are in ICU or a high-dependency unit.

Of the five new cases in Waikato today, one is in Ngāruawāhia, two are in Ōtorohanga, while one is in Hamilton. There is a fifth case in Ōtorohanga that was announced yesterday but came in after our daily cut-off so is included in today's numbers. That particular case is still under investigation to determine any links to existing cases. Three of the five cases in Waikato today are already known to have contacts—in fact, they were isolating already—and the other one has also been linked to the outbreak there.

There are no new cases to report in Christchurch today. There are four household contacts of the person who travelled to Tonga and was reported as returning a positive test. All four of those household contacts, as you may know, have been tested and returned negative tests. They remain in isolation for the time being, and we continue to work closely with our counterparts in Tonga to investigate the person who returned the positive result there, including to see whether that could be, in fact, an historical case.

I'll now move on to some slides that outline the outbreak in Auckland. As you're aware and have seen over the weekend in particular, the cases are increasing there in Auckland. And here we've got a graph that shows what is, really, the epidemic curve in Auckland. So we could see that initial very high number of cases that came right down and then has steadily increased over the last few weeks. The orange line is the epidemic curve. And I should point out there are copies of these slides that will be available to everyone afterwards.

Of note is the blue bars at the bottom of the graph, and you can see those are the hospitalisations. And whilst our case numbers are increasing, and they've got up to quite a high level over the weekend, we can see the hospitalisation numbers are not increasing at

the same rate. And, in fact, a number of those people in hospital are in hospital for reasons other than COVID-19. They happen to have a diagnosis of COVID-19 as well. And, importantly, as you've seen, the number of people requiring ICU or HDU level care has really remained quite low.

Of concern in the current numbers is that we've seen an increasing proportion of cases that are Māori. It was less than 10 percent of cases initially in August but is between 40 and 50 percent of new cases each day now. Likewise, and counter-point to that, the high number of Pasifika cases at the outset of the outbreak has now dropped down. In response to this, we've seen a very good response by our Māori people in Auckland to testing, and around 12 percent of Māori in Auckland have been tested in the last 14 days, so this is very important for us being able to identify any cases there. We've also seen a slight increase in the positivity rate—up to 0.6 percent, whereas previously the highest point in September was 0.4 percent. I should say that the WHO suggests anything under 3 percent is what we should be aiming for, and our positivity rate still remains one of the lowest, if not the lowest, in the OECD. Most of our cases are young. The average age of the cases in this outbreak is around 30, and this is particularly true for our more recent Māori cases.

Moving on to the next slide, we get asked every day at these stand-ups and we talk about the R value, and what we've got here is some modelling that's been developed by the Northern Region Health Coordination Centre, in particular Dr Gary Jackson, who's at Counties Manukau DHB. And we're mapping here the actual case numbers on a three-day rolling average—that's the blue line—and just showing projections for where we think the case numbers are likely to go, also showing the impact of vaccination. You can see that at the moment, that blue line is, as we've been saying, very much almost right bang in the middle between R values of 1.2 and 1.3. And you can see that if those vaccination rates weren't increasing, what would happen to those case numbers, but we can also see the impact that we're expecting, and we're already seeing our vaccination rates having, there.

The numbers in this slide—and you will get a copy of this—just show, again, the extrapolation of that modelling looking at the number of cases per week, to also look at what impact that's going to have on hospitalisations and on ICU beds. And in the last week—and that's the table below there—you can see that, actually, the number of cases was less than the modelling had shown, there were more new hospitalisations, and putting that down to that there are a number of those cases that are people with COVID but not necessarily admitted to hospital because of their COVID symptoms. But, also, you can see that ICU occupancy is below what the model might have suggested. So, again, we're seeing this is because of two things, really: the young age of those admitted to hospital but also very much the impact of vaccination. And you can see here, and we've talked about this, that even now with those high vaccination rates, we're still seeing most of our cases are amongst the unvaccinated or partially vaccinated, and this is also the case for hospitalisations, which is on the next slide I'll show you.

But just to point out here: as you see in every country, and as is happening here, as you get high vaccination rates, an increasing proportion of cases will be people who are fully vaccinated. However, the protection that vaccination offers from either becoming a case in the first place or being hospitalised because of that illness does remain really high. It affords a very high level of protection. And here you can see, again, the impact of vaccination on hospitalisations is even more profound.

So we're doing well on vaccination, but 90 percent is a milestone; it's not the end point. We must keep our efforts going, and we really need vaccination rates up amongst all aspects of the population—all groups in the population. I really want to emphasise here, too, not only does vaccination protect individuals and families and prevent hospitalisation and death but it also frees up and makes sure our health system is available to deliver the full range of care that all New Zealanders need.

And my final point today is just that, on a separate note, there are 300 places available from today in MIQ for health workers or critical health and disability workers who are overseas.

We are running a process, as the ministry, with DHBs and other key health sector organisations to prioritise those places so that we can help fill some of those critical roles and reduce some of the pressure on the health system. Back to you, Prime Minister.

