

**POST-CABINET PRESS CONFERENCE: MONDAY, 15 NOVEMBER 2021
HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa. Good afternoon. Before I begin today, a quick overview of decisions that will be announced over the coming week. Today, I'll set out two decisions Cabinet has made around COVID-19 alert levels settings and booster vaccines. On Wednesday we'll announce the date for greater movement at the Auckland boundary. That same day schools in Auckland reopen. And this week we will also release details on how to obtain your vaccine certificate in preparation for the move to the COVID-19 protection framework. Next Monday we'll review restriction settings for Auckland.

Today, though, we have a review of settings in the Waikato as part of which moved into level 3 six weeks ago. Since that time, there have been 239 cases. The people of the Waikato have helped to keep those numbers low and restricted to mostly within households, which is, we know, one of the top spots for Delta spread. The people of the Waikato got tested. In fact, the region has the second highest rate in the country and, most importantly, they got vaccinated to keep each other safe and are just 3,893 doses away from reaching the milestone of 90 percent first doses.

Overall, since the early stages of lockdown for the Waikato, over time we've taken a stepped approach to easing restrictions. That has not thrown up any unexpected spread. Waste-water testing has shown a low likelihood of wider community transmission. In short, the people of Waikato have contained an outbreak that could have moved much more widely throughout the region. And so today Cabinet agreed on the advice of the Director-General of Health to move Waikato to alert level 2 tomorrow, Tuesday, 16 November, at 11:59 p.m. A reminder that at alert level 2 you can go to work, back to hospitality, schools are open, and events can go ahead. Sports can also resume. Those health measures of distancing, masks, and scanning in remain paramount. If you have any cold or flu type symptoms, please get a test.

In making this decision today Cabinet was very clear it is a temporary one. In fact, that is true for all of New Zealand. As we've said, we're keen to move very soon into the new COVID-19 protection framework. The reason for that is because it's designed for scenarios where COVID is in the community much more so than the alert level system, which we created when there were no vaccines and no way to safely combine public health restrictions with cases. In some ways the COVID-19 protection framework provides more safety than even level 2 of the alert level system. For example, currently in a region at alert level 2, everyone can go to a hospitality setting, vaccinated or not, with the level 2 care restrictions of a maximum of 100 people seated and separated. However, at red and orange in the new framework, you'll also need to be vaccinated, which adds an extra layer of protection.

Cabinet discussed this today in light of the fact that we are seeing more cases pop up beyond the Auckland border. While we will leave decisions on when we'll move til the 19 November check-in, we are seeking public health and expert advice on these decisions and the advantage of the country moving into the COVID protection framework early.

We come now to boosters. With the eligible population now at 90 percent first dose and 81 percent fully vaccinated, we are amongst one of the most vaccinated countries in the world and we can keep ahead of the pack again by rolling out boosters. Boosters are a belt and braces approach. Lifelong protection from vaccines is not always possible and we see that in the likes of tetanus boosters. Science has shown us that providing a boost six months after the primary course essentially tops up immunity levels back up to the mid 90 percent mark, reducing the risk of severe disease and therefore the burden on our hospitals. They also help to protect against any future variant by boosting an individual's overall immune response. That's not to say that the vaccine becomes ineffective after six months. Not at all, but boosters keep it at the top of its game.

Last week Medsafe approved the use of our Pfizer COVID vaccine as a booster dose for people aged 18 and over with a minimum six-month interval between their second dose and

a booster dose. And so today I can announce that we will roll out a booster vaccination programme with doses being administered from 29 November. The roll-out of boosters will be simple. Basically, anyone who has been fully vaccinated six months or more ago can get a booster. Our focus, though, will be encouraging those most at risk of COVID, including health workers, border workers, and our Māori and Pacific communities. We'll also be making sure older people and kaumātua, including people in residential care have good access to booster doses when they become eligible.

While most other countries are rationing boosters to certain segments of their population, we've made the decision to make boosters available to everyone, six months after their primary vaccine course, most of which will naturally happen in 2022. That ensures simplicity and it ensures equity.

There are currently 144,000 people in New Zealand who have been vaccinated for six months, and 455,847, in total, will be eligible for a booster by the end of the year. So a reminder: you don't need to rush to get this done. If you've been vaccinated, you're still really well protected from infection and from being seriously ill if you get COVID. Pfizer protection, for example, ranges from 85 to 93 percent, and its effectiveness against severe disease or hospitalisation, is for 80 percent plus.

Last month, we secured an extra 4.7 million doses of Pfizer for 2022, and we also recently approved the use of AstraZeneca for those who are unable to have Pfizer. The supply is enough even if in the future vaccine eligibility extends to five- to 11-year-olds or we have a surge of people getting vaccinated or having boosters.

You'll see from these decisions that we continue to move forward in our plan to manage COVID-19, and this week, you'll see a progression of Government decisions that propel us forward further still. When COVID reached New Zealand almost two years ago, our goal was simple: get cases to zero by staying at home, and we did, and we avoided the worst of COVID—the death tolls and the economic difficulties experienced by so many others. But no country has escaped Delta altogether, nor would we, but we bought time by keeping some restrictions in play as we accelerated vaccination.

This has worked. Even now, with the highest cases we've seen to date in New Zealand, we still have the third lowest cases in the world. For example, in the past week, our seven day rolling average cases per million equalled 31 a day compared to 54 in Australia and nearly 500 in the UK.

