

POST-CABINET PRESS CONFERENCE: MONDAY, 8 NOVEMBER 2021
HANSARD TRANSCRIPT

PM: Kia ora koutou katoa. Good afternoon. First, the week ahead: tomorrow, I am in Wellington and will attend question time. On Wednesday, I will be in Auckland supporting the vaccination efforts there, meeting with business representatives and local government. The later part of this week, I will chair APEC, which includes a busy agenda, despite being held virtually this year. On Wednesday night, I will participate in the APEC youth dialogue—Voices of the Future. On Thursday, I'll speak at and attend the APEC CEO Summit and participate in a panel discussion with German Chancellor Angela Merkel and Microsoft president Brad Smith. And then on Friday evening and into early Saturday morning, I will chair the annual APEC leaders' retreat.

Today, Cabinet met to discuss alert level settings in Auckland and Northland. Last week, Cabinet made an in-principle decision to ease restrictions in Auckland—to what has been termed alert level 3; that's step 2. And today, Cabinet, on the advice of the Director-General of Health, has confirmed that decision to ease into that new set of settings at 11.50 p.m. tomorrow night. This will bring Auckland and the Waikato into alignment.

At step 2, retail businesses and malls open. However, just to be clear, event facilities like movie theatres and gyms will remain closed for now. Face coverings, record keeping, and physical distancing, of course, are required. The numbers at outdoor gatherings increase from 10 to 25 people, and the two-household restriction is removed. This means groups of family, friends, and neighbours can get together for barbecues and gatherings while still keeping these outdoors. It'll also mean outdoor classes like yoga and CrossFit can increase to 25 as well. Public facilities like libraries, museums, and zoos can reopen at this step—of course, with face coverings, record keeping, and physical distancing required in the same way as for retail.

The reasons for this decision today capture the transition phase we're in as we continue to minimise the impact of COVID-19 and work to protect people from it. As you can see, we have increasingly high vaccination rates in Auckland, and that is a substantial part of our consideration now. Auckland hit 90 percent first dose and 80 percent second dose over the weekend, and is now a matter of weeks away from 90 percent double dose.

And so while we're getting those rates higher still, we are easing into our reopening. The restrictions we've eased to date, we've done so because we know they are the safest ones. For example, evidence shows picnics outside have not led to an uptick in cases, and from barbecues, we have evidence of just one case. Indoor gatherings, which are not permitted now, nor when we move to step 2, continue to be a major driver of spread. So keeping it outdoors reduces the risk and helps keep cases under control.

We've also not seen significant cases in workplaces at the last set of restriction changes that we made, so opening retail with the appropriate public health measures in place should also be low risk. In making this decision, we have also considered the ongoing mental and emotional strain of lockdown on Aucklanders and the impact on businesses. We do hope that this easing will relieve some of the pressure, and I again thank Aucklanders for the work that you're doing to keep the rest of the country safe. Cabinet will next make alert level decisions on Monday, 15 November when the Waikato is due to be considered.

But today, I can also tell you that based on current projections, Auckland is on track to make 90 percent double-vaccinated this month. Cabinet has a check-in on 29 November, and based on Cabinet's discussion today, there is a strong expectation that Auckland will move into the COVID-19 Protection Framework following this 29 November check-in. This is based on all three DHBs having reached 90 percent first doses already, and 29 November representing 21 days, or three weeks, following the first dose milestone, allowing time for that 90 percent to be fully vaccinated. Moving to the new framework at that time will mean certainty

for Auckland. It will mean all businesses can be open and operate. It means we'll manage cases as safely as possible but differently.

Our projections have already shown us that cases will grow, but this is not the only consideration. We now also look to hospitalisations and ICU as a key consideration for the safety of New Zealanders, and those rates are within expectation, with ICU use being lower at this point. In this lockdown, though, Delta has tested us like never before, but we are very close to getting back to doing the things we love, like seeing friends or family, or taking the kids to the movies.

Finally, on Northland, Dr Bloomfield has recommended to Cabinet today that the Far North of Northland move back to level 2. Cabinet has agreed, and this can occur on 11.59 p.m. Thursday, 11 November. We've seen very high testing rates in the Far North, tripling in the last seven days, and 10 to 15 percent of the population has been tested. We do have additional cases today, but the view and advice of the director-general is that these could be managed through ongoing contact tracing and testing. Cabinet made the decision of a few days' extension of alert level to give additional time for this to occur.

One last message, before I finish with a quick update on boosters: six DHBs have now hit the 90 percent first-dose mark—that's Auckland, Waitematā, Counties Manukau, Capital and Coast, Canterbury, and Southern. Nationally, there are only 33,316 doses required across the remaining 14 DHBs to get them all up to 90 percent. We have the capacity and vaccines to do all of those tomorrow. 2021 has been a long year, but we are now in a sprint to make summer the break it can and needs to be. So I encourage again anyone across those DHBs who have not had their first dose to support their local communities by doing so.

