

**ALL-OF-GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 24 NOVEMBER 2021  
HANSARD TRANSCRIPT**

**Hon Chris Hipkins:** Kia ora koutou. Good afternoon. In August, the Government outlined our plan to reconnect New Zealand with the rest of the world, and a lot has happened since then. Delta arrived. We've become one of the most vaccinated countries in the world. Overseas, countries that opened up earlier have seen resurgences and, in some cases, are applying restrictions again. So, as we've always done in considering our plans for the New Zealand border, we've studied carefully the experiences of other countries overseas, and we've followed the science closely. As a result, we do now consider that we're able to move to our next phase, and that the most restrictive border controls can be eased over the first few months of next year, whilst still restraining strong public health protections.

Today, I am confirming that fully vaccinated New Zealanders will find it easier to come home from January, and foreign nationals follow from April onwards, as we remove the requirement for managed isolation and quarantine for most travellers arriving into New Zealand. There will still be carefully managed processes for recent arrivals, including a mandatory seven-day self-isolation period for people who are not required to enter MIQ. The three steps will be: from 11.59 p.m. on Sunday, 16 January next year, fully vaccinated New Zealanders and other eligible travellers can travel to New Zealand from Australia without staying in managed isolation or quarantine; from 11.59 p.m. on Sunday, 13 February, fully vaccinated Kiwis and other eligible travellers can travel to New Zealand from all other countries; and then from 30 April onwards, fully vaccinated foreign travellers will be able to travel here, and this reopening step will happen in a staged way.

Closing our border was one of the first steps we took to keep our country safe from COVID-19, and it will be one of the last things we do in terms of opening up, following our transition to the traffic light protection framework and the lifting of the boundary around Auckland. We do know that the international restrictions we have had around our border have been tough for many people. That's why we're making this announcement today: to give families, businesses, visitors, airlines, airports, and others the time to prepare.

It's very encouraging that we as a country are now in a position to move towards greater normality. I do want to emphasise, though, that travel in 2022 won't necessarily be exactly the same as it was in pre-2020 travel. There are still important public health protocols to be followed, and a clear and simple plan will continue to keep our country safe. All travellers will require a negative pre-departure test. They'll also require proof of being fully vaccinated; a passenger declaration about their recent travel history, including that they haven't been in a very high-risk country in the past 14 days; they'll be required to do a day zero/one test on arrival; there will be a requirement to self-isolate; and they'll be required to complete a final negative test before entering the community.

I do know, and I acknowledge, that some people and businesses want us to open up before Christmas, and that is very understandable. Others want us to be more cautious and take even longer to open up. There does continue to be a global pandemic with case numbers surging in Europe and in other parts of the world, so we need to be careful about the reopening of our border. That's why we're doing what we've always done, and that's to follow the expert advice, which shows us that the border continues to be one of our biggest risk areas for new cases—for example, our current outbreak, which is now over 7,000 cases, stems from one single traveller coming into New Zealand from Australia.

We've always said that we would open the border in a controlled way when it is safe to do so. We started that by halving the time spent in MIQ to seven days. And now moving to a seven-day isolation period for fully vaccinated travellers will provide continued high levels of confidence around the risk associated with new arrivals, which is also important.

A phased approach to reconnecting with the world is the safest approach to ensure that risk is carefully managed, and it reduces the potential impacts on vulnerable communities and on the New Zealand health system. Our opening of borders will logically follow the bedding in of the traffic light system, the lifting of the Auckland boundary, time for regions to get their

vaccination rates higher still, and, of course, the booster shots to be rolled out to those who received their first vaccinations over six months ago, which includes many of our over-65s. The three steps that we're announcing today constitute a new medium-risk pathway.

Those who don't meet the requirements for that medium-risk pathway but are still permitted to enter New Zealand under our current border settings will continue to enter MIQ on arrival under the new regime of the seven-day managed isolation followed by three days of home isolation. And that will include those who don't meet the vaccination requirement, which includes unvaccinated New Zealand citizens and those who are coming from very high-risk countries.

So on very high-risk countries, I can also announce today that Indonesia, Fiji, India, Pakistan, and Brazil will be removed from the very high-risk designation from early December. Travellers from these countries will be able to enter New Zealand on the same basis as travellers from most other countries. That will allow New Zealand citizens, those with residence class visa holders, and other travellers eligible to come to New Zealand under our current border settings, to travel directly to New Zealand.

Papua New Guinea will continue to be classified as a very high-risk country, so, therefore, only New Zealand citizens and their dependents can travel directly to New Zealand from PNG. All other travellers from Papua New Guinea must spend 14 days in a non - very high-risk country before coming to New Zealand, and exemptions are still available for humanitarian reasons.

So I want to end, before I hand over to the director-general, by acknowledging the very difficult trade-offs that we've needed to make to keep our country as safe as possible over the last two years. We acknowledge that it has been very tough. Families have been separated, people have found themselves having to shelter in places they did not expect to stay, for prolonged periods of time, and we are acutely aware of the impact that these restrictions have had on individuals' lives and their livelihoods. As I've said standing here many times before, when it comes to COVID-19 there are often no easy decisions and we've often been faced with the task of making the least worst decision, because we know that whatever steps we've taken, there have been consequences and people's lives have been affected, and the border is clearly an example of that.