As we transition to a new phase, there will be different views, but we're moving to the same place, one where we're all safer still because of vaccination, where our businesses are guaranteed to remain open and jobs are filled, and one where we have huge opportunities ahead, whether that's seeing loved ones that we haven't seen for some time in Auckland or travelling overseas or just getting out and about safely.

For now, though, I'm happy to take your questions, as is Dr Bloomfield. Yeah, Jena.

Media: Why have you gone straight to level 2 rather than going to the final step of the phased move to level 2?

PM: Given it's based on public health advice, I'll start with Dr Bloomfield and pick up anything else after.

Dr Ashley Bloomfield: So two things there. The first is the team were clear in their advice to me late last week and also over the weekend looking at the updates on cases that it was appropriate for Waikato to move down a level. And they then looked at the option of either 3.3 or alert level 2, and felt that it was just more simple and consistent with the rest of the country to move directly to alert level 2, and so that was the advice we put through.

PM: Just to add, of course, the advice that we're receiving from the public health teams on the ground is that we're predominantly still seeing linked cases coming through—that it's very different to the wider spread outbreak that we have in Auckland, and therefore confidence around making this decision. One thing I will again emphasise, though: this is

short term, as is the alert level system for New Zealand generally. We will very shortly be moving into our new framework, which marks a change in strategy for New Zealand in our ongoing campaign against COVID-19—a new framework which means greater certainty for business, but, actually, in many ways, greater protection for New Zealanders.

Media: On that framework, are you going to stick to the criteria that you outlined when you announced the traffic light—

PM: So, yeah, picking up the questions from both of you, so what you will have heard me indicate today is that there is a strong view coming through from the Ministry of Health that we should consider moving to the protection framework earlier, because it provides greater protection for New Zealanders than we even see with the current alert level system. So that's something we're now going out to our experts on to seek their views—keeping in mind, we set that high vaccination rate target, and that has served us well. Many DHBs are already hitting that 90 percent first doses, so there is the opportunity for us to get the best of both worlds: high vaccine rates, but, of course, the protection of this new framework.

Media: Sorry, kind of in the same vein, will that Auckland border remain in place until—

PM: Yeah.

Media: —the rest of the country hits all DHBs at 90 percent?

PM: Announcements on the way the border will be operating and from when, we'll come to on Wednesday.

Media: Is it fair to say, then, that elimination is over outside Auckland as well?

PM: Yeah, look, you will see us continue to take the same approach of extinguishing cases where we can. Why wouldn't we, while we've got the ability to do that. And we do. We are still seeing cases that are connected that we can determine where they've come from. And what I want to be very clear on is that we continue to contact trace, have people isolating—exactly what we've done before. But what you're seeing is a change in our approach, is that when you see those cases, previously we may have immediately moved into lockdowns; much more so we're moving towards contact tracing as a way of dealing with those cases.

Dr Ashley Bloomfield: Prime Minister, can I just add one—

PM: Please, go ahead.

Dr Ashley Bloomfield: —thing there. The advantage we now have, of course, is those high and increasing vaccination rates, so they're providing in a sense the cover that the higher alert levels previously have provided.

Media: Regarding mandates, would you consider regular testing as an alternative to vaccination?

Dr Ashley Bloomfield: Well, at the moment, that's not been our advice.

PM: Anywhere, or do you mean just generally?

Media: Well, the job mandates or under the traffic light system.

Dr Ashley Bloomfield: It's not been our advice at the moment.

Media: Why not?

Dr Ashley Bloomfield: Because it's quite clear that vaccination plays two important roles—first of all, reducing the likelihood someone will be infected in the first case, but, secondly, greatly reducing the likelihood they will get very unwell and die. And that's material, and testing can't do either of those things.

PM: Keeping in mind that we have, of course, been cautious in the way that we've applied vaccine mandates—very particular circumstances thus far. It's applied, obviously, as I've said, in schools, because, actually, that's a group of New Zealanders who can't be

vaccinated. And we've seen from overseas experience the impact of cases in those unvaccinated environments. The second are healthcare workers, so that we can protect our most vulnerable and our most unwell, and then, of course, it only makes good common sense that if we've got high-risk environments where we're using things like vaccine certificates, it's not unreasonable to expect the workforce will be vaccinated there as well. So we've been quite careful about where we've used them.

Media: This morning you talked about lower vaccination areas under this framework, being somehow isolated. How could that possibly happen when you've got, like, the Lakes District, for example, people have to drive through?

PM: Yeah, well, actually, that was actually—Barry, what you might have heard me raise is that very point. Some people have put to us the idea of reversing boundaries—so lifting Auckland and then, instead, putting boundaries around other areas. Now, the factors that we have to take into account are (a) as we've seen with the Waikato, there's parts of the country where it's just not feasible to put hard boundaries around. They have too many entry and exit points, and there are a number of examples of that across the country. Secondly, of course, if you work in that way, you'll have more than just Aucklanders who will be caught up in those checks. So these are all questions that we've needed to work through. And on Wednesday, we'll talk in a bit more detail around where we've landed to both try and create a level of protection but also allow New Zealanders to move over summer.

Media: Can I also ask you about Auckland? You said when you visited there that you saw people in the hospitality industry, on a casual basis.

PM: Informally—yeah.