I'll finish on an announcement on boosters. Medsafe has today approved a booster dose of the Pfizer vaccine, and this has been gazetted as at 3.30 p.m. today. The approval was for administration of the booster for people aged 18 and older and at least six months following the second dose. Medsafe's approval is the first step in the process. You'll remember that the next step is for the COVID-19 Technical Advisory Group and the Ministry of Health to provide advice to Ministers to inform the use of booster doses, including the age limits and the interval between the second dose and a booster dose. We understand the health and border workforce are particularly concerned about whether or not they'll need a booster dose, and so we're obviously working towards a plan to provide that reassurance as soon as possible. Rest assured, though, we have the doses and the vaccinators to roll out as soon as our experts give their final advice, which we don't believe will be too far away.

We're now happy to take questions.

Media: Prime Minister, will you bring forward that 29 November check-in if Auckland hits double dose 90 percent sooner?

PM: Well, if they meet that 90 percent double dose across each of those DHBs, then they will move into the new framework. The check-in was a pragmatic one. It gives us an opportunity that if we are close to that 90 percent, we're able to make a pragmatic decision around the move. I can tell you, from Cabinet's discussion today, there's every expectation that at that 29 November we will be confirming the move of those DHBs in Auckland.

Media: So the border will open to double-vaxxed Aucklanders at that point?

PM: The border decision is a separate one, but we'll be looking to confirm the date that the border will alter next week.

Media: Why can't you say that now? Because you kind of have a sense of what's going to happen—

PM: Because it's not just about—obviously, for the Auckland border, it's not just about Auckland; it's about the status of the rest of the country and their vaccinations, which is why it's more than just whether or not Auckland has moved into its new framework. We want that to happen regardless of what is happening in the rest of the country. Auckland has worked

so hard to get their vaccination rates high; they deserve to be able to move as soon as they hit those targets regardless of what's happening in the rest of the country.

Media: So is that your commitment, that even if the rest of the country isn't at 90 percent, Aucklanders will be able to leave?

PM: We've already given that. I've already said that for the summer break and for Christmas, Aucklanders will be able to leave Auckland, regardless of what is happening around the rest of the country. We've already given that commitment. We cannot say that Aucklanders needs to stay within Auckland at a time of year where traditionally, of course, they've been reunited with families and friends. What we need to do, of course, is put in place the protections that we need to give additional reassurance to the rest of the country around that movement, and that's what we're working on.

Media: A change that Aucklanders are craving at the moment is certainty—

PM: Understood.

Media: So, if the 29 November is the check-in, that wouldn't be the date that instantly things would change or—

PM: Well, as it so happens, the 29th actually represents, essentially, the roughly three weeks from when Auckland will have had the opportunity for those first doses to turn into second doses. So that's why Cabinet has a very strong expectation that at that check-in we'll likely see the movement of Auckland into that new framework.

Media: So what happens then, after the check-in?

PM: So of course, that will be a chance to confirm that move, and then that means moving into the COVID protection framework. We don't expect Aucklanders to wait that long for confirmation of how the border will work or the date at which the border will reopen. We'll look to make decisions on that shortly, and I expect to give an update on the date for the border reopening next week.

Media: So we'll get a date for the announcement of the date next week.

PM: No. Next week I'll give you a date that the border will reopen.

Media: Can we have some clarity, please, on people self-isolating at home with positive cases? So the website says there are about 290 at home but then another 2,000 classified as "other". Can you give some details about who they are, please, and do you have a clear picture of exactly who is where and what's happening with them?

Dr Ashley Bloomfield: Yes, we've got a very clear picture of who's where. So the number of people isolating at home includes cases. It also includes contacts, and some of those contacts are in the same households as cases. There is a group of people who are called "other", who are people who have generally come to the end of their time in MIQ or isolation and quarantine at home, but the system just hasn't been updated to reflect that, and so the data is still pulled out automatically. And then, of course, there's a number of people who are in managed isolation and quarantine facilities still and then there are the people who are in hospital at the moment as well.

Media: And how long is it taking from the time someone finds out they have COVID until they either get into a quarantine hotel or get a plan for how to look after themselves at home, and is there is increasing pressure, obviously with the cases on the system, and is it going to need to be resourced up?

Dr Ashley Bloomfield: Yes, it's been resourced up, and there's definitely pressure there, but we are rapidly resourcing up and expanding that model to provide both that initial call to people about what to expect and to assess what their needs might be to see if they can remain at home safely—and for the vast majority of people that is and will be the case—or whether they need additional support, health and/or social support at home and/or whether a quarantine facility may be the best place for them.

Media: But with this new system are people waiting too long? Is that an efficient system at the moment or are you hearing of problems with a lag in that communication?

Dr Ashley Bloomfield: My sense is most people are getting contacted very quickly, but there are some who are probably waiting longer than we would like, and we're moving to shift that first call to being one that is done sooner by a telehealth provider but with the benefit of having clinical information that has already been gleaned from the, I guess, clinical notes from people to determine whether or not they need a further clinical assessment.

Media: And just quickly on Northland, is there a baby in hospital with COVID in Whangārei, and are there two more unlinked cases in Kaikohe?

Dr Ashley Bloomfield: Yes. The person in hospital in Whangārei is a six-week-old baby and that was a case that had been announced over the weekend. So that baby, it was determined, had quite some care in hospital, and today, as the PM mentioned, there have been some cases that came in since 9 o'clock this morning. Two of those are in Kaikohe. There is some link to people who travelled there from Auckland, but further interviews are under way—those people are self-isolating and interviews are under way to identify any close contacts. I should say that the most recent waste water in Kaikohe was negative, and it's just determining the link, probably to these people who they had contact with from Auckland.