So, as we move into 2022, we know that the pandemic is not over and it's not going to suddenly end, and we only need to look at Europe to see that the path out of the global pandemic is not a straightforward one. Today's announcement does not mean that MIQ as a system is going to end anytime soon. MIQ is intended to be a temporary measure, and its current scale and the way it operates has served us incredibly well with more than 190,000 people brought home since our border closed in March 2020. These announcements today will free up more space in MIQ and we will be intending to use that space.

So today, and largely thanks to the vaccination rates and the incredible ongoing efforts of Kiwis, we're in a much stronger position than we were just three months ago, and as we shift into the new phase of managing the pandemic, the time is right to carefully start the reopening of our borders just as we said that we would and just as we have planned for.

I'll now hand over to the director-general for today's case numbers update and other details, and then we'll open up for questions.

**Dr Ashley Bloomfield:** Thank you, Minister. Kia ora koutou katoa. So our 1 p.m. media statement provides a comprehensive summary of today's cases, but just a brief overview from me. Today, there are 215 new COVID-19 cases in the community to report. Of these, 181 are in Auckland, 18 are in the Waikato, three are in Northland, and 12 are in the Bay of Plenty. Additionally, we are reporting one historical case confirmed in Canterbury.

In terms of hospitalisations, there are 87 people in hospitals today; all but two of these are in Auckland regional hospitals. There is one in Waikato and one in Rotorua, and there are eight people in ICU. They're included in that overall figure of 87.

So I was asked on Monday about the vaccination status of people who have died during this outbreak from COVID-19. What I can say is: of the 15 deaths to date, we can report 10 of these people were unvaccinated, two of them had had one dose less than 14 days before they contracted COVID-19, and three were fully vaccinated—that is, they had been vaccinated more than 14 days prior to being diagnosed as a case.

As I've mentioned before in this forum and in a separate briefing on 16 November, as our vaccination rates rise, so, somewhat counter-intuitively, will the proportion of cases, hospitalisations, and deaths rise amongst those who are fully vaccinated. This is just by virtue of the fact that our vaccination rates are so high, and even though the vaccine is more than 90 percent—in fact, more than 95 percent protective against death from COVID-19, it does mean that we will still see that some fully vaccinated people, sadly, will die.

Now, we will update these figures periodically as privacy allows, probably when we get another 10 or so cases each time, because if we update them with individual cases, that, of course, can compromise privacy.

I now have just got a couple of slides I want to show you, so our interpreter might move to the side while I do that. Thank you, Alan. So I showed a slide three weeks ago, and this slide shows, essentially, what's happening with average case numbers—that's the blue line. It's a three-day rolling average of case numbers, and it was showing different R-values projected from 1 October out, and then what we thought the impact of vaccination might be on the average case numbers, and also how that would compare with the R-value. So I've got the updated slide from just two days ago, on Monday. You can see that the rolling three-day average of case numbers has levelled off. Now, this is just the Auckland region, I should say, but you can see it's now at or below that 1.2 R-value and very much now sitting within that medium projection. The key point here is we are seeing that impact of those high vaccination rates across Tāmaki-makau-rau having a significant impact on case numbers, and we're also seeing that translate, as you will have seen over the last 10 days, also into hospitalisations and ICU occupancy.

So, finally, I do just want to emphasise that a number of our people hospitalised during the outbreak to date have been children under age 12. Forty-two children under age 12 have been assessed at hospital, and, of these, 19 have spent at least 24 hours or longer in hospital being cared for; of those, one was between age five and 12, six were age one to four, and 12 were under the age of one. I just want to make the point that one of the best ways we can protect tamariki of all ages is for adults to be vaccinated. There is very clear evidence that's protective, particularly inside households. Thank you, Minister.

**Hon Chris Hipkins:** Thank you, Dr Bloomfield. Nobody tell the Prime Minister you're allowed to do PowerPoints during these briefings! Jessica and then Tova and then Barry.

**Media:** What's your thinking behind not allowing people to come back from Australia before Christmas? Isn't that a bit mean to make it mid-January?

**Hon Chris Hipkins:** This is about opening the borders in a progressive and safe way and easing restrictions in a progressive and safe way. So it does very much connect with the changes that we're making domestically here in New Zealand. Next week, we'll be opening up Auckland to a much greater range of activity than has been allowed so far—that increases the risk of transmission. We'll then be removing the boundary around Auckland—that increases the potential for COVID-19 spread. We'll then be moving to increase the volume of travel across the border from Australia and then from the rest of the world. So this is about stepping through a series of changes, all of which increase the risk for New Zealanders, but we want to do that in a way that's managed so that we can try and keep a lid on exponential growth. As the director-general has just showed you in that graph, we've done well at keeping our case numbers low and making sure that we are keeping the virus under control as much as we can, given it's an outbreak of the virus, and we want to stay in that strong position for as much as we can.

**Media:** Do you really expect people to stick to the seven days' home isolation?

**Hon Chris Hipkins:** Well, one of the reasons that we're stepping that out in the way that we do is that we acknowledge that there will be more risk with more people isolating at home. But, yes, we do expect people to stay in their bubbles for that seven-day period. Now, having said that, other people in the household will be moving around and will be able to, so there's a lot more freedom associated with home isolation than there is with being in MIQ—and, again, that just increases the cumulative risk that exists around this. We are entering a stage where we're opening up that medium-risk pathway. It is not a low-risk past pathway, and we'll be very upfront about that.