**PM:** Thank you, Dr Bloomfield. As you can see, there are a couple of key points that we wanted to share today. Firstly, cases will go up—we expect that. That does not mean that restrictions haven't played a role; they have. And it also doesn't mean that those extra cases will have the same impact on our health system or, indeed, on people's health that we might've seen at the beginning of the outbreak.

This is where the second really important factor comes in. You can see from what we've just shared that while cases are growing, vaccinations have the ability to keep numbers down overall and, importantly, also, to keep our hospitalisations down. And, in fact, they already are.

Overall, that means as vaccination rates go up, our risk assessment of cases can change. As you know, we want to be very careful about this shift in approach, and it is a shift. Previously, we worked very hard to eliminate every case. It was a simple strategy and one we could all and did all get behind. But while Delta has forced us to change our approach, vaccines mean we can still have very similar goals: to protect people and minimise the impact of COVID.

The best way to do that is to hit the 90 percent vaccination levels amongst eligible people across each DHB, before we move to our new COVID-19 protection framework, where everything from gatherings and hospitality comes back on stream and where we will remove large-scale, blanket lockdowns. But until then, we have two areas in the Waikato and Auckland that want to know if any safe changes can be made in the meantime to their settings.

Let me start with the Waikato. While we've continued to see cases here, which represents a likely long tail, these have remained linked. We've had no unexpected waste-water detections, and testing rates are high. Vaccine levels are also providing an extra layer of protection. That's why the Director-General of Health has recommended another easing of restrictions in the Waikato, allowing them to take the second step down in level 3 from tomorrow, Tuesday, 2 November at 11.59 p.m. A reminder that this stepdown means that retail will open their doors, with the usual measures of wearing face masks and keeping up physical distancing. Public facilities such as museums will be able to open, also with physical distancing and associated limits. The number of people who can meet outdoors will increase to 25, with the removal of the two-household restriction.

And now to Auckland: the end goal for Auckland, and, indeed, the country, is the new COVID-19 protection framework, and, of course, for Auckland, that will occur once we hit 90 percent in the three DHBs in Auckland for the eligible population. In Auckland, we are now fewer than 5,000 first doses away from cracking that 90 percent goal for first doses. That's a tremendous effort over the past couple of weeks. It means that we are fast becoming amongst the most vaccinated countries in the world, and to Tāmaki-makau-rau, we thank you for those efforts.

Those vaccination rates also offer us greater protection now, too, and we have said we would factor that in alongside the outbreak to make a judgment around any changes in the near term. In Auckland as a whole, 80 percent of the eligible population has now had two doses of the vaccine, and that's incredible. Case numbers, while growing, remain within some of our expectations as modelled. The public health assessment of the impact of changes, like opening up retail, include that this activity is generally not responsible for marked increases of new cases. On that basis, after a discussion with the Director-General of Health, Cabinet has taken an in principle decision to move Auckland to level 3 stepdown 2 from next Tuesday, 9 November at 11.59 p.m. A reminder again that this means retail can return, public facilities can open, and gatherings outdoors—again, outdoors—can increase to 25.

For those concerned that we have not eased immediately, our approach is to take a steady and conscious change in our restrictions. We have only recently returned students into senior school, and this allows these changes to bed in carefully.

For those who have concerns about any easing, here I would say that because of high vaccination rates in Auckland, we can move forward with greater confidence, and we will continue to have very strong and clear public health guidance on how businesses that are eligible to re-open do so. These decisions are carefully balanced and allow us to release some of the pressure and fatigue that we know exists in Auckland while we continue to vaccinate and prepare for the new framework, where much more certainty will exist for everyone.

And now a quick message to the rest of Auckland, where alert levels will remain the same for now: we've heard the calls to try and do as much as we can to contain the outbreak in Auckland and the Waikato as much as we can. We discussed ways today that we can further add protection, including off the back of calls from the South Island to use vaccine certificates more readily to try and prevent cases moving from North to the South. While I have no further announcements today, it is something that we are looking into further.

But I want to reiterate something that we've said for some time now: the boundary that we have now and the work that Auckland has done to contain the outbreak to where they live and work has given us time, but we will not be able to contain it for ever. Despite huge efforts and at considerable cost to many who have forgone travel and connections, we have seen cases emerge, and even with further tightening, we are likely to see them in the future. We will continue to try and extinguish these cases, but I don't want anyone to be left with the belief that we can keep Delta in one place and one place only for good. Auckland has given us time—time to vaccinate—and we must take it urgently.

To finish today, I want to give a reassurance. The team of 5 million has done an incredible job. We are in a transition right now, though, and that is tough. There is a huge amount of new information and a lot of change, and all of that is happening while everyone is, quite frankly, tired of COVID, and I know this can create anxiety. Today, we wanted you to see some of the information that we see and to have the same reassurance that for all of the change that we are going through, New Zealand continues to do really well in tough circumstances and continues to move forward.