Media: Prime Minister, how long will restaurants in Auckland have to wait before they can open their doors?

PM: Of course, as you will have seen, in our new COVID protection framework, the whole goal with the new system is that regardless of what level we're at, there will be certainty for hospitality that they will be able to open throughout. And that is a key difference between what we are moving into in a highly vaccinated environment versus now. For Auckland, they'll be able to reach that point once, of course, all those DHBs we've said hit 90 percent double-vaccinated. And, as you've heard me indicate today, given we've now reached that goal for first doses, our expectation is that within three weeks we should be able to then move into that new framework.

Media: So they'll have to wait at least three weeks.

PM: We have committed to continue to work through our steps. And you'll know that the next one after retail does allow hospitality to open but with a limited number of patrons, and for some we totally accept that that won't be necessarily a viable option for them. But what I can say is, with the new COVID protection framework, those days of that uncertainty at different levels will be gone. They will be able to open consistently to vaccinated patrons.

Media: Has Cabinet given any consideration to al fresco dining—restaurants running al fresco dining?

PM: Yeah, so I have seen the calls for that. Of course, what we had tried to consider in an equitable way is the circumstances of all hospitality, because, of course, not everyone has the option of opening with al fresco dining or outdoors, and so we hadn't had a specific carve-out solely for outdoors. That would be different to what we've considered before. I've seen the calls for it. There's nothing to stop public health giving us advice on that specifically.

Media: Can you clarify, once and for all, 25 people are able to gather outside?

PM: Correct.

Media: If they want to go to the loo inside—

PM: I've been totally consistent on this. No one should go inside. So I've always taken that view and, from what we've seen from cases, I think by and large people are really trying to conform to that.

Media: Dr Bloomfield takes a different view, don't you, though?

Dr Ashley Bloomfield: The key point is that the gatherings should be outside, and—

Media: But what if they want to go to the loo?

Dr Ashley Bloomfield: Well, I think—

PM: Make provision for it, Barry.

Dr Ashley Bloomfield: —sensible arrangements can be put in place to ensure there's no risk to others when people need to go to a loo.

PM: Yep, you can see, as soon as we give advice around the margins, Barry, it quickly descends. And so we're keeping a very simple principle here: people should meet outside.

Media: For the end of the month check-in, you say you want to be pragmatic about getting to 90 percent. It's likely that Counties Manukau won't be at 90 percent. How much—

PM: Why are you saying that?

Media: Because they'd have to speed up their current rate of second doses by quite a bit, and we've actually seen the opposite of that—we've seen people are slowing down.

PM: I'm not going to write off Counties.

Media: So if they're not there, what's the level of pragmatism? 1 percent, that's fine? Is it 2 percent, is it 3?

PM: Yeah, look, as I've said, after following the discussion from Cabinet today, there is a strong expectation that at that meeting on 29 November that we'll be confirming the move for Auckland. And my strong message to everyone who's had that first dose: mark it in your diaries, go and make sure that you get your second dose. The vast majority will be eligible well before that date, because, of course, the vast majority had their first dose much, much earlier.

Media: But there has been some attrition and, you know, generally we're not doing it exactly at three weeks. So is it quite likely that you're not going to be at 90 percent—

PM: I'd be interested to see whether or not that's been the case in Auckland, because, actually, looking at where we're at now in Auckland, you know, we have relied a bit on international evidence around the difference between first and second doses. I don't know if, Dr Bloomfield, you've got anything further to add on that?

Dr Ashley Bloomfield: The last time the team looked at it and briefed me, around 96 percent of people had had their second dose within six weeks, I think it is, after that first dose. Since that time, though, that this call for people to get their second dose as soon as possible once three weeks has elapsed—and I think, as of today, Auckland's at 87 percent, Waitematā at 84 percent, and Counties Manukau 80 percent. So, you know, with three weeks to go, I imagine they'll climb through into 90 or pretty close to 90 during that period.

Media: So while that's pretty close, can you say if it was 87 or 88, would you be comfortable?

PM: As I've said, there is a strong expectation from Cabinet that at the 29 November meeting Auckland will be in a position to move—a strong expectation—and we are going to be very pragmatic about that decision. We know the strain on Auckland. We know how much work they have gone through to reach those very, very high rates, so that's a very, very strong nod from us.

Media: All right, just on MIQ, there was a research paper or a blog thing published by Michael Baker, Nick Wilson, lots of other academics from the University of Otago today, which basically said the risk of a double vaccinated traveller from most places in the world, especially a Kiwi, is less than the risk of going to a supermarket in Auckland. They said that this made the current MIQ situation arbitrary and inconsistent and recommended that double-vaccinated travellers with pre-departure tests should be able to travel to Auckland freely if they're New Zealanders. What did you make of that research?

PM: Well, I haven't had the chance to look at it in detail. Perhaps Dr Bloomfield might like to give some comment first, and then I'll give some comment.

Dr Ashley Bloomfield: I haven't seen the research. What I would say is, yes, clearly the comparative risk of people travelling from overseas who've had pre-departure tests and are double vaccinated is low. It's not zero, though, in that we're seeing an average, I think, in the last seven days of three cases a day at the border; whereas, actually, our data show that through the Auckland outbreak the risk of getting COVID if you go to the supermarket has been zero. So actually there is still a slightly higher risk of people coming across the border, but there's no doubt that the risk profile is changing, and you'll have seen already some changes afoot to recognise that.

