

**PRESS CONFERENCE: TUESDAY, 2 NOVEMBER
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou, everybody. Sorry to bring you in so late. As reported earlier, there was one new case in Northland today. The case is a household contact of the case that was reported today. Despite extensive case interviews and contact tracing over the last 24 to 48 hours, our contact tracing teams have not been able to find an epidemiological or person-to-person link with any other cases in Northland.

Furthermore, these two cases are based in Taipā, in the Far North, so are geographically quite separate from the other Northland cases, which are centred around Kaipara, Kaikohe, and have locations of interest in Whangārei, Kaiwaka and Wellsford. The two new cases have not been near any of those locations nor come into contact with any of the other cases in the Northland outbreak, so it's unclear at this point how they could have possibly picked up the virus. This means that there is a strong possibility that there is one or more missing links in the chain of transmission, and that means that there could be undetected community transmission occurring right now in Northland.

So on the basis of public health advice, including from the Northland public health team, we've decided to move the northern part of Northland into alert level 3 from 11.59 p.m. tonight, through to midnight on Monday, while we do some extensive testing, contact tracing, in an attempt to find any missing link. The decision will be reviewed by Cabinet on Monday.

However, in order to minimise the unnecessary disruption to the whole region, we're putting in place a boundary which will run through the centre of Hokianga Harbour to the Mangamuka junction on State Highway 1 to the Kaeō river bridge on State Highway 10 and East Bay. Below this boundary line, the rest of Northland will stay at alert level 2. Moving the northern part of the northern region to alert level 3 is the same step that we've taken with other previous cases where there's been no known source of infection. Using these localised arrangements has also worked previously to help stop any spread, for example, in the Upper Hauraki and, more recently, in Waikato.

Alert level restrictions remain an important tool for us to protect communities from COVID-19 while we get those vaccination rates up. Northland's vaccination rates do remain lower than the rest of the country. At just 79 percent for first doses, the region has the most vaccines of any DHB in the country still to deliver before it reaches 90 percent on first doses. These lower rates of vaccination make the risk of an outbreak that much greater, especially amongst the 11,000 Māori in the region who are still unvaccinated.

It is our goal to avoid future lockdowns once we get to that 90 percent marker. So I again encourage anyone and everyone in Northland—or elsewhere in the country, for that matter—who's not yet taken up the opportunity to be vaccinated to do so. As the Prime Minister said yesterday, the restrictions in Auckland are keeping COVID-19 out of the rest of the country at the moment, but it won't stay like that indefinitely. We need people to get the vaccine before the virus reaches them first.

There are vaccination sites all across Northland that will be open tomorrow, and there's also testing available throughout the region. Northland's about 17,120 doses short of reaching that 90 percent target. There is the capacity and the vaccines available to reach that target in Northland over the coming days if people simply come forward to be vaccinated. There is nothing stopping the Northland region hitting that target. The vaccine's free, it's safe, it protects you and your whānau and your friends. With summer fast approaching, the vaccine means we can get back to our normal way of life and enjoy the best that Northland has to offer without restrictions as soon as possible.

Media: I'm sorry if I missed this right at the beginning, but what's making you most concerned? What's prompted you to go to level 3 for parts of Northland?

Hon Chris Hipkins: It is the fact that it is an unlinked case and there is no clear or even probable source of the infection, which means that there will be, potentially, missing links

still out there, still potentially infectious, and there could be chains of transmission that have not yet been detected. And so while we do that work, we want to keep the lockdown as localised as possible—so, not place parts of the region into level 3 where there isn't a good case to do that at this point—but we do need to identify whether there's any further transmission out there.

Media: The Prime Minister has been in Northland today. When were you first alerted to this, and how is she impacted by this?

Hon Chris Hipkins: The Prime Minister wasn't in the area that we're moving into alert level 3. With her travels—the Prime Minister does travel around the country—the Prime Minister's very careful in terms of the nature of activities that she undertakes. So at this point there's no additional risk there. The Prime Minister's not been in contact with any potential cases, not been in those areas where there is concern, or greater concern, at this point.

Media: How much of a bearing did those significantly low vaccination rates in Northland contribute to this shift in alert levels for the region?

Hon Chris Hipkins: Oh, if they were sitting at 89 percent, maybe we might be having a different conversation, but those are quite low vaccination rates. As I indicated, they've got the highest amount of catching up to do in the country to get to that 90 percent first dose marker, and we're also aware that we've got a lot of vulnerable people up there in Northland. Some of our other things—you know, waste-water testing, for example; there's a lot of people on septic tanks, which means some of those other surveillance methods that we might use aren't always going to be as effective in that part of the country. So there's a whole variety of things that go into making up that judgment.

Media: Why shouldn't the Prime Minister be forced to isolate off the back of this? If there is suspected unknown transmission, why shouldn't the Prime Minister be forced to isolate?