**Media:** If you can do this mid-Jan and mid-Feb, why can't you do it now? Is it because you weren't prepared enough?

**Hon Chris Hipkins:** No, no. As I've said, this is about progressively easing restrictions so that we're not throwing a whole lot of additional risk in all at the same time, because that is the sort of thing that could potentially see an exponentially growth in cases—

**Media:** But these are double-vaxxed, negative-tested—

**Hon Chris Hipkins:** —and so this is about making sure we're—and as we do this, there'll be significantly more movement at the border, and so there will be more cases coming across the border, even amongst the people who have been vaccinated. Now, Barry—I said Barry.

**Media:** Sorry, Minister, just finally, have you had any personal experiences with family members who haven't been able to come home, or have you had any personal hardship? Because I want to understand if you know the trauma that so many of these New Zealanders are going through trying to get home.

**Hon Chris Hipkins:** Look, I'm not going to talk about my own family. I never do that in these conferences, and I don't intend to start doing that now. Barry.

**Media:** Do you fully understand the trauma—

**Hon Chris Hipkins:** This is not about me, and I'm not going to talk about my own family, and I have never done that here, and I don't intend to start doing that now. Barry.

**Media:** No, no, no, but, more broadly speaking, do you understand, Minister, the trauma that people are going through?

**Hon Chris Hipkins:** Yes, I do. Barry.

**Media:** Yesterday, we saw figures that about 2,500 people came back from Australia—Kiwis—and those who were vaccinated, not one passed on or had COVID. Doesn't it seem cruel that this side of Christmas there are so many New Zealanders that want to come home, and you're saying, "No, wait until next year."? And I'd like a comment about the risk from Dr Bloomfield, as well.

**Hon Chris Hipkins:** If you look at the numbers that I shared yesterday, I think from memory it was about 50 people who came across the border who were vaccinated still tested positive for COVID-19, arriving in New Zealand. The fact that they didn't happen to come from Australia doesn't mean—

**Media:** But I'm talking about from Australia.

**Hon Chris Hipkins:** Yeah, but the fact that they didn't come from Australia doesn't mean that, as we increase the volume of travellers from Australia, that that will continue to be the case.

**Dr Ashley Bloomfield:** Yes, I'm happy to make a comment, and we looked very carefully at this risk matter and actually I asked for some independent peer review from Professor Philip Hill in Otago and Professor Tony Blakely in Melbourne on this, and they concurred with our advice. The issue here is there is still a residual risk, and, especially as the numbers increase, just the odds are that you get people; even if they're fully vaccinated, even if they've had a pre-departure test, you will see cases. But these are not—in a sense,

they are different from cases that you will see arising in the existing outbreak, where we sort of know there will be a contact. The risk is that these new cases are pepper-potted around the country, and each one of them can start a new little outbreak. As the Minister pointed out, our current outbreak started from one case. So we felt that that risk needs to be carefully managed, and, at the moment, as we open up and move to the new COVID protection framework, and then the boundary in Auckland sort of coming down in mid-December, it was important to bed everything in there before then adding this additional risk by allowing more overseas arrivals.

**Media:** What do you say to Professor Michael Baker, who has said that there's more risk going to a supermarket in Auckland than there is for a person coming in from Australia?

**Hon Chris Hipkins:** I can tell you that Dr Verrall has had conversations with Michael Baker about that to test exactly this issue that we have just been addressing around the overall effect of risk, and he does agree with the position that we are taking here. Jane.

**Media:** What role is rapid antigen testing going to play, if any, over the summer?

**Hon Chris Hipkins:** I think rapid antigen testing is going to increasingly play a more prominent role, as we've already indicated. For our surveillance testing purposes, I think we'll see more and more use of rapid antigen testing. I do think also, for international travel, we're going to see situations where rapid antigen testing is more widely used as part of those pre-departure testing requirements, and it's more likely to be more widely available at airports, or near to airports, for people to satisfy those pre-departure testing requirements. As such, that will mean people are being tested much closer to their point of departure than the, potentially, 72 hours before when they leave. So, I think, you know, the world, is going to be using rapid antigen tests more widely, and New Zealand will be using rapid antigen tests more widely.

**Media:** And the vaccine pass system at the moment's still overloaded. We're still hearing from a lot of people, including one woman who's called more than 100 times. Shouldn't it be sorted now, after the initial rush?

**Hon Chris Hipkins:** So there are two issues. There's the system itself, where you create your My Covid Record and you download your vaccination pass. We've got about 2 million people now have created their My Covid Record, about 1.75 million people have downloaded their QR codes, and about another quarter of a million people have downloaded an international vaccine certificate. There's a bit of overlap between those two groups; some people have done both. So that system is working quite well. In the early days of that system, there were some issues with the gateway to allow people into the system. That was designed because we didn't want that system to be the subject of a "denial of service" attack, which it is, you know, possible that it could be. Unfortunately, a "denial of service" attack and several million Kiwis trying to access the system at the same time to the system software looks much the same, and so it was turning down the volume arbitrarily. They've managed to ease that, so there should be fewer issues with people downloading their passes and accessing that system now.