Media: Was it the people at Crave or was it—

PM: Because it was informal, I'm loathe to give an expectation that anyone's speaking on behalf of industry—that would be unfair. What I will look to do on future visits is to do something a little more formal with members of the sector. As I've always said, though, it's a bit rough to imply that anyone can speak on behalf of the sector generally, so I won't put anyone in that position.

Media: But why can't you say who you met with, then?

PM: Oh, because it wasn't a meeting, and I've never framed it in that way. I've simply said it was informal, and in the future I'll look to do something that's a bit more formalised.

Media: Just one more question on that.

PM: I'll give you one more.

Media: Oh, thank you. Why did you decline to meet with Michael Barnett from the chamber of commerce?

PM: Because he'd—(a) I was visiting a workplace that we'd asked the EMA to tee that up. We had EMA representatives there. The chamber of commerce had only met, I think, maybe 48 hours, possibly 72 hours, before, I believe, with Minister Robertson, and this was not my only visit. So my intention is to catch up with the chamber, I believe, on Wednesday afternoon.

Media: On the vaccine certificates, the Ministry of Health website says you'll need to provide one of six forms of ID in order to get one. They are New Zealand and Australian forms of ID. What about people who don't have those?

PM: So I wouldn't want to list them all off the top of my head, but they are fairly general—so, for instance, a birth certificate, driver's licence, passport. Certainly the Ministry of Health have tried to make sure that they balance the fact that you will need to demonstrate you are who you are—because this is obviously something where we're trying to make sure that we don't have any fraudulent behaviour—with the fact that not everyone, for instance, would have something like a passport or driver's licence. What we're also working through is the

ability for someone to access a vaccine certificate without having to use the web-based forms—so the ability, for instance, to use in-person ways to access a certificate in case there are issues with people's access to online tools.

Media: Can you guarantee that those ways will be set up by the time the traffic light system starts?

PM: Yes, so one of the things that I discussed recently was ensuring that those face-to-face options were ready to go prior to us moving into the framework, and that's the assurance I've been given. I've also given it a test run myself, including with a few of my family members who have varying degrees of ongoing experience with online forms, and I can report back it went really smoothly. My parents are going to be very disappointed I just exposed them.

Media: If you have already made your decisions about Auckland's boundaries and the reopening and traffic lights, why are you waiting until Wednesday to announce them?

PM: Because as is the case with many decisions at Cabinet, often we will make decisions that we then have to ensure are ready to be operationalised. Sometimes we won't necessarily take every recommendation that's put to us, and we will need to make sure from an operational perspective that what we've decided can be implemented. It's not uncommon for us to give ourselves that buffer, because we do make decisions in real time.

Media: In terms of the spread of the cases around New Zealand now, are there any areas in particular where there are cases which you are more concerned about than others, and what would it take for any restrictions to be put on other regions where it's now popping up?

PM: Before we hand over to Dr Bloomfield, even with the cases that we've seen in recent days, still either a clear link or very strong suggestion around what has happened that has allowed those cases or occurred in order for those cases to have emerged. So at this stage, again, still linking actually is a fairly strong indication that we haven't got widespread outbreaks. The one thing I would say, though, is that we do know that we will see cases in other parts of the country, and what's important is that we have that level of preparedness with good vaccine uptake, ongoing testing in the community, and just that confidence that the framework we've got to try and reduce down spread is the right one as well. Dr Bloomfield, on the cases?

Dr Ashley Bloomfield: Just one extra comment on that. So far these cases have been able to be, I guess, isolated, identified, and we're not seeing wide spread. In fact, the area we're most thoughtful about is the Wairarapa, in Masterton, because even though no case is yet reported, one of the people from Taupō had visited there and was actually at a gathering of people who had come from other parts of the country. So they're doing an excellent job of getting out through the network to get those people tested, and there were over 30 people in the Wairarapa who were at that gathering who were tested and offered vaccination, and many of them vaccinated yesterday, which is good. But that's probably one we want to keep an eye on. But otherwise there's nothing—and our team did a formal public health risk assessment yesterday. There's nothing to suggest that there's a need for any advice around alert levels.

Media: You've already said that you've got a strong view from the Ministry of Health to move to that traffic light early but that you're seeking advice. Who are you speaking to in terms of leaders or experts or groups, and what are you basing that advice on—is it just vax rates or modelling?

PM: So I strongly agree with the view of the director-general and the Ministry of Health that the new COVID protection framework is actually better suited for the future that New Zealand is moving into. It is designed to give greater protections in a vaccinated environment than we actually have with the current framework. So that is part of our future. We have said that we want high vaccination rates to move into it, so what we're doing is essentially just talking to some of those individuals who have helped inform our response thus far around some of our plans to move into that perhaps sooner than some of those targets might have suggested.

Media: Can you give any kind of reassurance around—are you speaking to Māori leaders in this instance?

PM: Yes, so as part of—you'll know that even in designing the COVID protection framework, we had those conversations, and setting some of the targets also, and so, yes, I expect that will part of the conversations that we continue to have.

Media: For a colleague just on KiwiRail, what do you know about the concerns around the culture at KiwiRail?

PM: So I've seen some of the reporting; I haven't officially been briefed. Of course, I would expect that KiwiRail would deal with any concerns around any employment matters in an appropriate way, and that should be managed at an operational level, including by the board.