PM: Yep. As I understand, some of the argument was that the rules should be relaxed for international travellers into Auckland but tightened for those leaving Auckland for other parts of the country. So I think what we have to recognise is that we've got one MIQ system operating across the board, and we are changing it, and that was the take-home from me. As our situation in New Zealand changes, MIQ needs to change, and it is. The recommendation from lots of experts, of course, is, though, to still maintain some checks at the border, including, for instance, a period of isolation. Increasingly, though, it makes sense for that to be at home. That's why we're trialling self-isolation, and our expectation in the first quarter is to move into double-vaccinated citizens being able to isolate at home.

Media: They're saying that right now it's arbitrary and inconsistent and it doesn't actually meet kind of the—

PM: But I think what you might be misinterpreting—I don't think that they're saying there should be no measures at the border. What I've seen for the most part—

Media: They say PPE and go to Auckland.

PM: In the most part people are arguing that there should be different forms of measures at the border, because when you see almost anyone who models what happens overall in outbreaks—is if you have no measures at the border, then you do see additional cases, and that causes your outbreaks to grow quite significantly. Even with self-isolation, there are some estimates that if you had 20,000 citizens—which is what some estimate will return once the ability to self-isolate opens up. You've got 20,000 citizens returning—that even with self-isolation, you'll have up to 20 cases a week being seeded in the community.

Media: But those people [*inaudible*] have some rights to return home?

PM: Of course—yeah, of course, which is why we are changing what we are doing.

Media: Just on your trip to Auckland on Wednesday, you've been around the country a fair bit last week and you've been met by some stiff protest in various different parts of the country. Are you worried about receiving the same thing when you go back to Auckland?

PM: I keep it in perspective, though, Jason. I think, when you look at up North—I said two, and then someone corrected me that there were four. I, to be honest, didn't get quite the right—perhaps didn't manage to glance over during the press conference. But either way, between two and four individuals in Northland, and a group of individuals in Whanganui who it's fair to say—I don't think it universally was about COVID; there were a mixture of things in there. And to be honest, as someone in politics, I expect that from time to time I will have a range of views where people will come out and have their voices heard.

Media: Are you taking more security measures when you go up to Auckland?

PM: No. No more than usual, no. But I expect people to share their views, and that should be regardless of what situation we're in. I expect people will do that, and the whole point of being in Auckland and talking to business representatives, visiting those vaccination centres, and engaging with others is to hear those views.

Media: Can you give any clarity around whether [*inaudible*] pre-departure tests will be required for Aucklanders once they move into that traffic light system, in terms of moving in and out of Auckland? There are concerns about the pressure that will put on the system in order to get those pre-departure tests.

PM: Oh yeah, indeed, and so we have to factor in all of that. So those are all of the issues that we're working through. Of course, we'll have the option of things like vaccination certificates. So the question for us is how we utilise those, and also the ability to use testing as well. So those are all things that we're getting advice on, and the advice has to be both from Transport, from a legal position, and also Health.

Media: [*Inaudible*]

PM: We haven't confirmed that at this stage, keeping in mind that the estimates we have—and these may be on the low side—are between 30,000 to 40,000 people seeking to move at any given time. So you can imagine both the pressure at the boundary but also testing, and we have to ask ourselves whether or not that necessarily adds any greater reassurance than the vaccine certificates. The final thing I would say on this is actually no boundary is ever ironclad, and so we have to be really clear to the rest of New Zealand that—and they know that; they've seen that—these are all in place to try and slow down what otherwise may occur, but nothing is going to be ironclad.

Media: And just lastly, can I ask have you given any further consideration to moving, when Auckland hits 90 percent and goes to traffic light—moving the rest of the country in to move that incentive for the unvaccinated?

PM: Yeah, it's a good question, because, actually, when the COVID protection framework was designed, it was very much with the idea of helping to support ongoing vaccination, because you can see it uses vaccine certificates, which may give a further nudge to people who have not yet been vaccinated. The view of our experts was that they wanted, though, a high vaccination rate before communities move into the framework. But as we go I think we will keep on the back of our minds whether or not the framework itself could actually help us continue with vaccines.

Media: So you're not ruling out actually moving people sooner to incentivise those who aren't vaccinated?

PM: Oh, I wouldn't call it sooner. You know, we want to keep driving for that 90 percent. That's the safest position to move into the new framework because it uses different tools: it uses local lockdowns rather than generic ones. So we want a high rate of vaccine before we're moving into it.

Media: So what are you looking at, then, if you're not looking at moving sooner?

PM: Well, I guess what I'm saying is that we're looking for, you know, an ongoing message around that 90 percent. We haven't changed that position, but we have been thinking about whether or not it might add some extra incentive as well.

Media: So are you, sort of, walking back a little bit from that 90 percent?

PM: No, not necessarily, no. But I'm just explaining, actually, the context in which this framework was designed, which was to have that added benefit. Again, just coming back to the fact that we've always said we would review the status of every part of the country on 29 November. That hasn't changed.