Hon Chris Hipkins: Look, as I've indicated already, the Prime Minister wasn't in the area of concern, has not been in contact with any known cases, and, you know, we do have to recognise that the Prime Minister still needs to be able to travel. Now, if the risk profile changes, then of course we'll reassess that.

Media: Has this case used QR codes, and, if so, where are the locations of interest?

Hon Chris Hipkins: My understanding is that they have supplied a lot of information, including QR code records showing where they have been and potential locations of interest, but I'll hand that to the director-general.

Dr Ashley Bloomfield: Yeah, certainly, very good records of where they've been and good use of the app by at least one of these cases, who's the one who's out and about in Kaitiāia the most. So we've got a very good picture of their movements, and there are some locations of interest that have been published already.

Media: Minister, just going back to my question that I was asking before about timing, when did you find out about this? When were you first alerted to this?

Hon Chris Hipkins: I'll ask the director-general to comment on that, because I was actually having a day off today. It didn't quite work out that way, so perhaps I'll hand over to Dr Bloomfield to share those details.

Dr Ashley Bloomfield: So you'll be aware that we had the case that we announced yesterday. We did a very rapid assessment yesterday and off the back of that were waiting for the other test results. The only other positive test result that came back in was the other household member of yesterday's case, so we decided today to gather all the information we could and do a formal public health risk assessment. That was done this afternoon at 2.30, and then I was briefed at about 3.30 by the Director of Public Health, and there was some debate about whether or not there was a need to increase the alert level in the Far North. However, the Director of Public Health and I settled on the fact that—and this is the

most important thing, is that the origin of these cases is unknown. And whilst there are no signs from community testing or waste-water testing of other infectious or infected people in the area, this is our standard thing. We are still trying to eliminate the virus outside of Auckland, and we felt that it was appropriate, therefore, to go for a short period—or our advice was a short period—in alert level 3 to allow for that testing and to just make sure there were no other chains of transmission.

Media: Dr Bloomfield, we know that Northland has got a lot of hard-to-reach communities both in terms of vaccinating and testing. What resource is the ministry, through the DHBs, going to throw at Northland in the next, sort of, 72 hours or so to make sure that you actually get this testing done?

Dr Ashley Bloomfield: Yep, so there had already been a big effort around testing and vaccination, and the report we had this morning from the DHB was there were people queuing up for testing and vaccination this morning. So there will be an extra surge of both going into this region over coming days. There has been a lot of effort going in already, so it's really just surging in even more workforce to support that.

Media: We also know that there are people, though, who [*Inaudible*] not easily able to get to town. Are you going to throw mobile vaccination clinics and testing clinics out there in the coming days?

Dr Ashley Bloomfield: Well, we're not, personally, but I know that the DHB and the iwi providers and the other providers there have already been using a whole range of approaches, including mobile vaccination opportunities, to get around these communities.

Media: And no extra capacity over the coming days, up until Monday?

Dr Ashley Bloomfield: I'm sorry, what was the question?

Media: You're not going to throw in any extra capacity over the coming days while you're trying to increase testing into these hard-to-reach places?

Dr Ashley Bloomfield: As I said in my first response, actually, the standard thing that a DHB knows, because there is increased demand for both testing and vaccination in these situations—and, in a way, one of the benefits of an alert level shift is it does increase testing rates and vaccination rates. Yes, there has already been and there will be more resource go into this area to meet the demand for both testing and vaccination.

Media: You mentioned that there was extensive amounts—well, this person had been using the QR code and you have records. Is there any indication that they had ever been as far south as the PM was today in the period when they were transmitting?

Dr Ashley Bloomfield: No, there wasn't, actually, and in fact when we put our advice through, we were suggesting a boundary that was further north and really just, sort of, ran more from Ahipara across to Manganui, but this boundary is even further south. I wasn't aware, and none of my team were aware, of where the PM was or has been today, so, yeah.

Media: So Cabinet went further than the Ministry of Health had recommended?

Dr Ashley Bloomfield: No, in parallel to while we were doing our advice, DPMC was working with other agencies to look at where it was both practical to put a boundary, and also they sought input and advice from local iwi, and this is why it's landed on the current boundary.

Hon Chris Hipkins: In affixing any boundary, one of the things that we look at is traffic movements—so, you know, where the highest frequency of movement of people is—in order to try and find a logical way of ring-fencing the risk.

Media: And could you just give us a quite explicit time line here of what point the Prime Minister was informed of your likely decisions today? Was she still in Northland? Was it before she'd done a press conference?

Hon Chris Hipkins: I don't have that information, sorry. Like I said, I found out, I think, mid-afternoon, was asked to be available to come in here and do this. I can't speak for her, but I'm sure we'll be able to supply that.

Media: Dr Bloomfield, you'll have it, surely.