Media: We've been told the Government has been made aware of concerns about CEO Greg Miller on multiple occasions. What steps has the Government taken in response to those concerns?

PM: Again, the most appropriate place for issues of this nature to be dealt with would be within the workplace and by the management team there, including by the board.

Media: Does that concern you at all—are those—

PM: I have an expectation, whether or not it's the private sector or a Crown entity, that our workplaces be a place where if the concerns exist, they're able to be addressed in an appropriate way. That is my expectation across the board. Jason and then Henry.

Media: Prime Minister, can I just ask you one question about—

PM: I'll just go—if I may, Barry, I've already just set out an order.

Media: Well, I've got to go—I just want to ask you—

PM: I've bounced Jason twice. Jason's been very generous. Barry.

Media: The new system, of course, it does create two types of New Zealand citizen: the vaccinated and the unvaccinated. Are you happy with that?

PM: Well, I wouldn't define it in that way.

Media: Well, you did define it as that.

PM: Well, actually, what I said—there are things that vaccinated individuals, yes, will be able to do, and in some environments, unvaccinated people, in a situation where we do have COVID in the community, may not be able to engage with. But, actually, New Zealand's not alone in having set up a framework like this, because the alternative is that we actually have more restrictions for everyone, and actually when we have vaccines available to us, why wouldn't we use them as a way to keep everyone safe?

Media: Prime Minister, just—

PM: Ah, Jason, I don't know if I should reward you, gifting your questions to others, so I'm going to go over to Henry, and then you can wait a little longer.

Media: No, I'll let Jason go.

Media: Thanks, buddy.

PM: Oh, for goodness sake—Jason.

Media: Just on the timing of this movement into the new traffic light system, you'd given a strong indication that you were looking to do that on the 29th, the only Cabinet meeting—

PM: We've always already been making decisions on the 29th; that's not new.

Media: Well, yeah, no, but the indication today that you might go early, is that an indication that decisions could be made next—on Cabinet, on the 27th?

PM: No, just to be clear, early for the rest of the country would be around the 90 percent mark.

Media: Right, so those decisions would be made on the 29th, not—

PM: Correct. Happy to clarify.

Media: If you have advice telling you that the traffic light system works better than the alert level system, why not put Auckland into it now? Aucklanders are clearly very keen to get there.

PM: Ah, yeah, well, look, for the situation that we find the rest of the country, keeping in mind Auckland has very specific circumstances. We have an existing outbreak, we want to make sure that when we move into a situation where everything reopens, which is what happens within red—everything reopens, but with protections in place. We want to be in the best possible position, because there is an existing outbreak there, making sure you've got high vaccination levels is part of that.

Media: And on the red, you've indicated that Auckland will be starting red when the traffic light system opens—

PM: Correct.

Media: Will the rest of the country probably start in amber—

PM: That's—

Media: And can you talk more about how those shifts will happen because, obviously if you're planning on going to a festival or something over the summer and maybe you're not eligible for the backstop, then the difference between amber and red is basically happening or not—

PM: Two things. Those decisions will be based on public health guidance, and we're expecting to receive that for the decisions that have always been scheduled for the 29th of November. What I'm indicating today is that the Ministry of Health have indicated a view that, actually, moving sooner rather than later when we make those decisions could be advisable, and that's what we're seeking some advice on. The second point: for events, we accept that this is a period of uncertainty, hence the reason that we have created a transition support scheme so that they've got a bit of support to push out their decision making so that they can make decisions around whether they go ahead a little closer to the time. Ah, yeah—I'll come to you, Jo.

Media: Dr Bloomfield, just on that in terms of the COVID protection framework and the advice that you've given that you think it provides more protection and certainty. How long have you been giving that advice for, and has that advice been restricted by the fact that vaccine certificates haven't been—

PM: No, and recently. Dr Bloomfield.

Dr Ashley Bloomfield: In fact, this was the discussion we had just yesterday as we convened—the public health risk assessment for those areas outside of Auckland and Waikato, because of the cases that it popped up, and then I had a discussion with my colleagues in what's called the National Response Leadership Team that's convened by Brook Barrington. We talked about the fact that actually with these cases popping up in other parts of the country, in alert level 2, there's a lot of activity and interaction between people, vaccinated and unvaccinated, in the sorts of places where you could get quite reasonable outbreaks in transmission, whereas in the new framework, vaccination certification or vaccination passes will provide an opportunity for a much greater level of protection. So that's where we first floated the idea, actually it would be better to move the country into the new framework because it's got a high level of protection, and I just discussed that just this morning when we had our regular sort of morning meeting with Ministers.

Media: Because I guess what you've outlined there in terms of the activity, I mean, we are already seeing obviously cases spread throughout the country and you are going to have unvaccinated/vaccinated mixing within regions like the Wairarapa, within the Lakes DHB, Taranaki etc., so I guess the counter to that is if you're seeing that already and the virus is spreading and the COVID protection framework offers more protection, are you concerned at the two-week period before that decision will be made?

Dr Ashley Bloomfield: We're not concerned because we've got those high and increasing rates of vaccination. Second, our teams are geared up around contact tracing, testing, and so on. But, third, and you've pointed this out, the new framework does require, amongst other things, vaccination passes really to enable it, and that work is on track. It's being expedited and, you know, people will see even this week that the opportunity to get one's actual pass will open up, and then the only other bit that needs—you know, the other part of it, which is actually enabling premises to be able to read those certificates is just about in place as well. So it's putting it into operation.