In terms of the 0800 number, there were some issues, particularly yesterday, around just the volume of calls to the 0800 number, and I was advised that those were resolved last night. So people might have to wait a little bit, but they should be able to get through and they should be able to get their answers through that 0800 number.

**Media:** Just finally, on police vaccines, whereabouts is that in terms of the mandate, if that's coming down the line? Because the extension to the vaccine order is about to run out. So is there going to be a crossover where, you know—

**Hon Chris Hipkins:** I think you can expect to see the responsible Ministers commenting on that later on this week. I don't have an announcement for you today, but I know that the Minister whose area that is will be making comment this week on that matter.

**Media:** There won't be a gap, obviously, between the order and then something else being put in place?

**Hon Chris Hipkins:** Yeah. So, like I said, I'm not making comment on that today, but I know that those responsible Ministers will be. I was going to come to Claire, actually—I'll come to Claire and then to you.

**Media:** The international travel from April for foreign nationals, does that include Australia? So is Australians travelling here pretty much a dead duck until April? And also is any of this conditional on what is happening with the outbreak domestically?

**Hon Chris Hipkins:** Not necessarily, to the latter part of the question—although, no, actually, sorry, I should say yes. We will consider the overall situation around COVID-19 that we're facing in New Zealand as we make further decisions around the border. The April timetable does not preclude us moving earlier with specific groups if it is safer to do that, and there may well be opportunities to do that. So I wouldn't rule things out with Australia, but at this point the key group are those Kiwis and others who live here and have a right to travel here, making sure that they've got an ability to come here.

**Media:** Just on the rapid antigen testing question, at the moment there are only, as I understand it, three providers that are allowed—or three companies that are allowed—to do that. Given the Minister's comments about wanting to see more of that, are you open to the prospect of opening that up for more companies in the coming weeks and months?

**Dr Ashley Bloomfield:** So, at the moment, yes, there are three types of antigen test, made by three different companies, that we've approved for import and use, and that's based on advice we've had that those are the best ones. So we'll stick with that for the time being. However, we do have a process for getting further advice on other brands or types of test, and people are still applying for that. There's no problem with the amount of tests. So we've ordered plenty for use, as the Minister's outlined, and also we're looking at the use of those more widely across New Zealand, particularly over the summer period, to complement PCR testing when there'll be, particularly in some holiday spots, much larger numbers of people there.

**Media:** But there are some companies that have ordered a lot of them, and they're just sitting in warehouses across the country. Can you give them any sort of hope that those tests could be used? They just want it for better public health.

**Dr Ashley Bloomfield:** So we're working with a lot of companies and employers around the use of rapid antigen testing, and there is a process—it's on our website—where they can apply and we can grant them the opportunity to use those tests as part of their workplace safety measures.

**Hon Chris Hipkins:** We'll come to Jo and then Luke and then Jenna and then I'll pick up a few more after that.

**Media:** So for Kiwis living in Australia who have Australian or any other nationality partners, husbands, wives, kids together, who in that family can actually travel back from mid-January?

**Hon Chris Hipkins:** If they're, I think, under the existing border settings—so it's based on our current border settings—if you're a dependant of, or partner of, someone who is eligible to travel, then you're also eligible to travel.

**Media:** OK. And in terms of the seven-day isolation at home, how long is that going to be in play for?

**Hon Chris Hipkins:** As long as the public health advice is that that's what's required. Now, of course, we will eventually reach a point at some point where people will be able to move much more freely across the border, and those periods of self-isolation won't be required. We're certainly not at that point yet, and the countries that have attempted to do that have often found that that's associated with a bigger increase in cases. So at this point, we'll be

keeping it in place, but we'll keep that under constant review. We only want that self-isolation requirement in place for as long as it is justified on public health grounds.

**Media:** Because, I guess, can you see here that, you know, for a Kiwi, their partner, their kids, haven't seen family in New Zealand for ages, living in Australia, seven days is quite unrealistic if you just want to come home for a holiday to see people—

**Hon Chris Hipkins:** Well, they will be able to see their family during that time. So if they are staying with family, then they will be able to do that. Those people will be able to come and go. That is one of the things around the self-isolation requirements.

**Media:** So the other people in the household can go about their normal lives?

**Hon Chris Hipkins:** Yes.

**Media:** So what is the purpose of self-isolating if you're mixing with people?

**Hon Chris Hipkins:** Because it means if they test positive during their isolation period, then we have contained the risk to a smaller group of people.

**Media:** And just on the bubble, is that completely gone, the trans-Tasman bubble? I mean, it's been knocked down, down, down. Now we're at a point that there doesn't seem to be a bubble in existence anymore.

**Hon Chris Hipkins:** I think the reality is we are moving to reopen the border, and so discussions of a trans-Tasman bubble—you know, the bubble doesn't exist anymore in the sense that there's COVID. The bubble was a construct that was established when there was no COVID-19 in New Zealand or Australia, and that is no longer the case on either side of the Tasman. So, I think, we're now moving into a kind of a post-pandemic or coming out the other side of the pandemic reality, where we're looking to reopen the border in a way that's sustainable.

One of the clear pieces of feedback that we've had from airlines and from others is that having settings that move around all the time is really, really difficult. So we're trying to provide as much certainty as we can, indicating that, as we open up, we don't want to be flipping back. So we want to do so in a way that, once we've opened up, that's it, it's open. Yeah, Luke.