Media: Ok, just another question was from 29 November, say Cabinet decides that Auckland will move to the new framework. How long will Auckland need to get ready for that framework to become operationalised? Could it be a week or two weeks, for example, from 29 November?

PM: Oh, sorry, just to clarify your question, are you asking whether or not we think there needs to be a lead time?

Media: Yes—whether there might be a delay, or whether Auckland will in fact move—

PM: Well, let me be very clear: as soon as all those DHBs hit 90 percent, then that would almost just become a straight move. But what we're recognising, of course, is that they've recently hit 90 percent first dose. It's not an unreasonable expectation that they hit 90

percent second dose by the 29th, but a strong view from Cabinet today: we have an expectation thereafter that they're likely to move.

Media: OK, so what actually—just for business owners and things: you know, they will have that 29 November date in their minds now. Should that be the date they have in their minds, or should, say, 10 December be the date they have in their mind, or sometime after 29 November?

PM: We know the pressures in Auckland and we'll be looking to move as quickly as we can, and we'll be pragmatic about it.

Media: What can you tell us about the death of the returnee, and can you confirm which MIQ facility they're in?

PM: I'll come to Dr Bloomfield.

Dr Ashley Bloomfield: I can't give you any more information about the death of the returnee, other than what's been reported: that this person died this morning, sadly, and there's obviously an investigation under way as to what the cause of death was. And I don't have at my fingertips the actual facility the person was in. I should say that they were receiving attention and care from the medical team at the time that they passed.

PM: I believe it was the Crowne Plaza.

Dr Ashley Bloomfield: Crowne Plaza, there we are.

Media: And we've just passed the first vaccine mandate deadline for prison workers. Teachers only have one week left to get their first dose. Will there be any extension to these dates, and what happens if workers don't get their vaccination by the deadline? Do they enter some kind of mediation or—what next?

Dr Ashley Bloomfield: Well, the PM may want to speak about extension to the dates. I think the dates have actually—we've already pushed them out a couple of weeks. The process is in place from today for exemptions, medical exemptions, to be applied for—very clear process that'll be run centrally—and I think people have had a long lead-in time to get their first vaccination. And I know that employers will be having conversations with people who have indicated they're not intending to be vaccinated, and that's a matter, then, for the employer to work out with the employee.

Media: And, Prime Minister, now that you've set that, effectively, expectation of 29 November, are your vaccine certificates ready to hit go that day? Are they good to go?

PM: Yes. In fact, we are trialling them this week, and so, yes, we've said that they will be definitely ready to go for that time. And, in fact, we've said that there's multiple versions that would be able to, for any reason, should they be needed earlier. But, yes, they're being trialled as we speak.

Media: Prime Minister, a question of international arrivals and whether they should be allowed home isolation rather than MIQ—just to pick up off Henry's question—that, as we've acknowledged, swings on that risk calculus: the more cases in the community, the more cruel it can seem to deny people entry that are fully vaccinated and test negative—that is often made by grounded Kiwis and now by the public health officials, in the Otago piece. Is there a point—is there a number of cases in the community or some other trigger—that might push the Government to reconsider the first quarter of 2022 time line?

PM: So, I mean, I would be very surprised if those epidemiologists were suggesting, as you're suggesting, that we have no form of check or border control at all, because certainly all of the evidence produced by epidemiologists in the ongoing management of outbreaks is just caution around feeding outbreaks with additional seeded cases. And that's why all of the advice that we have received to date—all of it—is around just making sure that we do have checks that don't add to cumulative risk.

Now, that doesn't mean, of course, that you can't change the way you do it, and we know that one of the biggest issues at the moment isn't the fact that you have to spend some time isolating; it's the fact that the number of people we can have doing it is limited. So that is the area we are looking to move first. By moving to self-isolation, then, basically, that enables everyone to come home and isolate at home, but because that means you'll have a large scale—up to 20,000 people doing it at once—you still want some protection in place to make sure you're doing it well, because otherwise that's potentially hundreds of cases that you're adding into potential outbreaks. And we saw, when we first encountered COVID, you will remember that that's what we did; we had people go home and isolate. Unfortunately, we had a number of outbreaks as a result of that practice. So we know we need to do it better this time, and that is what we are putting all our energy and effort to making sure we do.

So that's the big change for us. And it's a large number of people. We want to do it well. That's why we're trialling, as we speak, doing that at home, and we believe that that will make a difference.

Media: Do detect any change in the “Fortress New Zealand” public sentiment on that matter?

PM: What, sorry?

Media: Do you detect any change in public sentiment on that matter? I mean, National is running—

PM: I think what I would say is that we've already made the decision it's going to change. And, again, the issue at the moment is the capacity, because, I think, as soon as we can tell everyone that's there no limit on who's able to come home, then that dramatically changes what we've had to date. And that is what I hear people asking for; so that's what we're working towards. We've just got to make sure we do it safely and well, because the last thing I want to do is see the brakes put back on because it isn't able to be done well.

Media: Can I just ask one on APEC as well?

PM: Sure; go ahead.

Media: Is it disappointing to you that this is virtual this year—you know, Auckland misses out on a big bang and world leaders coming in. I know it might not have been possible, but the counterfactual is pretty appealing.