While this time is hard—really hard—I still believe the same thing now that I believed in the moment we first took decisions on how to manage the pandemic: that we don't need to be afraid. We have more tools now than we did when we started and we have a strong plan on how to use them to protect ourselves and minimise the impact COVID has on our lives, and, ultimately, despite how hard everything feels right now, we are going to be OK. We just need to keep moving. We're now happy to take questions.

**Media:** Prime Minister, you've talked about the case numbers performing as you expected, you've talked about Auckland being at 80 percent vaccination rate, and you've talked about how tough it is for Aucklanders, so why not just go to step 2 this week?

**PM:** So we have made the decision that from next Tuesday, we will make a further easing of restrictions in Auckland, so you will see retail come back at that point. The reason we're taking just that extra week: we have recently made changes to schooling. That enables us just to let those changes bed in, let those extra vaccinations occur, and then safely move to that next stage. It also, of course, gives businesses time to prepare.

**Media:** Our case numbers are still really high. How much of this is about political pressure—do you hear those loud cries from Auckland that they've had enough?

**PM:** I think the point that we need to make is, of course, that high vaccination levels do give us the ability and chance to ease restrictions safely and carefully. You'll see today that, yes, we have seen a growth in cases, and that is not unexpected for where we are in this particular outbreak, but we are still seeing very manageable hospitalisations, and that is absolutely the impact that vaccines is having on this outbreak.

**Media:** Besides showing the projected case numbers for the week starting 29 November, you've got 1,400 cases, hospitalisations hit 150. By that stage, how many deaths would you have under those projections?

**Dr Ashley Bloomfield:** The hospitalisations are—that would be new hospitalisations in that week, yes. This doesn't project deaths, but what I can say is now, nearly three months into the outbreak, we've had, tragically, two additional deaths. Again, I think that that low number of deaths reflects three things: first of all, our vaccination; secondly, the young rates—secondly, the young age of those admitted, and I think I mentioned that as of last week, only 22 of the people admitted to hospital were people over 65. So we've seen our over-65s protected by the alert level restrictions and by vaccination. But the third thing here is, of course, our teams now are keeping on top of the treatments and the advances, both in the way people are treated—even the timely use of oxygen, dexamethasone, and some of the new treatments coming on board. So that's having an impact as well on death rates.

**Media:** And on those projections, will our ICUs be overwhelmed?

**Dr Ashley Bloomfield:** No, they won't be, and that's one of the things that's quite clear and we talked about this with the chief executive from Auckland DHB this morning—that, actually, they felt, even in that scenario, which was the sort of higher projection scenario, the upper projection scenario, that the hospital facilities in Auckland, including ICUs, would be able to manage.

**PM:** Keeping in mind, I think, the last time—forgive me; this was a little while ago, but that was actually when we had maybe five ICU beds occupied by COVID patients. At that time, we had ten times that in terms of available ICU beds. So those numbers absolutely we can manage. Ultimately, we don't want anyone hospitalised, let alone in ICU, so, again, get vaccinated.

**Media:** And just quickly on that first graph, I think, that shows the case numbers during the outbreak, Prime Minister, there is a clear incremental rise when you moved Auckland to level 3, so did you move Auckland out of level 4 too soon?

**PM:** No. We have to keep in mind that we have to also take into account the long-term impact of restrictions, on the ability of people to comply with them. We have been in level 4 for the longest period we've ever been in level 4 as a country in the city of Auckland. What we did then was take a step to continue with significant restrictions but allow a small easing so that Aucklanders could continue. We know it's made a difference. And what I would point out is if you look at where we are in this outbreak relative to this point in time for, for instance, New South Wales or Victoria, vastly different caseloads—much, much lower despite the length of time that we've had this outbreak, and that is down to the commitment of everyone in Auckland.

**Media:** Prime Minister, you often talk about ICU numbers, and if they're low, obviously, it's better for New Zealand. You've also talked about vaccinations. In Auckland, double jab over 80 percent; ICUs at 3. Surely, now's the time to go and not to make Aucklanders wait for more than another week.

**PM:** And you've just had other of your—

**Media:** No, OK, you said schoolchildren go back, that's fine. So what's going to change between now and then?

**PM:** And you've just heard other colleagues in the gallery arguing the opposite, and I think what you can see, therefore, is this is a finely balanced decision where we've carefully weighed up the need to factor in those high vaccination rates as we move forward but also do so with caution and with real consideration, and that's what we've done. And I think we've got the balance right there. Ultimately, though, we do acknowledge that as we vaccinate, we do need to progressively move forward, and that's what those decisions do

today. Over the next week, you will see more people double vaccinated, and that means more people with extra protection against COVID-19.

**Media:** Well, you've seen New South Wales opening up totally itself, like scheduled today, and Victoria—1,500 Australians are coming home today. Why can't we do the same here?

**PM:** We've always carved our own path and had our own plan, and when it comes to—

**Media:** Well, why are they so much better at it than us?

**PM:** Well, of course, it depends on your metric, Barry. Our metric here is the number of people that we protect against COVID from losing their lives, from high caseload and the disruption that that causes. What I want to do is make sure that when we open up, that retailers will have customers return, and customers will return with greater confidence if they believe that we have an outbreak that is being as well managed as possible under the circumstances. The more people that are vaccinated, the more that it curtails the size and scale of the outbreak, and that's really important to us in New Zealand.