Dr Ashley Bloomfield: Yeah, I understood—perhaps on this one. I understand that the PM did her media stand-up around 1 o'clock or 2 o'clock, was it? I was briefed at about 3.30, quarter to 4, and then I spoke with Minister Verrall, who was covering for Minister Hipkins today, at 4 o'clock. So that's when I briefed her on our advice, and then the wheels were put in motion then.

Media: In terms of the boundary, what does this mean for Rāwene and Kohukohu on opposite sides of the harbour and the ferry that runs between them? Is one of them free and the other one not free, and will the ferry be, you know, cancelled or—

Hon Chris Hipkins: I didn't bring the map with me, so I'll get the—Dr Bloomfield's more familiar with that part of the country than I am, so—

Dr Ashley Bloomfield: Yes, you're quite right, and I can't answer that question, but, certainly, Rāwene, and South Hokianga, is outside of this area and so it will be one of the logistical things that'll have to be worked through. There will be, I understand, a police—it's not going to be a hard boundary, but there will be a police presence at the boundary.

Media: And they'd presumably monitor the ferry.

Dr Ashley Bloomfield: As part of that.

Media: And you mentioned that Northland public health were part of this decision—Auckland public health also were part of the decision earlier this week and have been a growing part of recent decisions. Is it fair to say that the strategy of alert level decisions is bringing in more local input as it becomes a more localised outbreak in New Zealand?

Hon Chris Hipkins: I think we've always involved the public health teams. It just so happens that the majority of the cases and the majority of responses that we've dealt with in our COVID response overall have been in the Auckland area, but when we were dealing with issues in Wellington we had the Wellington team involved. The Waikato team have been extensively involved in decisions that we were making there. So, I mean, I think we've always done that.

Media: Just kind of following on from that, but what did you hear from those teams? Did they have any particular concerns? Was it the same?

Dr Ashley Bloomfield: From the perspective of controlling the cases and any onward infection, they felt really comfortable that they were able to get around the current cases. Their testing of close contacts has already come through negative. They've had a high level of, sort of, cooperation and been able to find out the movements of the two infected people very well, so they're confident about that. And it was really just the concern that they shared with us around the source of the outbreak, and therefore their advice was it would be helpful to have an alert level 3 situation, because then that allowed for higher rates of testing and, of course, vaccination as well.

Media: You say that the cases in the Far North haven't travelled to any of the locations of interest or been in the same areas as the existing Northland cases further down south. I guess, do you have any possible theories, or what's your thinking around where they could've caught this?

Dr Ashley Bloomfield: We've just so far drawn a blank, and we've got people here who are giving very good histories and there's nothing to suggest—so they certainly haven't been out of the area that they live in, in that Far North area, so it suggests that there's someone who has come into the area who may have been infected, and the question is whether they infected one of these people directly and/or whether they infected other people.

Media: Minister, does this serve as something of a warning to other areas that have very low vaccination rates, that if a case like this pops up, they'll be shut down?

Hon Chris Hipkins: Oh, I think there's a very clear message to all New Zealanders, actually: we don't want to have lockdowns over the Christmas - New Year period, and the way we can avoid that is to get higher rates of vaccination. We've got to get up around that 90 percent target for vaccination to be the best protection that it can be, and that's what helps avoid these kind of situations in the future.

Media: So it does serve as a warning?

Hon Chris Hipkins: Oh, it's a reminder, I would say, to all Kiwis up and down the country, if they've not yet been vaccinated, that the best way that they can contribute to making sure that we can all have a good break over Christmas and New Year is to get vaccinated.

Media: Dr Bloomfield, has the Northland public health unit been helping with contact tracing in Auckland, and, if so, you know, where will that slack come from in the contact tracing system as the Northland unit focuses on this outbreak?

Dr Ashley Bloomfield: Yes, so all the units around the country have been assisting with Auckland—and Waikato, actually, to some extent. So the Northland public health unit is able to manage what it's doing at the moment, and if it needs support then we use our National Investigation and Tracing Centre to coordinate that. But at the moment, the Auckland situation is manageable, and in particular because of the introduction of a new approach to that first case contact using our telehealth centres.

Media: And do you have an update from yesterday on what the contact tracing capacity is with this new approach?

Dr Ashley Bloomfield: No, I don't, because I wasn't expecting a stand-up today, but we'll make sure we've got that for tomorrow.

Hon Chris Hipkins: I'll come to the tellies for the last couple of questions.

Media: The ministry modelling on vaccination rates that you did ahead of the traffic light system—at what point do you see Northland getting anywhere near 90 percent double dosed?

Hon Chris Hipkins: It really is going to depend on human behaviour—so, people coming forward to be vaccinated. It could happen very quickly. We've got the capacity. We've got the doses there in Northland ready to go. We just need people to come forward. I think, from memory, there's about 5,000 or 6,000 bookings in the system across Northland, and when you consider that a significant proportion of those are likely to be for second doses, it is going to be the walk-in clinics that are going to get us there, and it's very difficult to model demand for those.