PM: Jo, if I may come back, though, I mean, keeping in mind level 2 still is limiting the number of people who can be in retail spaces, limiting the number of people who can be in public hospitality spaces, making sure they're seated and separated. So there are a number of public health measures. The indication we've had is, going forward, though, this framework offers something new again. The issue is not just, of course, the ability to present a certificate, which, as we say, the details of how to get your certificate ready to go will be ready to go this week—we also have to make sure that enough of the population have got up to that double-dose standard, because otherwise you certainly would have businesses saying it's not fair to operate a system where enough of the population are eligible to be part of it, because that impinges on the ability of businesses to operate. So there's that factor as well.

Media: But Dr Bloomfield has just cited the fact that you don't have the certificate to make the framework work.

PM: That is, as I've said—

Media: But it could be a hindrance of some sort.

PM: I have my certificate and the rest of the country will have the ability to download theirs this week as well. But we do have to keep in mind, having enough critical mass of people eligible to use them, otherwise that does become a hindrance for business as well. Yeah, Jenna. No? OK. Sorry, I will come to Ben and John—I thought I recognised you, John. Ben.

Media: Thank you. I have a COVID question and a non-COVID question, if that's OK.

PM: Go ahead.

Media: On home isolation, because obviously that's now moved to become a default or a more popular way of housing people with COVID-19 and a number of people have also died. There's some confusion around the expectation of the clinical oversight that people with COVID-19 should have. What is your expectation? Do they need to have conversations with doctors and nurses rather than the Healthline or other health professionals?

PM: Yeah, so, look, what is absolutely critical is that we have a good understanding of someone's medical history and the potential risk that COVID-19 may present for that individual. So that clinical assessment does need to happen early on and that conversation with an individual does need to happen early on. So, yes, that is our shared expectation. That is, of course, part of the system as we speak. It doesn't mean that the daily check-ins will be done by a clinician, even though Healthline has clinicians available when they do those daily check-ins, but that initial assessment is really critical.

Media: Do you agree that's working well?

PM: Oh, look, there is certainly room for that to be improved, certainly, and we've seen some examples, obviously, but again I also don't want to cast judgment on what has

happened in all of those cases, because we do have the coroner involved in those cases as well.

Media: OK. And on the non-COVID issue, because the Foreign Minister was in Australia, meeting with Marise Payne, and she mentioned, on the topic of a pathway to citizenship—she said New Zealand “can present perhaps what an incremental and progressive pathway could look like.” Can you be clearer about what she meant by that?

PM: Sorry, could you repeat that again please?

Media: She said on the topic—

PM: Did you say this was Minister Payne?

Media: Sorry, no, apologies. It's Nanaia—Ms Mahuta—speaking about a pathway there. She said “can present perhaps what an incremental and progressive pathway could look like.” So what is that proposal you're putting to Australia?

PM: Oh, what we've always said, that we're concerned that New Zealanders who were relocate to Australia have had difficulty on their pathway to citizenship in the past.

Media: So there's no new proposal or anything? It's just a—

PM: Our ongoing call for New Zealanders and their contribution to Australia to be recognised.

Media: Prime Minister, some public service employers, including a number of Oranga Tamariki staff, are supposed to get their first job by today. And if they refuse—I've spoken to the agency today—they can be redeployed. If they can't be redeployed—

PM: Sorry, John, I'm not sure I can speak to this, because I'm not sure this is not included in our mandate.

Media: Well, it's Oranga Tamariki's response to us today that several staff members—several types of staff members—are required to be vaccinated for their role from today. Those who have chosen not to be vaccinated will be asked to—

PM: So I'll let Dr Bloomfield—I imagine that they've caught up with some of the other orders.

Media: So those—they've been told, if they refuse to be vaccinated, they'll meet with their manager to discuss next steps. They'll then either be redeployed or put on paid special leave for up to a month. So I'm just wondering how much money taxpayers should be prepared to fork out.

PM: Yeah, let's just clarify the scope of who that applies to. So we don't have a general mandate across all of Oranga Tamariki.

Dr Ashley Bloomfield: Yes, it would apply to—and there are people in my organisation as well, because on the health side, it captures people who might interact with on a reasonably regular basis people who are providing care to others. And you can imagine, in Oranga Tamariki, they will have social workers who may be not just interacting with but may be in clinical settings. And, likewise, I have a number of my people in the Ministry of Health who are often out in the sector and in the system and in clinical settings. So they are captured by the order. And Oranga Tamariki, like other public agencies, and many of these were already captured under the border worker testing—there is a process they will go through to have a conversation, redeployment, and if there's an opportunity, then there'd be another process.

PM: I don't imagine—

Media: Taxpayers fork out for paid special leave for up to a month—

PM: Look, my view is that this would not actually be widespread. So before I give any commentary on whether or not indeed it is affecting the taxpayer, I'd like to go away and see the size of the issue. What we've found through our mandate experience is that, actually, by

and large, once mandates are in place and an employer works it through with an employee, for the most part, many individuals are either successfully redeployed or make a choice to be vaccinated.

Media: Just on the mandates coming into force for the health and education sectors from tomorrow, can you give us a picture, or rundown, I guess, of how many staff may not be turning up to work tomorrow and how sectors are maybe preparing to cope with those people who might not turn up?