**Media:** Do you think there's enough understanding among the public about the traffic light protection framework and actually what we're moving to? I mean, you announced it a couple of weeks ago, and, obviously, there's been a lot on. However, is it important that people know what is coming and that you're not just going into, I suppose, the great big blue after alert levels finish?

**PM:** Yeah, look, it is important, and we will keep talking about what those new measures are, but keep in mind, I think when we first announced that alert level system, that took some time as well, and this will take time too, particularly because we have the complexity of transitioning from one system to another. And that is a difficult period, and I think we should just be open and honest about that. But we have still tried to design with the new protection framework something that will feel familiar to people, something that will make sense to them, and, more importantly, something that will be easy to operate for those businesses, retailers, hospitality, and events organisers who really needed the certainty of that new plan.

**Media:** What kind of difficulties do you anticipate during that transition period?

**PM:** I think probably one of the most difficult periods that we will encounter is right now, where we have Auckland, who we've rightly wanted to give the ability to flip first, but for the rest of the country, so long as we're sitting under 90 percent, we have to make individual judgment calls on how we deal with cases when they emerge in those areas.

So my message to the rest of New Zealand is, if we want to keep moving collectively but if you want the certainty that we won't have a lockdown as a response to a case that we can't link, please get vaccinated. Once we hit those high levels, we all shift, and it makes everything that much simpler and more certain.

**Media:** Are you also worried about social cohesion in terms of the vaccinated versus the unvaccinated? We're already hearing, you know, anger, in some cases, about people won't get vaccinated from people who feel they're being held back. How does New Zealand deal with that, because that is becoming, I suppose, more pointed, especially as we're reaching those targets, and, yeah?

**PM:** I think you'd be hard pressed to find anywhere in the world that hasn't come up against that friction. But I think the important thing for us is that we've tried to continually create an environment where people feel like they can ask questions about the vaccine, and I want that to continue. We will not be able to move people towards vaccine if they feel like they cannot question it. So they can. We want them to be able to access information, but we ultimately also need to create a framework and an environment where we are reducing risk, and that means reducing the amount of contact that unvaccinated people have with others.

**Media:** For your check-ins in late November on whether to move to a traffic light system or not, will you be taking into account the relative size of the DHBs, because on the current projections Auckland, Wellington, Hamilton, Christchurch, Dunedin, Invercargill—basically, where about 70 percent of the country lives—will all be at 90 percent double dosed while a lot of DHBs will be maybe a month and a half away from that, but those DHBs will be relatively small ones. So is that a factor?

**PM:** Yeah, and so, for instance, a great example of that is Counties Manukau: very, very close to reaching their first dose 90 percent goal. Actually, the same amount of people need to be reached in Tai Rāwhiti, but as a proportion of population it's much higher, relatively speaking, for them. So, you know, these are all things that we will think about, but the reason we set that goal is because it is so important that we have high rates regionally as well. Because we can already see COVID does not just move to city centres; it finds the unvaccinated wherever they are, and we've reached parts of New Zealand and communities already that are rural and isolated. So that's why we've set those goals.

**Media:** How are you going to handle the fraction, though, between those—the vast majority of New Zealanders who will live in a city where there is well over 90 percent of the population double vaccinated versus the smaller DHBs where there is a much lower rate, where you could be a month and a half away, if you ever get there.

**PM:** Well, Dr Bloomfield, my recollection is this morning we already—or at least I've heard reports of some of the larger DHBs that are closer to or have reached those first dose goals not shying away from the ongoing commitment to make that just a milestone and keep going but are also deploying resource into neighbouring DHBs that may not have. So that's the kind of collective activity that we want across New Zealand, so that we are all working together towards this goal. Did you have anything further on that?

**Dr Ashley Bloomfield:** Look, just to add to what the Prime Minister said earlier, of course we will look at comparative size of DHBs. So saying, especially over summer, New Zealanders travel everywhere, and so we want to make sure that we—it's really important we don't have pockets of low vaccination rates, because that will really hit hard in those—and often those smaller DHBs don't have the health system, the hospital capacity, necessarily, to deal with a large outbreak. So we'll be looking at things. What we have asked from DHBs is to provide regional plans about how they will support each other, and that, again, will help inform our advice in late November.

**Media:** Are you reaching the limit of what the State can do in some of these places where you just don't have enough interaction with people to be able to get them to get jabbed. Obviously, we have high vaccination rates when people are born because the State always has something do with that—almost always—but you don't when someone's 20 to 35—

**PM:** No, I don't think I would describe it as a job for, you know, the State. New Zealand is too small to partition off politicians, health, community leaders in that way. In fact, I believe we all have a job to do. And, yes, I'm, for instance, the Prime Minister, but I equally see myself as a member of a community, and equally I see myself as someone who can play a role even at the smaller scale within a DHB when I go in and visit and try and encourage uptake. But I am not the only one; we all can. We all have more influence than we know, just by sharing, even, personal experiences. So, no, I don't believe there's a limit there, because, actually, soft influence is really important too.