PM: Yeah, look, it means that our ability to put New Zealand on the world stage isn't quite what it would have been had we had an in-person event, but it's also added some benefits, and one of those I would consider to be the innovation around having an additional leaders' meeting, which has never happened in the history of APEC before. So that means that we have been able to canvass and implement changes that have been material to the way that goods particularly and even vaccinations move around our part of the world, and I think that's been of material benefit for APEC economies. The second advantage is that more people are being able to participate. And so, for those business events, youth events that are all part of APEC, I think that that's a positive.

Media: The Ministry of Health has reworked the vaccine exemption process, adding in the Government as a safeguard. Was this in response to bogus exemptions?

Dr Ashley Bloomfield: Not sure we've added the Government in as a safeguard. There was certainly a lot of activity based on the first version of the order, which was prepared quickly, because it was interpreted that any practitioner could provide an exemption for somebody, and there were plenty of stories—some in the media—about that process happening. And so, off the back of that—and actually at the request of professionals, including some of the professional bodies whose members were coming under a lot of pressure from members of the public—we decided to move this to a centralised process, given that, again, the number of exemptions will be very small. And so that is why we tightened that process and centralised it.

Media: How many exemptions have there been so far?

Dr Ashley Bloomfield: None so far—no legitimate ones so far—because the process has just been publicised today.

Media: Can we get a breakdown of the people currently in hospital and their vaccination status?

Dr Ashley Bloomfield: Yes, actually, I'd asked for that from my team; I'm not sure if I've got it, but I'll have a look through, perhaps while the next question is being asked. If I get it, I'll let you know.

Media: Just on Whānau Ora, the Ministry of Health has again declined to share individual Māori vaccination data—

PM: For the whole of the North Island but they are working through other provisions around the sharing of information.

Media: OK, well, what's been done now to help the agencies—has anything been done to help the agencies, providers—

PM: Yes. I feel self-conscious answering on behalf of the Ministry of Health when the director-general can, so thus ruining the point of me picking up a question. But, Dr Bloomfield, would you like to speak to the Whānau Ora decision?

Dr Ashley Bloomfield: I will, and, sorry, I haven't got those data on vaccinations—

PM: Let me do that.

Dr Ashley Bloomfield: —so if the PM could perhaps do that. Ah, yes, we reached out today, and because the decision around the release of the data was just—after careful reconsideration, as we were asked to by the judge, taking into account an evidence-based approach, tikanga, and te Tiriti, and discussing with a range of stakeholder groups, including iwi and other Māori stakeholder groups, the decision was not to provide all the data for all Māori in the North Island who were unvaccinated or who had had one vaccine, but to work with the Whānau Ora commissioning agency and its providers to release data, including where it was helpful individual-level data at a local level to support efforts. So we've reached out to the agency today and are getting in place a meeting for tomorrow to work out how we can do that, starting in Tāmaki-makau-rau and Kirikiriroa.

Media: And will there be other areas that you'll focus on, or will you provide individual data for places like Northland and Tai Rāwhiti?

Dr Ashley Bloomfield: I should say that we are already providing very small area meshblock level data for a range of Māori and non-Māori providers, but particularly Māori providers around the motu, and that includes in Northland, and we've had requests from other groups, including iwi, to provide individual-level data for their rohe, and we're processing those.

Media: Sorry, just following up on that one: in the letter that you wrote John Tamihere, it said the Crown must recognise and uphold mana and rangatiratanga of distinct groups across the motu. Firstly, what's your understanding of mana and rangatiratanga, and how does the decision to not be forefront with that information uphold the mana and rangatiratanga of the vulnerable communities that the DHB and MOH hasn't reached?

PM: Because not all iwi wanted their data released.

Dr Ashley Bloomfield: Yes, so this just went to the discussions we had with a range of groups—in particular, iwi—and that was, I guess, the reference to rangatiratanga, and some of them—not all, but some—had a very strong view about not wanting the data released of their iwi members in toto because they felt that that would potentially compromise the relationship between their iwi and the Crown, actually. So we had a range of views and we tried to find a balanced way through the middle here. And, again, the invitation was extended, and I spoke directly with Mr Tamihere on Friday night—he actually recorded the conversation,

so it'll be out there somewhere—and emphasised that the invitation was there to work with them and other Māori organisations to make sure that they had the data they needed to achieve what we collectively aspire to, which was the highest possible vaccination rates for Māori.

Media: And just on that, Prime Minister, right now, on Friday, Māori made up over a thousand of the active cases in this outbreak. Only a week after Auckland moved from 4 to 3, Māori made up more than the Pākehā and Middle Eastern combined of cases. Don't you think that moving these alert levels around like this just toys with more Māori case numbers?

PM: No. No—

Media: Because it shows that, though, doesn't it—

PM: No. No, I disagree. Of course, we have had to make decisions previously around the easing of restrictions without vaccinations, and now we have vaccinations, and the vaccination rates in Auckland are higher than we see in the national average. For our over-65s, you know, my recollection is that it's 90 plus percent are vaccinated. So we will have cases in New Zealand now; the question for us is are we doing everything we can to reach everyone we can to make sure that they are protected and safe, and that is what we are doing across the country and that is what we will continue to do. But, at that same time, we are easing in areas that are the least risk, so where we are seeing cases at the moment is actually not in the areas predominantly that we are easing; it is in those things that continue to be against the rules, so household gatherings and so on.