PM: Perhaps if I very briefly speak to the education, and perhaps Dr Bloomfield could speak to health. So as far as the Ministry of Education is aware, no schools have been unable to open for learning as a result of the vaccination mandate. There are currently only, we're advised, 11 schools of the 2,500 that are indicating that they have a high risk of staffing issues. So that's affecting about 0.2 percent of students at the moment. The Ministry of Education is working closely with schools who fall into that category to support them. We've received, overall, four exemption applications, and these are currently being assessed by the ministry and Minister.

Media: Can you give us an idea of where those schools are? Are they all small regional—

PM: Unfortunately, I can't. I'm sure that on making those decisions the Minister could speak in a little more detail on that.

Media: Dr Bloomfield, do you have, yeah, any ideas?

PM: And there's been a few transport services that have been disrupted, but I think that we've got that number—sorry, just for completeness—down quite low. I think it was 19 this morning; I think it might be lower still, that are disrupted, and that's of a number of bus routes, as you can imagine.

Media: And what about the health?

Dr Ashley Bloomfield: So on the health side, we've been working very closely with district health boards and other providers during last week to identify any particular issues. As of 5 o'clock yesterday, we'd had 68 applications for exemptions under the significant service disruption category, and just one of those, as of yesterday, but I've just approved another one, which related to a large provider, has been given a short extension because their exemption covered a number of people and they just provided the information for the group, but that information needs to be provided for each individual. So that's the only one that's been approved, and I've just signed off a number of others that haven't been approved. And then around 50 exemptions under the medical exemption, which is not just workforce related but broader. I don't have an update on the number that have been approved, but they'll be coming through to me—the ones that have been recommended. I should say it will be a very small number of those that genuinely qualify for a medical exemption from being vaccinated. But that's more broad. For some it's for employment, but for others it's for exemption from having to have their certification.

Media: Just on Whangārei Hospital, there's—Whangārei Hospital has raw sewage running down the inside of the walls in the medical wing. Are our hospitals too run down to cope with COVID-19?

PM: Well, it's certainly the case that we have, rightly so, invested billions into our health infrastructure, not only with rebuild programmes but with remedial programmes. I remember when we first came into office, of course, you'll remember at Middlemore we had significant issues there. So certainly we've put in the spend required to do that remedial work, because we know that there has been under-investment in our hospitals over a long period of time. I can't speak to the specifics of Whangārei, but—was it Whangārei that you were speaking to?

Media: Yeah, the medical wing at Whangārei Hospital.

PM: Yeah. Perhaps Dr Bloomfield is familiar with some of the specifics there. But I know, of course, that we've been working with the team up there around their ongoing provision of healthcare and an expansion of their healthcare services.

Media: Does it concern you that there's raw sewage—

PM: Oh, of course. We had that, for instance, when we first came in, and Middlemore was an issue, as you'll recall, and we worked very quickly to fix those issues. Likewise, we'd look to do the same anywhere that experienced—that's just not acceptable. Anything further on that, Dr Bloomfield?

Dr Ashley Bloomfield: Just that there's no doubt that the Whangārei Hospital needs some remedial work, and that's under way for this particular problem they've got there, which is a concern. It's not compromising patient care. However, also there is a need for, I would say, a significant building programme in Whangārei, and that's something that's being actively considered.

Media: Beyond the 120 million, what other resources, help, is going to isolated communities to prepare themselves for when the traffic lights turn on and people start arriving?

PM: Keeping in mind that actually, as we've said, that system provides greater protection by its very nature. If you think about it, it's actually a version of alert level 2, except with vaccine certificates added in over the top. So it does have more protective factors than what we have right now. That's why, of course, we're considering when the country needs to move into it to provide those protections for the community.

Media: There are still a lot of those areas, like, for instance, [*Inaudible*] doesn't have any pubs for people to go to; Matauri has a couple of spots. It's not like these places have—you need to sign in and access a pub or something. They're actually just kāinga.

PM: Yeah, but for those areas where they do, we want those protections to be in place. Keep in mind as well, of course, this provides extra tools to marae, churches, and others to also put in extra measures that they can determine to keep their spaces safe as well.

Media: Dr Bloomfield, the Whānau Ora data stuff, it just got a bit messy there for a while, didn't it? So is this what we're going to see when there's a Māori Health Authority put in place—still got to go to the Ministry of Health for data, still got to go through the Ministry of Health systems. Are we just seeing what's probably going to happen later on down the track?

Dr Ashley Bloomfield: Well, on the data sharing that is now happening with the Whānau Ora collective, and which had already happened before there was any court action, there's been discussions in Auckland and Hamilton last week, and we're now going to other parts of the country, and agreement to share data with the Whānau Ora collective and its providers—more data—on people in different rohe that are all unvaccinated. So I'm pleased to say that is progressing well. We're in the process of establishing, actually, a shared arrangement of governance oversight of data between ourselves and the interim Health NZ organisation and the interim Māori Health Authority. We met and had a chat about that on Friday, so we will be getting a joint governance arrangement in place, and I'm confident that will help us cut through on the use of data.

Media: When will bookings open for booster shots, Prime Minister?

PM: Dr Bloomfield?