**Media:** On these settings, it's a country-by-country—well, it's Australia and then the rest of the world, but was there any consideration given to allowing people from wherever to come for, I don't know, for example, family reasons in the first instance? Like, relatives who aren't New Zealanders but rather than going for the blanket country approach?

**Hon Chris Hipkins:** Look, it is difficult. I think, whenever we've had requirements around MIQ where we're making judgments about who has a more valid reason to travel than others, it throws up a whole host of issues. What this will do, though, around Australia, is it will open up more space in that month between then and when the rest of the world opens up in MIQ, which will open up more opportunities for others to travel.

**Media:** Just a couple of quick ones. Firstly, forgive me if this has been made public, but if you're—to stop the border for a sec—unvaccinated and you're getting a test to leave Auckland over the summer, are you going to have to pay for that?

**Hon Chris Hipkins:** No, I don't think so.

**Media:** Why not?

**Dr Ashley Bloomfield:** At the moment, testing is free.

**Hon Chris Hipkins:** For the moment, testing's still free.

**Media:** So testing will be free, so it won't be like the border before. And just lastly—Dr Bloomfield, perhaps one for you—we've heard more about the doctrine of cumulative risk the last couple of weeks. I'm just wondering if you could unpack that a bit for us. Where did that come from, what is it based upon?

**Dr Ashley Bloomfield:** Cumulative risk—well, I'm not sure of its origins, but it's, I guess, a well-known sort of epidemiological and other phenomenon where if you've got a baseline risk, which we have at the moment from our outbreak, and then you add in the opportunity for other possible nodes of infection which you might get if you get people coming and distributing around the country, self-isolating, then you get an increase in risk that one thing adds on to another. There are ways, of course, you can reduce the cumulative risk as well, and one of the conversations I had with Professor Blakely was, for example, doing a test when people arrive at the border, reduces the risk that you will get a case in the community by 50 percent. So that's well worth doing. So cumulative risk is just: adding up, the combination, or the addition of small risks leads to an overall increase in risk.

**Media:** Will we be able to see that peer review material from Professor Blakely and the other professor down at Otago?

**Dr Ashley Bloomfield:** Well, it's included in the advice that I provided through to the Minister, and that will become a public document, yes.

**Media:** I just have a few questions for Dr Bloomfield. Are you aware of any hospitals that have cancelled elective surgery because of the impact of the vaccine mandate?

**Dr Ashley Bloomfield:** There may well be small service impacts in hospitals around the country. I am aware at Kaitaia Hospital, they've had to, for a short period, cancel general anaesthetic surgery—so they can still do surgery that doesn't require general anaesthetic—because they had a key person who was not prepared to be vaccinated, but they now have an arrangement in place where a locum is able to come and that means they will be able to reinstate general surgery.

**Media:** How are DHBs impacted by the nearly 1,500 staff stood down over the vaccine mandate?

**Dr Ashley Bloomfield:** Well, the DHBs, because there was a good lead-in period, had a good signal about where they may have issues, and they have put in place plans to make sure that there is minimal service disruption.

**Media:** Really quickly on contact tracing, Sir Brian Roche warned in February, the contact tracing system would struggle with a sustained outbreak; now it is. Why were you not prepared, and what are you doing to fix it?

**Dr Ashley Bloomfield:** Well, I would say we certainly took on board Brian Roche's advice, and by the time we had the outbreak in August, when it started, you will see that we actually followed up nearly 40,000 people who were contacts of cases, and that was one of the successes. Our early success in the outbreak was going very wide and being able to follow up a wide range of contacts. So I would say we were ready, and we continue to not just strengthen the system but adjust it to the changing environment in Auckland where, because there is a more widespread outbreak, we are using different categories, as you know, to trace people.

**Media:** Just one to Dr Bloomfield—follow-up one [*Inaudible*—of the 14 deaths during the Delta outbreak, how many are Māori?

**Dr Ashley Bloomfield:** I'll come back to you on that.

**Media:** Under these changes, does that, effectively, mean international students aren't eligible to come to New Zealand until 30 April at the earliest?

**Hon Chris Hipkins:** That's right, but international students are a group that we'll, you know, keep under review and keep looking at, because there may be potential for us to put in place bespoke arrangements for international students, including working with the providers so that they are dedicating some of their facilities specifically for the purposes of isolation and so on. So I'm not ruling anything in or out at that point, but it's a live conversation. We been having that conversation with the international education sector for a wee while now; we just haven't landed that yet, but I'm not ruling things out yet.

**Media:** It does also seem under these arrangements it's unlikely that international tourists will even come back after 30 April if they just have to do a week of self-isolation. So you've, effectively, kicked international tourism down the road for more than six months, haven't you?

**Hon Chris Hipkins:** Not necessarily, but I think it depends how long the self-isolation requirements—I mean, the self-isolation requirement is going to have an impact on tourism. There's no question about that. So we will only have that self-isolation requirement in place for as long as the public health situation and the public health justifies that, and we don't have a timetable on that, because that's going to depend on the nature and the shape of the outbreak from this point onwards. I'll come over in the far corner.