**Media:** Prime Minister, when you were unveiling the decision for Auckland next week, you said “after discussions with the director-general”. Did you accept the advice of the director-general, or was that your advice, that there should be movement next Tuesday?

**PM:** Yeah, so the thing that I've pointed out here a number of times—and then I'll let the director-general speak for himself—is that, of course, when we undertake public health risk assessments, those occur in written form, and then the director-general comes and joins us for a Cabinet discussion where we can speak about the latest information, the

latest briefings we've had from our public health teams on the ground. So we get written advice and then we in real time discuss what it's telling us and what it's showing us, and it was after that real-time discussion that Cabinet made that decision.

**Dr Ashley Bloomfield:** And just to reiterate that: so we did our public health risk assessment and provided the advice last night. At that point, it was to hold Auckland in the current settings, but we didn't say for how long—my recollection—but this morning we did have the chance to talk to our colleagues on the ground, and they gave us both a public health view and also an Auckland view. So we took that into account and then we put to them and then we had the discussion around whether we would be able to signal, given that alert level 3 step 2 activities don't add a whole lot of additional risk, and so that's where our advice settled.

**PM:** So, Jason, I guess a point I would make is that here what we've done is balance both the view that we shouldn't have a move now by then also saying, "Well, look, actually, do we feel comfortable enough though to signal in a week's time?", and the view was that we did.

**Media:** So the advice that Cabinet got today from the director-general was Auckland would be able to move next Tuesday?

**PM:** No. The only advice that was given was not to move now. We then probed forward and said, "If we cast forward, are we comfortable to move in the future?", and that's where we landed.

**Media:** And then you, obviously, accepted that advice? Were you used as a sound board, or—is that how it works?

**PM:** That's where I've said it was in discussion together that we came to that conclusion.

**Dr Ashley Bloomfield:** I was asked about the public health implications of that, and we'd had a chance to canvass that from our colleagues in Auckland and get their view on that.

**Media:** So do you think it's a good idea to move next Tuesday?

**Dr Ashley Bloomfield:** We don't think it's going to add a lot of additional risk, and also I think those vaccination milestones across Tāmaki-makau-rau are—

**Media:** But that's not a yes or a no. Is it from the public health advice perspective? Is it you as the director-general saying Auckland should not or should move next Tuesday?

**Dr Ashley Bloomfield:** I was asked—well, Cabinet asked for my view on what the public health additional risk would be from that, and I had canvassed that with colleagues—

**Media:** But I'm asking you now as Director-General of Health.

**PM:** And, Jason, he's answering you, if you'll give him a chance.

**Dr Ashley Bloomfield:** Well, one thing—so I'll just add to what I said. One thing I would say is well is that it's an in principle decision and that, clearly, I imagine, in a week's time Cabinet will be coming to us and saying, "Is there any reason why we shouldn't move? Have things moved drastically in this"—

**PM:** So the advice was not to move this week, and we haven't. We then put the question to, both on the call with some of our public health team on the ground and also the health team, whether or not there was comfort in moving next week. The advice we had was there was a view from a previous risk assessment that adding in retail at that point would not add a marked increase in cases but also that vaccination levels would've increased and it would've allowed schools to bed in, which was one of the other pieces of advice. So that indicated to us general comfort with a shift at that point.

**Media:** Obviously, Māori have been incredibly affected by this outbreak. Is there any modelling to indicate, when Auckland shifts, how many of those hospitalisations are likely to



be Māori, and how many Māori do you think are going to be popping up in case numbers once Auckland makes that shift?

**PM:** Well, once again, the indication we've had is that retail is not an area which contributes significantly or markedly to case increases, and therefore if it doesn't contribute in that way, it's less likely to cause an increase in hospitalisations. We know the greatest risk at the moment presented to all of our cases that are emerging are household gatherings, and so we just continue to give that advice just to avoid those—you know, not to engage in household gatherings indoors. That's what is contributing to our cases at a high level.

**Media:** We have seen today that Māori are affected in this outbreak, and incredibly affected. Māori vaccination rates are still really low. Is talking about even moving any kind of alert levels—is that just throwing Māori under the bus and—

**PM:** The suggestion that opening retail is throwing Māori under the bus I completely disagree with. What I'd point out is that, actually, what we have done all the way through is completely focus on lifting vaccination rates as quickly as we can, and we continue to do so, and our goal and our target of 90 percent across all DHBs remains unchanged. This is an easing that we believe we can safely undertake at this time.

**Media:** With respect, it's not just opening retail; you're doubling the amount of people that can gather—more than doubling.

**PM:** Outdoors, again. So that's, again—I've asked, even, the question: do we believe that's had an impact, and the answer has been, you know, if anything, at the margins, and even then it's considered to be extremely small. I think someone suggested possibly two cases may have come as a result of that. So those are changes that have been made in a way that, you know, if conducted properly, don't add to cases. What does is gatherings indoors.