Media: I was just going to check if we can get that vaccination data, please, for the hospitalisations—

PM: Still working on that one for you.

Dr Ashley Bloomfield: We'll send it out straight afterwards, so we'll give the vaccination rates, including fully and partially and unvaccinated for hospitalisation and for our cases. And I should say that as we expected, and we've seen this right through, the proportion of cases and hospitalisations who are vaccinated will slowly increase as the vaccination rate goes up. And at least one publication had a very good explanation last week of why that is, but we can also provide some explanation of that too.

Media: Prime Minister, firstly on the decision next week about the boundaries around Auckland, you've said—

PM: Yeah, so we'll give a date next week.

Media: Yep. You've said it's about Aucklanders leaving. Will you also be saying what the rules are for people coming into Auckland or through Auckland?

PM: Yes, which is a much more straightforward proposition, but yes.

Media: Secondly, could you say, or perhaps Dr Bloomfield say, what are the upper limits for hospitalisations, particularly in Auckland now that we're 81, where you have to, perhaps, tighten up to stop the system being overwhelmed?

PM: Dr Bloomfield, perhaps we could include in that some of the discussion we've had about what's within that number as well, because it's interesting not all are admissions.

Dr Ashley Bloomfield: I guess what we're looking at is hospitalisations, including ICU usage, but also the whole system—the public health end of the system and that care in the community part of the system. In terms of the hospitalisations, certainly the current level is well within the numbers that the DHBs can cope with, and the modelling which goes up to—which we showed here on the screen a week or two back suggested that even at around 200 cases a day and a proportion of people that were hospitalised, that was within the scope of the system.

One of the things we are doing this week is just looking at the hospitalisations because some of them represent people who have been assessed in the emergency department but then

they pass the three-hour time limit and then get counted as admissions, but in fact they are assessed and then sent home again. So we'll be taking those numbers out. So we'll just be reporting inpatients who are in hospital for care of COVID rather than for another reason. So that will reduce the numbers slightly, but it's certainly well within the capacity of the Auckland hospitals.

Media: But can you say what that capacity is so that we know how close we are to having a problem?

Dr Ashley Bloomfield: Well, the rate-limiting part of hospital care is—and it's been given a lot of air time—is intensive care beds, and at the moment, today, there's seven people in intensive care and there are well over 100 intensive care beds in Auckland. So it's well within the bounds of the hospitals at the moment, but what I will do is go back and just look at where we're expecting those case numbers to top out, what the hospital admission number was that correlated to that.

Media: Just one thing, Prime Minister, on the announcement on the weekend about child family tax credits, could you say whether Cabinet considered an earlier payment than April and whether it considered completing all of the welfare advisory group increase in payments, the \$500 million extra that was—

PM: Not as part of this discussion, and, of course, actually there are limits to the time frames for which these things can be implemented, because of the systems that we use for payment. So they often require long lead times to make adjustments to payments, which is why we had to make the decision by November in order to be able to ensure that they could occur in April. And that's simply because of the systems that we use with IRD.

Media: So why is it so hard to—

PM: You would need to ask those who operate the national payment systems for tax credits around that, and I would be loath to give you a rundown on why. But it is a payment at scale when you consider—Bernard, if I may—the fact that it covers the family tax credit, the orphans benefit, the unsupported child benefit, the Best Start payment, and that 57 percent of families are covered by them. It is quite a complex operation.

Media: But we managed to pay businesses a total of almost \$20 billion within weeks. Why can't we pay people who really need the money now?

PM: Well, again, you would need to have a full rundown from those who operate our systems by MSD and IRD, but even then, the business support and resurgence payment, they've been very clear to us that anything that changes criteria or a substantive does take long lead times, so there is a consistency there around the limitations of what we can and can't do.

Media: A quick question for a colleague, and then a couple from me. The first one is just, is there still a lift for Auckland to go to level 3, step 3, or is that sort of tossed out now it's the next step—

PM: No, so we will keep, as I've said all the way through—we will, up until the point we move into the new framework, continue that consideration, but for the purposes of certainty for business, of course we've given that very strong indication around our expectations around 29 November.

Media: And do you have any expectations or updated modelling around, you know, what the impact of these changes will be on—take your pick of indicators, but cases, hospitalisations, ICU stats?

PM: So one of the messages I had is it's very difficult to start modelling individual changes like this. What you've seen me reflect on is from the case analysis of where we've had cases to date where they've been coming from. So that was what you heard me talk about in the script today. And the other thing I think it's worth keeping mind: so we shared some modelling last week, which you saw from the public health team in Auckland, which

projected a thousand new cases over the course of a week and we were four cases outside of that modelling and those projections. They're all modelled, though, on level 3 restrictions as they stand. So that's one thing I'd say. But they're also making assumptions about people's ongoing ability to comply with level 3 restrictions, and we know that a lot of where our cases are coming from at the moment is around the margins where not necessarily we've seen people able to stick with that compliance.

Media: And so that same modelling said for this coming week, from today and in the next six days, we'd have 63 non-ICU hospital beds occupied, 15 ICU beds occupied. So we're lower on ICU but—

PM: Yes, we are. Higher on hospitalisations, lower on ICU, and there's been a few assumptions around why that might be. Dr Bloomfield, you might wish to speak to that.