**Media:** Minister, could you quantify what that cumulative risk actually looks like in number terms? Because I understand that having self-isolation from now would involve an extra 60 cases per week, which doesn't sound huge compared to the numbers that we're having at the moment. So what's that cumulative risk? What's the number of cases?

**Hon Chris Hipkins:** I'll get the director-general to comment on the modelling, because I know that there's been a lot of modelling, but I think there's a couple of things in here. One is: we can't just assume that the numbers that we see in MIQ are going to neatly just multiply based on an increased movement at the border, because we'll see different types of people travelling as the border opens—there'll be more spontaneous travel, for example, when the MIQ requirement is no longer a constraint. So the risk profile, again, it's difficult to model that, it's difficult to anticipate what the behavioural impact of these changes is going to be.

**Dr Ashley Bloomfield:** I think, just to comment on the modelling, the key point here is that—and both the professors I consulted with agree—each of those cases, those 60 new cases, even though that may be small compared with our daily count, many of our cases that we're getting from our current outbreak are people who are already identified, they are in isolation, they might be household contacts. Each one of these 60 is, essentially, the opportunity for a new node of starting off a new cluster, or a new outbreak, potentially anywhere across the country. So you've got that additional risk on top of the risk we already will have, we know, when the Auckland boundary comes down in mid-December. And so we felt it was very important to make sure that the new system is bedded in and that the risk, particularly the increased risk of people being able to travel outside of Auckland, even those who are fully vaccinated, may still be or become cases, and that creates risk around the country.

**Media:** So those extra 10 people a day, pretty much, how many extra do they multiply into, with your concern about them being nodes?

**Dr Ashley Bloomfield** Well, this is quite interesting because the modelling that Professor Blakely had done, actually he identified quite a high R-value of around five or six. That was with no public health precautions in place, but, again, what we would like to see is: what is the impact of the new alert levels when the country moves to that and particularly then when the Auckland boundary goes down? Because that will give us an idea of the effectiveness of those public health protections.

**Hon Chris Hipkins:** OK, we'll come up the back and then to Brent.

**Media:** Dr Rawiri Taonui, at the request of the DPMC, has been sending Māori modelling and data to DPMC for the past 12 months. Why has the Government continued to maintain that you don't have access to that information?

**Hon Chris Hipkins:** Look, I don't think I've ever said that we haven't received any modelling; it's just that I don't necessarily take a photographic imprint of every potential model or every potential projection that I've seen over that time. I think when you were asking that question last time, I indicated that I would go back and check.

**Media:** Data suggests that Māori are three times more likely to die from COVID. Do you not think that having access to that or using that information to better respond to Māori communities?

**Hon Chris Hipkins:** I think the best response that we can have in Māori communities is to do exactly what we are doing, which is a real relentless focus on getting vaccination rates up in Māori communities. They are the parts of the country that have the lowest vaccination rates at the moment.

**Media:** I take it this decision supersedes this business self-isolation trial that you've been running?

**Hon Chris Hipkins:** It builds on some of the lessons that we've learnt from that. We indicated, when we kicked off the business self-isolation trial—and, of course, that was in a slightly different environment; it was a week or so before we started dealing with the current Delta outbreak. That was the beginning, and this builds from that.

**Media:** Under that trial, people had to, I think, return and then go immediately to self-isolation within I think, what, 50 kilometres of both Christchurch and Auckland. Are people who come back now under this—are they able to get on to domestic airlines, or what have you, to travel home, or are they expected to go straight to isolation?

**Hon Chris Hipkins:** Yes, they will be.

**Media:** Minister, I did ask you last week about whether or not you had seen the modelling, and you couldn't recall, but, however, Māori case numbers still make up 50 to 60 percent of daily cases. So have you just not looked at it in the last week or is there a reason to not look at it or are you deciding not to?

**Hon Chris Hipkins:** No, I think the Māori case numbers are a reflection of the segment of the community that COVID-19 has found its way into, where there are a greater number of Māori people—

**Media:** But why haven't you been looking at the modelling? If it's there—and you couldn't recall it. You said that you could tell me whether or not you've seen it—you could probably come back with that information. Have you not looked at it in the last week since last being asked about it?

**Hon Chris Hipkins:** As I have indicated to you before, models will tell us a variety of things, and there are a lot of models there. We do look at all of them.

**Media:** But what are the models that you've looked at—are those Māori models?

**Hon Chris Hipkins:** Like I said, we've looked at a range of different models, including the Māori models, including the ones that have just been mentioned and some of the ones that have been published in the media. OK, I'll come back over here.

**Media:** So just on contact tracing, about 68 percent of contacts have had an outbound call from contact tracers. It was 75 percent two weeks ago. Will this continue to drop, are public health units adequately staffed, and can you explain what this means for sort of controlling the outbreak?

**Dr Ashley Bloomfield:** Yes, and—well, it won't continue to drop; it will go back up. I asked for an explanation from the team on that, because I know that the numbers are well within our capacity. This was an issue around recording of household contacts, and their data about outbound calls or when they were contacted or tested were not being included in the information because they were in the same place as a case. That has now been corrected, so you will see the metrics come back up to where we would expect them and want them to be. That is, we're wanting, of course, all cases to be contacted within that first 24 hours—or 80 percent, but we strive for everybody—and then, of course, that follow-up testing to be in a timely way.