**Media:** If next week we see—if, after this change happens and we see a huge increase in Māori case numbers, do you think this decision is going to be to blame for that?

**PM:** No, no, I don't, because, unfortunately, what we've seen—despite having very long periods at level 4 and long periods at level 3, we have, over time, seen an increase in cases. And, look, that's not unusual. Other countries that have had prolonged periods of time with restrictions have seen the same. Delta is hard work. Delta causes fatigue on people. There's only so long that they can continue some of those restrictions. Now, we've eased to ease pressure in ways that we consider safe, but I would just keep asking people to do everything they can to just stick with what we've eased. Those are the things that can generally be done safely. One thing we are mindful of, though, is the impact of schools. Schools probably pose more risk than any of the other areas that we're flagging that we would ease. So we're stepping into that very carefully with very careful public health advice.

**Media:** Just on the vaccine certificates, the more you try and loosen restrictions in coming weeks, you're going to come into problems soon, aren't you, without having those vaccine certificates in place. I appreciate retail, it doesn't require them, but if you want to do more, you are going to require them. So where are things at with that?

**PM:** Well, of course, they are used in the traffic light framework. They aren't used in any of our alert level system, which is, of course, why we designed the new system. What you might've heard me say this morning is that the digital options and all of the flexibility that offers, including the ability of a business to scan a QR code if someone presents their digital certificate, that has been produced and will be ready to use by the end of this month. But should we need any version of the vaccine certificate earlier, we do have the ability to use other forms of the certificate.

**Media:** So some of the things that you have at the moment is that you—I guess, outside of Auckland and the Waikato, in terms of getting vaccinated, what is the incentive there for people who aren't, because there's no, sort of, vaccinated versus unvaccinated—

**PM:** It's a really good question. And, look, one of the really good debates and discussions that we've had with our public health experts and epidemiologists before we put forward publicly the new COVID protection framework was: should we use this to drive up vaccines, or should we wait till we have high vaccines before we move into it? Now, the view of the experts was the latter, that we should have high vaccination rates before we move into it. But, equally, of course, people can see that if they want to attend hospitality venues or events, they'll need to be vaccinated first. So that means you need to get vaccinated now before that framework comes into place.

**Media:** The only problem with that is that if you take everyone outside of Auckland, and, potentially, the South Island, depending on what you do on November 29 with them, it's a waiting game, and you've got DHBs who are obviously really highly vaccinated who are waiting on everybody else. So—

**PM:** For good reason. As Dr Bloomfield has said, we are a mobile population. We don't just stick to the area in which we live or in which we're enrolled in a DHB; we move around frequently. We've seen that even from some of the cases we've seen emerge. So that's why it's important to have high rates across the country.

**Media:** But you don't have a vaccinated-unvaccinated incentive at the moment for the rest of the North Island, is what I'm saying. So if you've got the low DHBs and then you've got these high DHBs vaccination rate waiting, what is the incentive there? Because they can do more now, because there isn't any vaccine certificate.

**PM:** It's not true. Actually, when they move into the new framework, of course, the gathering limits at amber lift, so—

**Media:** But do you think people are actually reading that that closely—

**PM:** Well, I think the really simple message we need to share is that if you want to be able to go to an event, to go to a restaurant, to go to a cafe, to be able to travel overseas, you'll need to be vaccinated. And you'll need to be vaccinated soon if you want to engage in any of those things over summer.

**Media:** Prime Minister, just on the step 2 rules, from three weeks ago it just looks on the website that it's changed a wee bit. Is there still funeral, tangihanga—did those numbers increase—

**PM:** Yes, I just haven't run through everything in a comprehensive way.

**Media:** OK. And also on the Jet Park hotel escapees, it took about 24 hours for the public to be aware of those people. Is that good enough, or are you happy with that amount of time? Like, it does cause quite a bit of anxiety for people.

**PM:** Equally, of course, the main focus for all of our authorities is locating the individuals and having them returned or detained, either by the police or back to an MIQ facility. So that's the first absolute focus. Of course, out of public interest, we share when we have those situations, but our job is still to locate those individuals and make sure that they're returned.

**Media:** But 24 hours, is that too long of a time?

**PM:** I couldn't necessarily comment on the basis of that decision. Our agencies have made, over that period of time, the call. Of course, you see sometimes those things change over the reporting cycles, when we're here making those announcements on a more routine basis. I don't think it changed at all the public health risk profile. We know we needed to locate those individuals regardless of the time period in which the public were informed.

**Media:** The FDA, before the weekend, approved an emergency use for Pfizer for five- to 11-year-olds. Does that move us any closer?