Dr Ashley Bloomfield: My recollection is it's 25 November that people will be able to use the booking system. And that's a nice reminder, because we are asking people to use the booking system for their booster dose, and to preserve the walk-in capacity for our people who are still having first and second doses. And that will also just help manage volumes and make sure we've got vaccines in the right places. So 25 November, and then starting vaccinations from the 29th. Yeah.

PM: So it's the 26th.

Dr Ashley Bloomfield: Oh, the 26th, there we are.

PM: Twenty-sixth, but very, very close.

Media: Just back on the signal that more of New Zealand could move into the traffic light system sooner, is it your expectation that in the traffic light system there is no, sort of, hard domestic border? But is there an expectation that Auckland will be perhaps in red, the rest of the country in orange, and there'll be a transition period where the border will remain for a period? Or when the whole country goes into the traffic light system, is that it for the domestic border?

PM: Yeah, so, actually, I'll be able to provide you a lot more clarity of this on Wednesday. So then that's a point when we're making decisions on when. I'll be announcing the changes of when the Auckland boundary will change. And, of course, as you can imagine, alongside that we can go into a bit more detail about our expectations for the rest of the country as well.

Media: Can you also give the people who haven't seen their partners, their parents, their children for more than three months now, any indication of when they will finally be able to see their loved ones again?

PM: As we've said, before Christmas.

Media: But if you make a decision now—

PM: As I've said, of course, naturally, there will be a raft of questions that go beyond just date, around the operational management of any decisions we make. And I want to make sure that I can answer them in full for you, so on Wednesday, we'll be sharing all of the detail around what our intention is—dates, how it will be operationalised, and also just impacts generally across the country. That's when we'll be able to give that certainty for those individuals. In the meantime, of course, what we've said, our guiding principles have been twofold. We want people to be able to move around the country over summer and before Christmas, and we also want to make sure that we're doing that as safely as possible.

Media: Could you flesh out what has changed to allow the Ministry of Health and the Government to think about bringing the other DHBs, particularly those with lower double-dose vaccination rates, in earlier than the 90 percent? I'm just trying to understand what's changed between a month ago and now.

PM: Oh, actually, just last week you will have heard me say that, actually, generally the COVID protection framework has been designed for the next stage of our strategy on COVID-19. And that's a strategy that involves vaccinations being key and greater certainty for business and communities around the use of things like lockdown. Then we went out and consulted with experts and advisers around the point of introduction. The very strong view was to aim and drive for as high a vaccination rate as possible. But, of course, what we also have to factor in is if we are seeing the beginning of cases—not the beginning of outbreaks but the beginning of cases—outside of Auckland, what gives us the greatest protection in that environment, and it's clear that the protection framework does that. So that's why we're going back to those experts and saying, "Let's do a check-in based on where we are at now, as to whether or not we should be moving earlier." But, Bernard, to be fair, it's always been designed to be for this moment in time; it's just a question of when you move into it.

Media: I'm trying to understand what's changed between when you set the framework up and you had to—

PM: I feel like I gave a pretty good outline of what has changed in that intervening period.

Media: Thank you. Just a few quick ones. Can we expect any more locations of interest from the Wairarapa case, and a complete ethnic breakdown of today's cases, if possible, and just, lastly, if you could—just a bit more on the health workforce vaccine mandates? Have those led to any sort of disruptions in any hospitals or surgeries or anything like that?

Dr Ashley Bloomfield: Right. The Wairarapa—so the case that travelled to Wairarapa, there may well be other new locations of interest, particularly if we find cases there in the Wairarapa from the testing, and a lot of that was done yesterday and there may be some to report as those results come through, and that may identify new locations of interest. So we will keep reporting those. The question you had about hospitalisations today?

Media: Oh, yeah, sorry, so ethnic breakdown of today's cases.

Dr Ashley Bloomfield: Ethnic breakdown of today's cases—yes. We often have that. The Prime Minister may be quicker to the draw than I am on that.

PM: On health workforce and the mandate, no indication that I'm aware of, of disruptions outside of those areas of exemption that Dr Bloomfield has already outlined. And, as I say, I think even of last Friday we had 95 percent coverage and I expect it to be even higher now. So, no, I don't believe we've been informed of issues of disruption.

Dr Ashley Bloomfield: We're keeping, obviously, close to the sector, but no specific issues yet. So just the breakdown of the cases in the 24 hours to 9 o'clock this morning: it was 58 percent Māori, around 25 Pacific, just under 2 percent Asian, and 14 percent European or other.

PM: And Dr Bloomfield, hospitalisations might also be a useful breakdown as well.

Dr Ashley Bloomfield: Actually, I don't know if we routinely have the—I'll have to find that.

PM: I'm just catching up on them today—it's on the second page, I believe.

Dr Ashley Bloomfield: I will come back to it.

Media: Dr Bloomfield, Shane Jones has made some allegations about your decisions regarding Whānau Ora data. He basically says that you've prioritised esoteric concerns about data sovereignty, data privacy over the lives of Māori in the North Island. What's your response to that? Do you feel like that's a fair allegation?

PM: No.

Dr Ashley Bloomfield: Well, no. We went through a really thorough process—consultative process. We've sought support from and received it from Te Arawhiti to help facilitate the discussions that informed the decision I made in response to the request from the High Court that we reconsider things and go through a process that was evidence-based and took into account tikanga and Treaty issues. So I'm confident that we took into account more than just esoteric issues and reached a balanced conclusion and decision that also opened the door for the discussions that were had last week and that are enabling data sharing, taking into account the issues that we were asked to consider.