**Media:** So is the sort of acceptable limit—so the gold standard's sort of 100 and 80 is what you're aiming for—is there a lower limit lower than that that you'd be—

**Dr Ashley Bloomfield:** Well, we aim—80 percent is the target, but we aim to get, of course, everybody within that first 24 hours, and also then the testing in a timely way. But remembering that often that first test is not till day five, and so that's often why there may not be a testing result in, even though someone has been contacted.

**Hon Chris Hipkins:** Mark.

**Media:** Dr Bloomfield, a question for you. Is it your understanding that under the traffic light system, businesses that want to open only to vaccinated people will have to verify that the passes are accurate through using that verifier app?

**Dr Ashley Bloomfield:** They can choose. They have the verifier app, and it's very good, I understand. It's now widely available, and I gather no issues with downloading it, and we've already seen it being used. The advantage of the verifier app is it provides a high level of assurance to that business that they are keeping their customers and their staff safe, but they will still be able to—it's not compulsory to use it; it's there as a tool for them. They will still be able to, if they choose to, visually check people's certificates, either hard copy or on their phones.

**Media:** Why did—and maybe it still does; I haven't checked yet today—the Ministry of Health website say that businesses would have to use the verifying app, specifically saying that just looking wasn't going to be enough? Is this a change, and is it a change that you agree with?

**Dr Ashley Bloomfield:** It is a change. I discussed it with my team last night, and I think you'll find the information on the website has been updated. Again, there's nothing in the order that requires businesses to use the verifier app, but I would say they will find it a very handy tool, and we'll keep it under review just to see how useful it is.

**Media:** Was your health advice around this that it should be mandated, or—and what's your view from a public health perspective?

**Dr Ashley Bloomfield:** From a public health perspective, we didn't provide specific advice on that. But what I would say is the team who developed this are very supportive and enthusiastic about its use, and, again, how helpful it will be and the level of assurance it will provide businesses, so, of course, they were keen to make sure that it was used as widely as possible.

**Hon Chris Hipkins:** OK, look, I've got three people who haven't asked questions, so I'll get the three who haven't asked questions and then we'll try and do a quick loop of the follow-up questions. So we'll start over here.

**Media:** Minister, if we do, with step three, end up staging it by visa category, there appear to be more than 25 different types of visa categories—tourist visitors. Who's going to be first in line if it does end up being staged by visa category?

**Hon Chris Hipkins:** Like I said, we haven't made decisions on that yet. I am indicating that it could be phased, but we haven't made decisions on that yet.

**Media:** But there must be some idea of who's likely, whether it be skilled migrants—a lot of reasonable people would probably say they should be. People on the skills shortage category should probably—

**Hon Chris Hipkins:** Look, one of the things that opening up that extra space in MIQ between now and then will do is it will allow us to accommodate more of those people through our current MIQ settings to get more of those skilled migrants, more of those critical workers that we need, into the country. We'll be able to get more of them in as a result of freeing up that extra space.

**Media:** Just a few questions for Dr Bloomfield. Dr Bloomfield, Whānau Ora are back in court tomorrow regarding the issues that they took on 3 November. It's nearly been a month and the ministry still haven't given them all the data that they've requested. In regards to what the Minister said before, that Māori are best to support Māori, and, as we've seen, most of the cases are Māori, why is that?

**Dr Ashley Bloomfield:** So what I can say is, yes, we haven't given the Whānau Ora Collective all the data they were requesting, which, as you know, was for all unvaccinated Māori in Te Ika-a-Māui. However, we have been through a series of hui with them and iwi and local providers in most rohe in the North Island so far. We have released the data very promptly once an arrangement was agreed, and there was a data-sharing agreement in place for all of Tāmaki-makau-rau and Waikato and other areas flowing. That is helpful. However, what I can say is we have been sharing data with the Whānau Ora Collective, with their providers, and with other Māori organisations and iwi since earlier in the year, just not at that individual level for all people across the North Island. So we've followed through on the process that I invited the Whānau Ora Collective to participate in, and have made excellent progress in those two weeks. They released a lot of data. At the same time, other organisations have also had that data and have been using it, and I think we're seeing that in the results, with Māori vaccination rates climbing at a faster rate than any other group.

**Media:** But you talk about data within Tāmaki-makau-rau and Waikato. That's only a small portion of Māori, and when they are delivering—when Whānau Ora are leading the vaccination rate for Māori. Is race a factor in the reluctance from the ministry to pass over this data that will, effectively, help Māori in the long run?

**Dr Ashley Bloomfield:** So, as I said in my decision, which I communicated to the Whānau Ora Collective, we have an obligation, and I think we're fulfilling that obligation very well, to consult with all the relevant Māori organisations and iwi in each rohe, and we have been doing that apace and providing the data when there is agreement about which data should be released and to whom, and we have followed through on that.

**Hon Chris Hipkins:** OK. I'm going to come here, and then I'm going to propose we go to Jessica, Tova, Luke, then Jason, and then Mark, and then we'll try and finish up there, if we can. So if we try and get through all of that, we'll be doing quite well.

**Media:** On the very high-risk category, some of these countries have been cut off for months. What's changed now, and why did you do all five of them at once? Is there category restrictions for these countries, and how are you going to be looking at it?