**Dr Ashley Bloomfield:** Well, it's an important step for the USA. Of course, now it's being considered by the CDC there, in their advice to Government about use. What will

move us closer will be when Pfizer puts in an application, and we haven't got that yet but we're expecting it in the next two weeks. And, obviously, the FDA assessment and their decision will be one of the bits of evidence and information that Medsafe will use here to—

**Media:** Can you just explain that application, what that is and why it's not going to be—do they have to gather the evidence before they pop that application in, or what's the time frame of—

**Dr Ashley Bloomfield:** Yeah, so they have to put in a formal application. Of course, our teams are already gathering the published research, anything that they can get their hands on, but they can't put a provisional approval forward or make a recommendation around that until they've had a formal application from Pfizer. The same in any country—so Australia, also European agencies, are waiting for an application.

**Media:** But Pfizer makes the application to Medsafe—

**PM:** Correct.

**Dr Ashley Bloomfield:** Correct, yes.

**Media:** —and then—

**PM:** Correct.

**Media:** —you're saying that everything's pretty much poised and they'd be wanting to get that approval as quickly as possible?

**PM:** They'll go through our process as quickly as possible, but we always let them run on their own time lines.

**Dr Ashley Bloomfield:** That's right. And this is an important one, because you even saw the FDA took quite a lot longer about this application than they did around the original one, just because, in this younger age group, getting the balance of benefits and risks actively considered.

**Media:** So we might not necessarily see as quick a turn-around with this one because of those added—

**Dr Ashley Bloomfield:** I think you'll see a very thorough—I know you will see a very thorough process from Medsafe, and I know they're standing ready to go and they will turn it round as quickly as possible, but they won't, you know, skimp on going through the right process.

**Media:** And in terms of ordering the paediatric vaccines, then, what is the plans for that, and will they be ready to go once Medsafe has [*Inaudible*] put the approval through?

**Dr Ashley Bloomfield:** Well, we're confident that we're in the game around ordering them. The challenge will be the ability of Pfizer to manufacture them to meet the demand not just here but, of course, globally. It seems that they have manufactured enough for the USA so far, but we won't know until they put the application in. And we have ongoing discussions with them about the timing of availability here. But, believe me, we are absolutely in the room having those discussions, and I know that other countries are in exactly the same position as we are.

**Media:** But supply could be a problem even if Medsafe approves?

**Dr Ashley Bloomfield:** Well, it will be the timing of the supply.

**PM:** Keeping in mind, of course, some of the original data that was released didn't necessarily make it clear that new doses would need to be manufactured. There was some discussion over whether or not it was simply a paediatric dose of the original vaccination. We'll have greater clarity on some of the differences or the differential between those vaccines once Medsafe receives that data.

**Media:** But we will need to get a paediatric vaccine, as opposed to just using a smaller dose of the vaccine that we have now in New Zealand?

**PM:** There is some suggestion of that. Whilst, at this stage, of course, substantively, it's the same vaccine, there are nuances to it.

**Dr Ashley Bloomfield:** We're looking at all these things incredibly thoroughly and will keep you updated.

**PM:** Yep—yep.

**Media:** Dr Bloomfield, so we know that—well, Dr McElnay said that about 170, 180 cases a day, that's when contact tracing will struggle. So, obviously, we're looking to hit that pretty soon. What happens then?

**Dr Ashley Bloomfield:** Yeah, so, that was, I think, two or three weeks ago, and Dr McElnay was referring to the way we used the system then. But one of the things that's happened over the last two weeks is that we've put in place, working closely with Auckland Regional Public Health, a new approach to the way cases are followed up, recognising that with larger numbers and with the isolating of people in the community, that we needed to move to a new model, and that's been bedded in really well and it will be in place this week, with clinical oversight as well bedded in. And so, you know, we're confident we'll be able to manage those case numbers quite comfortably.

**Media:** Are schools—

**PM:** Sorry, then I'll come to Bernard. Of course, you know, the way that we—we've already talked about the fact that at the beginning of the outbreak, we had some 30,000 contacts because we took a very liberal view of contacts. As we've learnt more about transmission and we've been able to analyse where transmission occurred, that has enabled public health to make different risk assessments.

**Dr Ashley Bloomfield:** So the key difference is, really, rather than the public health team that are following every case up thoroughly, there'll be an initial assessment and a sort of triaging, and the people, where they've got low numbers of contacts, they're fully vaccinated, they can safely isolate at home, won't need that more intensive public health follow-up.

**Media:** Are there some schools—

**PM:** I'll let you finish, and then I'll come back to Jenna, and then Bernard.

**Media:** Just what's the likelihood of there being undetected chains of transmission in Christchurch?

**Dr Ashley Bloomfield:** We think low. We have had a couple of waste-water results down there, but it looks like there's an explanation from those. There's been good testing over the last week since those cases, and we did see that only two of the close contacts of those initial two cases returned positive. So we want to keep the testing up and just, you know, emphasise: anyone with symptoms in Christchurch, please go and get tested.

**Media:** What's the working explanation around the waste water?

**Dr Ashley Bloomfield:** One is that it probably catches where two of the cases have been, and the other is likely to be related to someone who had been in MIQ.

**Media:** Is a school vaccination programme for vaccination clinics within schools for COVID-19 being considered?

**PM:** Well, all the way through, we've supported and provided advice to schools who may choose to have vaccination clinics onsite, and we have had schools who have provided vaccination clinics on school grounds and have been supported to do that.