Media: And Prime Minister, if I may, the decision around Aucklanders travelling: that border will be two-way and people from outside of Auckland will be able to go into Auckland, or is it just about Aucklanders being able to leave Auckland?

PM: Oh yeah, obviously it naturally follows the comings and goings—yep, absolutely, I can clear that up for you.

Media: Sorry, just back on the Waikato alert level decision: given that level 2 is now so much more permissive than we were used to, there's no restrictions on gatherings, the likes of hospo don't have those 100 person limits anymore, did you consider—

PM: There are restrictions on gatherings. Level 2 has restrictions on gatherings. What you're referring to is within hospitality venues and their capacity limits, but not on gatherings.

Media: Right. So did you consider the Delta 2 that we experienced or moving back to original Alpha 2 for the Waikato, just to put a little bit more protection around them in the meantime?

PM: Well, actually, the judgment call was the same: it was based on the view—the strong view of our public health team on the ground was that we had the ability to safely move into this alert level change, and that was because we are still seeing those cases linked. It's within groups that are not unexpected. We still have and are still managing to contain that outbreak. And so the advice from on the ground and from the director-general was a comfort in moving to level 2. But, again, what I would just highlight is that actually we're very close to moving into our new system, because we have a new strategy for managing COVID. It uses vaccines at the centre of what we do to keep everyone safe.

Media: And that obviously means that the Waikato border has dropped as well?

PM: Well, of course, the border was never a hard border, but we of course did have movement restrictions. But it was never a hard border. It was just advice around movements around the country.

Media: Yeah, so how much did the spread outside of the Waikato—even though you're managing to keep it under control within groups and traceable at the moment, when you open up to level 2, how much consideration was given to the fact that it might spread?

PM: All part of the decision making and all part of the advice that we received. John.

Media: Can I have just have some clarity on—

Media: Just on the—

PM: Oh, sorry—clarity? Sure, and then I'll finish with you, John.

Media: The tikanga that you worked through, whose signal was it and who were you consulting or working with to work through that tikanga?

Dr Ashley Bloomfield: Yes, so that's why we requested and got assistance from Te Arawhiti—was to convene discussions with Māori health providers, iwi representatives, and other Māori groups to actually seek views. So there were two hui convened—it was the week that we were being asked to reconsider the decision—to actually work through exactly these issues. And so we were pleased to get the support from Te Arawhiti to ensure that that process was a robust and appropriate one.

PM: Just to keep in mind, in this discussion it sometimes runs the risk of not including the fact that this data in many cases has been shared directly with Māori providers in the relevant regions. The question has been whether or not that data should also be provided to another agency for all of the North Island.

Media: Is this just kind of like just trying to avoid a Treaty settlement?

PM: It just sometimes sounds as if no data has been shared, which wouldn't be accurate.

Media: Was the move more to avoid having a claim put in, in the future, or something?

PM: Ultimately, we've left it to the Ministry of Health to work through the competing views that have existed between different providers here, but I would be loath for there to be a suggestion for a moment that information to enable the vaccine programme hasn't been shared; it has. The question has been how widely and to whom.

Media: Can I do a quick clarification of that?

PM: I think we've probably finished with the clarifications. I'll come to you, John.

Media: I was just wondering about the My Covid Record website. How important will that be in weeks and months ahead? And also a technical issue relating to that. A member of the public who's trying to sign up right now to My Covid Record says that only Australia / New Zealand ID identification documents are being accepted. We've got about 27 percent of the population foreign born, including refugees, permanent residents, and others who don't have access to New Zealand or Australian ID documents. Can you fix that to accept ID documents from people that are trying to sign up? And also how important will the website be?

PM: So the reason for that will be, of course, our system is set up to be able to verify. So you can enter in that document detail. That enables them behind the scenes a verification process to be able to demonstrate you are who you are. And so, of course, our inability to dock into another country's driver licensing system or birth certification system makes that a little bit more difficult. But, of course, we will need to make sure that there are provisions for individuals who don't have those documents to be able to access their vaccine certificate.

Media: Because we're accepting Australian passports and birth certificates but not from any other foreign country.

PM: Yeah, and, of course, that'll be because of our ability, again, to verify someone's details. But, as I've said, we of course know that we need to make sure that it's accessible for everyone who's needing to use that on a long-term basis. Sorry, did you have a second question—I think it was a—

Media: Just really, how important—thank you for that. Well, the first question's how important you think that website will be for the next stage?

PM: Yeah, it will be important and we want to give people plenty of time to be able to register. You can already go on to the website as a first step to set up your health record, and then that makes that second step of getting a certificate much easier. So you will have seen actually a number of people have already starting doing that. Right—unless you've got something finally to add, Dr Bloomfield?

Dr Ashley Bloomfield: Just two things, if I may. Hopefully, we can add more functionality to it in the future, including people being able to demonstrate their testing results as well. So that will be a further step. And the other thing was just I was asked about the breakdown of the current cases in hospital. Ethnicity breakdown is 36 Māori, 26 Pacific people, 24 non-Māori/non-Pacific, and one the ethnicity's not defined.

PM: OK, look, thank you everyone. [*Interruption*] Excuse me, I am going to call time everyone. Thanks everyone.

conclusion of press conference