Dr Ashley Bloomfield: Just to my earlier point that some of those people who are classified as hospitalisations, they're not actually either in an inpatient bed or, if they are, they have COVID but they're not primarily there for COVID; so we're just tidying that up. But, yes, the hospitalisation rate is slightly higher than was modelled, but, importantly, ICU bed use is lower.

Media: So for you it's—you'd rather have that trend than the inverse and you have quite a bit more hospital capacity, and that's not the limiting factor in your opinion?

Dr Ashley Bloomfield: That's not the limiting factor.

PM: Sorry, just coming back to the stats that you asked for—at the moment I have that the vaccination status of hospitalised cases as of 8 November: no doses received prior to being reported as a case is at 52 percent; fully vaccinated—forgive my eye; I'm struggling a little bit to see it, but at the moment it looks like it may be 10 percent, possibly, but, again, keeping in mind that will include those who just present in ED or who are in for other things. We'll give you the breakdown, and I should add we are looking to do regular reporting on these numbers, but we're trying to just make sure that when we release them, we've done that data cleanse that we've been talking about today so you can have a bit more assurance around who is actually hospitalised versus who just presents at ED.

Media: Prime Minister, just based on what you just said about the modelling, so are you expecting the case numbers and hospitalisations to go higher than that modelling as a result of this move?

PM: Not—generally, we're expecting cases to increase. So as a general rule, and we've said this all the way through, we are expecting cases to continue to rise. We are at an R value between 1.2 and 1.3, which tells us that they will continue to rise, and we have tracked along, as has been predicted, based on that. The view of public health seems to suggest that they don't believe necessarily that these changes will be a significant contributor. What they may do is increase movements, though. So the more people who are going to go and work in retail, you know—more movements as a result. You know, there are side effects of some of these changes, but, again, the view is that it won't be materially significant. Having said all of that, though, we do need to look just beyond cases now in Auckland as we have higher vaccination rates.

Media: On that modelling, were Māori case numbers taken into consideration—how many Māori cases you'll probably see?

PM: So when I'm talking about the modelling, all I'm referring to is what we shared last week, which is what's coming through from ARPH, so it's not—I wouldn't call it new modelling; they do a daily rolling update for us. But the message I seem to get is it's often quite hard for us to model in an outbreak of this nature or size, so I imagine at that level that would possibly be even harder, but I can't answer that question.

Dr Ashley Bloomfield: Yes, so the modelling doesn't look at what the proportion might be by ethnicity. What I can say is every morning at 9 o'clock when we get on the call with ARPHS, they give us the case number and the very next thing they give us is the ethnicity

breakdown so that we've got a really good picture of where the burden is falling, and that then informs, of course, what we do in response.

Media: And just—my second question is to Dr Bloomfield. We've been told that the only iwi that was opposed to it was Ngāi Tahu, but that wouldn't be included in Te Ika-a-Māui, the Whānau Ora commissioning agency. So, is that right, and how did that have any weight on the decision?

Dr Ashley Bloomfield: So, yes, Kāi Tahu did have an objection and were opposed. That related to the quite large proportion of that iwi's members who live in Te Ika-a-Māui, but they were not the only iwi who expressed reservations. So I can say they were not alone.

Media: So which other iwi expressed reservations?

PM: We may want to allow the iwi to speak for themselves.

Dr Ashley Bloomfield: Yeah. There was certainly a description of this in the document that we proved to the Whānau Ora commissioning agency.

Media: Dr Bloomfield, is it still the case that about 60 percent of the new cases are coming from household transmission?

Dr Ashley Bloomfield: A smaller proportion are coming from household transmission, but what I would say is that as we've looked right back across the outbreak, we've seen what we call a secondary attack rate in households of about 45 percent. So, I guess that's—

Media: Sorry, what's that? Secondary—

Dr Ashley Bloomfield: Secondary attack rate. So if there's a case in a household, on average, 45 percent of other household members—so nearly a half—will become positive cases. But the proportion of our cases now who are household contacts is smaller than it was in the earlier part of the outbreak.

Media: So that's not perhaps an incentive then to, you know, have more of these people go to MIQ and perhaps put some of the overseas returnees in MIQ into the community?

PM: Into their own households?

Media: Well, yeah. I mean—

Dr Ashley Bloomfield: What I can say is that one of the key determinants of whether someone needs—or is offered the opportunity—to go to MIQ is whether they can safely isolate at home and protect their other whānau members.

Media: Prime Minister, you've given a pretty strong indication today that 29 November is going to be the day that you essentially loosen restrictions in Auckland is that—

PM: Moving to the new framework.

Media: —is that going to be Auckland's "Freedom Day"?

PM: I'm sure people will call the shift into the COVID protection framework a number of things, but that's for them. What is very clear from this new framework—and this is a message for the entire country—is that moving into it does create much greater certainty for business than they have now, and much greater certainty for New Zealanders. I want nothing more than for New Zealand to be in the best position possible for us to move into that framework for summer, because otherwise we run the risk of having low vaccine rates and, therefore, are more likely to have to use restrictions and lockdowns, and we don't want that. So get vaccinated, move into that new framework, more certainty, and, of course, we hope fewer lockdowns. Thanks everyone.

I even went back to you. I am not going to go for a third round. Thanks everyone.

conclusion of press conference