Media: But specifically what did the modelling tell you?

Hon Chris Hipkins: It could be quite some time, but I can't remember the exact date.

Media: Like, into next year? Into February?

Hon Chris Hipkins: I think potentially, based on the sort of trend line that we've seen.

Media: Can you talk us through the epidemiological link? This doesn't have a clear link to the current Northland cases. What about the ones that saw the lockdown last month? Does it have any epidemiological links to there, or are you thinking it's from the Auckland—

Hon Chris Hipkins: As I said, there's no obvious or even probable theory at this point as to what the link might be, and that's one of the reasons we make these sorts of decisions. You will have seen, in the other cases that we've been managing in Northland, we haven't needed to use alert level escalation because it was clear where the source of infection was, it was clear the extent of the risk through contact tracing, and therefore we were able to use other methods to really isolate the risk. And it's very difficult to isolate the risk if you don't know how people contracted the virus in the first place.

Media: And what about compliance from some of the cases in Northland? How's that been? The period of time after getting tested—has it been—

Hon Chris Hipkins: My understanding is it's been very good.

Dr Ashley Bloomfield: Yeah, it has been good, and just remembering that our previous most northern cases were around Rāwene, Ōmāpere—actually, just in a place that's south-east of Kaitiāia. But there's no interaction—they don't know each other—and I think the public health unit report is that the compliance has been good. Remembering, also that those cases that have been isolating at home in that mid - Far North area are coming well towards the end of their infectious period—in fact, three have now deemed to be recovered.

Hon Chris Hipkins: OK. We will wrap up shortly, so we'll just do a quick sweep of questions.

Media: Iwi leaders in Northland asked for an alert level to tighten over a week ago. Are you just not listening to Māori?

Hon Chris Hipkins: Well, you have to have a justification for an alert level escalation, and so these two cases clearly produce a justification. That justification wasn't previously there.

Media: Well, there is a justification, though, isn't there? You've got low vaccination rates and cases among a population of low vaccination rates, and now you've got unlinked cases. Didn't they see this coming?

Hon Chris Hipkins: They're not linked. As I've just explained, the cases that we've been dealing with up until now—we knew what the source was, we were able to contact trace them, we've identified those contacts. There is no link—no obvious link, no identifiable link—between those cases and these new cases.

Media: But could an alert level change have prevented these unlinked cases?

Hon Chris Hipkins: No, there's no evidence to suggest that at this point.

Media: Some more cynical people might look at today's decision, seeing the fact that you've drawn a line through Northland and separated half of it from the part where the PM wasn't and say this is a political decision to get the PM moving back to Wellington or wherever she's going yet. Can you rule that out?

Hon Chris Hipkins: The fact that the Prime Minister was there took absolutely no part—or was not a consideration in where the boundary was drawn.

Media: Just a clarification on one of my questions earlier: the extra capacity that you're putting in around testing and vaccination, is it into towns with pop-up clinics and clinics that actually already exist, or are you putting extra capacity into communities where there is currently no ability to go and get tested?

Dr Ashley Bloomfield: Why don't I come back to you with the details around the extra testing and vaccination capacity that'll be available there from tomorrow. We'll go and get that information from the DHB.

Media: Yeah, I mean, the logic behind the questioning here is that we know that Northland obviously has issues with people getting access to testing and vaccination. It's half of the reason why the rate is so low. So has the mentality within the Ministry of Health and within the Government switched to realising that when these things happen, you need to take the nurses to them rather than expecting them to come to town?

Hon Chris Hipkins: Well, if I look at the list that I've got now—I've got a list of 10 vaccination sites across Northland that will be open tomorrow, and there'll no doubt be more. In terms of testing sites, I think I've got one, two, three, four, five, six—seven testing sites. So there is testing available right the way through the region.

Media: If you don't know how these people caught the virus and, you know, there might be someone travelling around Northland that infected them, why not put the whole region

into level 3? Why cut it off when there could be a person who infected them travelling around the part that's remained in level 2?

Hon Chris Hipkins: It's done based on a public health risk assessment. Again, we followed the advice—as you can see, we were slightly more cautious than some of the early advice that came from the public health teams, but—

Dr Ashley Bloomfield: Yeah, I mean, two things there. First of all, the risk assessment was that for the whole of Northland the risk is low, and it's low to medium in this area in the Far North, but also remembering we're also having testing daily right across Northland and waste-water testing results to go on, and there's no signals from any of that other testing that there are cases anywhere else in Northland. So all of this is taken into account in doing the risk assessment.

Hon Chris Hipkins: All right, we'll wrap that up there. Thank you.

conclusion of press conference