**Media:** Perhaps more like, you know, an MMR vaccination drive in schools—is that—

**PM:** Yeah, so that hasn't been the approach of the roll-out to date, because keeping in mind that sometimes, for the simplicity of consent issues and purely logistical issues, actually allowing young people to be vaccinated when their parents are has been part of our

roll-out. But we have absolutely said, for schools that wish to have vaccinations provided onsite, and, indeed, to allow wider school community to come in, we've been very supportive and have assisted with those programmes.

**Media:** And last week, Andrew Little was speaking about low Māori vaccination rates and suggested poor performance could be related to poor DHB relationships with Māori providers. Are you satisfied that enough is being done to talk to hesitant Māori populations, and what more could be done?

**PM:** Well, so long as we have a distance in our rates, that says more needs to be done. What we've done in recent weeks is add to existing funding to support Māori providers to have the flexibility to do what they know is going to work in their communities and just really accelerate those rates. As we've seen, actually, some of those programmes have worked really well with particular age profiles; what we need to do is get similar rates with our younger people.

**Media:** Prime Minister, the forecasts here show that weekly case numbers will be up to 1,400 by that week of 29 November, when you make decisions about the traffic lights. Can you really open up Auckland hospitality for Christmas parties when you've got 200 cases a day and, potentially, 11 new ICU admissions every week?

**PM:** Well, of course, at that point, we will have 90 percent of eligible Aucklanders double vaccinated. I think the thing that we all need to remember here is that we are already a highly vaccinated population. Of course, we've always done things our way, so we are driving to have even higher rates again, but we've already taken over countries that started their vaccination roll-outs well before we did. But, of course, we cannot have a situation where we've got good, high rates in areas and across different suburbs, for instance, but we don't ease restrictions, because those vaccinations actually exist to lessen the impact of COVID cases in New Zealand, and they are doing that. So what we need to do is then safely move forward in a way that we are careful and considered, and we use things like vaccine certificates to keep those cases low.

**Media:** The outlying DHBs—Northland, Tairāwhiti, and the likes—are not on track to get to 90 percent until January, maybe later in January. Would you hold up the rest of the country from going into the traffic lights more—

**PM:** We haven't made any decisions on that, but, I think, again, as I've said, it's incumbent on all of us to not just leave that vaccination job up to individual DHBs but to come in with as much support as we can. It's actually the way of the future for our health system. We are driving health reforms that will drive a lot more collectivity in the way that we seek to work with one another and ensure that no matter where you live, you have access to health services that everyone has a right to. So let's start operating like that now; let's start working collectively to drive up rates across the board. And I can tell you that, of course, my favourite green graph—this is an indication of how we're tracking on vaccine uptake. You're getting a lot more green now than we used to, and that's been in a very short space of time. Last question, Bernard, and then we'll call it a day.

**Media:** So, given that, are we still on track for the Kiwi Christmas summer holiday thing?

**PM:** Yes. Yes, we are, but what I would continue to say to everyone is that what will give us greater certainty, of course, will be all of us driving in the same way that Auckland has towards those high vaccination rates. At the moment, they could be in a position of having greater certainty than some other parts of the country. So if I could implore everyone to just remember that this matters for everyone, not just Auckland. OK—oh, Marc, I'm so sorry. I haven't given you a question. I'm going to finish with you.

**Media:** Thanks. Dr Bloomfield, with the change in the contact tracing strategy, as it were, do you have an estimate of what our current capacity is or when we would start to feel pressure in terms of the numbers of cases?

**Dr Ashley Bloomfield:** With the new model?

**Media:** Yeah.

**Dr Ashley Bloomfield:** I don't, but I'm being briefed by the team with a follow-up date in the next day or two and so I will come and I will ask them if they can give us an estimate on what the case numbers could be.

**Media:** And do you think it would've been helpful, in retrospect—

**PM:** Well, the message from the public health team today was that within the projections we're seeing, they can continue to manage.

**Media:** Do you think it would've been helpful, in retrospect, to have reached that 1,000 cases per day benchmark that was set first by now Minister Verrall in April and has been followed up again and again—you know, if we were only at 170 or 180, we've had to change strategy, wouldn't it have been better to not have to change strategy in the first place?

**Dr Ashley Bloomfield:** Well, I'll just make two comments. One is I have pretty regular discussions with Minister Verrall, and one of the things we reflect on is that, actually, the nature of the cases and the number of contacts associated with each case when we were first making that assessment and setting up our contact tracing system is vastly different from the way we deploy it now. And whilst I know there's a view that perhaps we weren't as prepared for Delta as we might've been, right from day one we deployed our contact tracing system very differently because it was Delta, including categorising people who previously would've been casual contacts as close contacts, in a very precautionary way, and hence the very large number of contacts that we were able to successfully trace and follow through. And that's given us very good information about—that has informed the next steps in our response as well.

**PM:** OK. Thank you, everyone.

**conclusion of press conference**