**Hon Chris Hipkins:** That public health risk assessment has been an ongoing basis. Now, the situation in all of those countries has improved remarkably since when they were made very high-risk countries, and full credit to them in terms of the work that they've been doing on their own public health responses. We have had some public health advice for a little while now. We indicated that we would make a decision on that public health advice as part of our reconnecting work, and that is exactly what we've done. So we've made the decisions there in the sequence that we said we were going to make them.

**Media:** And so the criteria that you choose which countries are very high risk—has that changed, and what is it?

**Hon Chris Hipkins:** No, it is the same criteria.

**Media:** Sorry, what is that criteria?

**Hon Chris Hipkins:** Look, I can't remember it all off the top of my head, but it includes rates of what's happening with COVID-19 in that country, and there's a variety of measures there, including their case rates, their test positivity rate, the confidence we've got in the level of testing that's happening in that place, the number of people who are coming from that place to New Zealand, the positivity rate that we're seeing at the New Zealand border. There's a variety of different criteria that our public health teams go through and assess

quite carefully and make recommendations to us on whether a country should be included in that category.

**Media:** Will the one-week home isolation still be in place when foreign visitors come and travel at the end of April?

**Hon Chris Hipkins:** Like I said, it will be in place for as long as the public health advice justifies it. I'm not going to put a timetable on that.

**Media:** Approximately what are we talking about—two months, or?

**Hon Chris Hipkins:** Look, at this point, I don't know. That would be crystal-ball gazing to guess that. Yeah, Tova.

**Media:** Just back on Claire's earlier question about potentially bringing forward the April date, could you also do—depending on the COVID situation—the converse? Could you end up delaying any of these dates?

**Hon Chris Hipkins:** The first two, we're very committed to. The third one, there's obviously more uncertainty, there's more work to work through. So I think we've locked in those first two—I think people can make plans on the basis of those first two dates. Luke.

**Media:** Just in all your language today, it sounds like the dates that you've put forward currently are the conservative last dates, sort of, dates that you're putting, but is that the case that if you can go and move on some of these sooner, you will be doing so?

**Hon Chris Hipkins:** Look, I wouldn't rule out moving sooner, but, I think, in terms of giving people that certainty so they can make plans, I wouldn't bank on us being able to move sooner than those dates.

**Media:** What's this going to mean for the A-League and the Super Rugby this year?

**Hon Chris Hipkins:** That'd be a question for the Minister for sport. I'm not across the latest discussions that they've been having around those.

**Media:** Are they likely to be able to travel, is your understanding?

**Hon Chris Hipkins:** Well, I guess, they probably would be, yeah.

**Media:** Is the Government open to bespoke arrangements for travelling sporting teams, though?

**Hon Chris Hipkins:** One of the interesting things around sports teams—and we've been grappling with this now, even just in the reduction from our current 14 days to seven days, plus then a period of self-isolation—is that those sports teams are actually staying in MIQ for that extra period because that's the best way for them to be able to train during that time. So we've got quite good bespoke arrangements for sports teams now already. Again, opening up more space in MIQ, which these announcements we've made today will do, opens up more possibility for more strategic choices about how we use those extra spaces that are created.

**Media:** Just on Aussies living in New Zealand. If they were going to go back to Australia and come home, would they be subject to the January or the April measures?

**Hon Chris Hipkins:** Sorry, Australians—

**Media:** That are living in New Zealand now, if they go back to Australia for Christmas, if they're wanting to come back—is it January or April?

**Hon Chris Hipkins:** They'll be included in the January groupings, yeah. Mark.

**Media:** On this question around the verifier, there will be businesses that choose not to use it because they don't have to, and it might be well known that this business or that business doesn't use it. Doesn't this sort of just mean that people can quite easily get around some of those gathering caps in the traffic light system?

**Dr Ashley Bloomfield:** It could, and, as the Minister said, we'll keep it under close watch. It doesn't mean that there may not be a change to the policy in the future. But, again, just to emphasise, I think people and businesses will find the app very helpful in helping assure them about the safety of the people coming in, and staff. People coming in will want to feel assured that they are safe.

**Hon Chris Hipkins:** If you two can be really quick, then you can have the last questions, so.

**Media:** Just, ethnic breakdown of hospitalised children with COVID. Do you have that?

**Dr Ashley Bloomfield:** We'll come back to that. What I can say is the ethnicity breakdown of the deaths will be on our website later on, but we'll come back around ethnicity of hospitalised children.

**Hon Chris Hipkins:** And, Bernard, last question for you.

**Media:** Why has the Government decided not to mandate construction work? Because three weeks ago, I understand, the entire sector asked desperately for putting construction into the mandatory—

**Hon Chris Hipkins:** Look, a number of different sectors asked for the Government to make the decision for them. The legal framework that we are currently putting through the House at the moment, and I'm hoping to have it passed within a few hours, actually—I think we're almost up to the, or we might have even just started, the third reading while I've been in here. That will give those employers the legal framework to make their own decisions about whether to require vaccination or not. The Government, I think, where there's a public health justification for making those decisions, we've done so, and that includes our health workforce, our education workforce, MIQ, border, etc. Where the rationale for required vaccination extends beyond that, the Government's view is that those should be employer decisions. Thanks, everybody.

**conclusion of press conference**