

**ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 1 DECEMBER 2021
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou everybody. Today I'll run through an update on vaccines, particularly with a reference to the five-to-11-year-olds. I've got some more information on the traffic light framework, and then a few words on the Omicron variant. But first I'll hand over to the director-general for today's daily update.

Dr Ashley Bloomfield: Thank you, Minister. Kia ora koutou katoa. So our 1 p.m. statement today from the ministry contains a comprehensive summary of today's cases and other key measures, so just a brief overview here and now. We're reporting 146 new cases today in the community: 124 of those are across Tāmaki-makau-rau, 14 are in the Waikato, four in Bay of Plenty, and one new case in the Nelson Tasman region. The one new one in Nelson Tasman is in addition to three that we reported yesterday, but they are officially being added to the tally today. There are also three new cases in managed isolation in recent returnees from abroad.

In terms of hospitalisations, there are 83 people in hospital today. Two of those are in the Waikato and all the rest are across Tāmaki-makau-rau. So of those in Auckland, five of them are in ED or in an assessment unit, so 78 are actually on inpatient wards. Nine of our total number of patients in hospital are in an ICU or high-dependency ward.

Now, I've got a couple of slides today, just to show how we're tracking compared with some of the modelling earlier in the month, and how things are tracking today, particularly with respect to hospitalisations and intensive care bed use. So thank you to the interpreter there.

So a month ago the modelling I showed here was based on the predicted trends from early November, you can see the blue line at the top, and then the orange line at the bottom, the first being—the dotted line, that is—being hospitalisations predicted, based on the data in early November, and then ICU bed use, the orange one down the bottom. Those data have been reset and the modelling updated, and this is just from this morning, actually, from Dr Gary Jackson, who is one of our very good public health epidemiologists in Auckland.

You can see he has reset the modelling based on what is actually happening, because our hospitalisations have very much levelled off across Tāmaki-makau-rau, as has ICU bed usage. Likewise, we can see in the table on the side—and we'll happily provide a set of these slides to you all—that whilst our hospitalisation rate throughout the full outbreak has remained at between 11 and 12 percent, and it has been for the last four weeks, our proportion of people who are cases requiring ICU care has dropped from 5.7 percent across the full period of the outbreak just down to 3 percent in the last month or so. And this reflects two things: first of all, the impact of vaccination. We know it prevents people from being hospitalised, and from getting seriously unwell. But it also reflects the very good work of our clinicians in Auckland, who are looking at the international evidence and using the latest treatment protocols—so early use of oxygen, dexamethasone, and antivirals to prevent people becoming more seriously unwell and requiring ICU care.

So just a demonstration of the impact here that vaccination is having in Auckland on hospitalisation and ICU bed use, and it all reinforces the benefits of vaccination. So that remains the very best thing that people can do. If you haven't been vaccinated, please do do that. It is also one of the best ways that we can continue to protect people who can't be vaccinated, including our tamariki.

A reminder also that if you do have any symptoms of COVID-19, and that includes a sore throat, a dry cough, a loss of smell or taste—it might be a runny nose, a fever—please do get tested straight away. Some of our more recent cases, people have waited for seven to 10 days before they have been tested, so it's just a reminder: please get tested straight away, and just remain isolated until you've had that test result back.

Just in terms of scanning and use of the NZ COVID Tracer app, this is going to continue to be very important as we go into the new traffic light system. As Auckland moves to red on Friday, we expect that the number of locations published will increase. We are not any longer publishing locations of interest where the exposure was just a casual exposure, because our experience through the outbreak is that we just don't see cases in supermarkets and these sorts of settings. But from Friday, places like gyms and pubs and hospitality venues will be open. It's very important, therefore, that you keep using the NZ COVID Tracer app to scan in, and we will then, if required, be identifying places as locations of interest because people are more likely to be in a crowded space, close contact, and those are higher-risk settings. So just a reminder: the three things to take when you go out or do when you got out are a mask, vaccine pass, and scan as well.

Finally, whilst our job is by no means done here, it's great to see good progress with our high vaccination rates—that I know the Minister is going to talk a little bit more about—and high levels of testing. Our seven-day average number of tests across the country is around 28,000, and that is excellent. It's what we need to keep doing if we're going to enjoy the summer ahead while living with COVID-19 on our own terms. So thank you to all our health workforce for the work you have done and to all New Zealanders who have been vaccinated and/or tested.

Thank you, Minister.

Hon Chris Hipkins: Thanks, Dr Bloomfield, and I'll start on that particular note. A big shout-out, first of all, to the 86 percent of eligible New Zealanders who have now received both doses of the vaccine and, therefore, have maximum protection against COVID-19. Ninety-three percent of eligible New Zealanders have received at least one dose. We're on track to exceed a 90 percent overall nationwide vaccination rate within the next two to three weeks if demand continues at the current levels.

We're also making gains on the number of people who have received a third or a booster dose. As of this morning, 13,224 people had received a third dose because there's a medical reason for them to have a third primary dose, and 51,127 people, so far, have received boosters, and we've only been doing boosters for a couple of days now. We expected around 450,000 people to get booster doses between now and Christmas, and we're well on track to be able to deliver that.

The uptake of AstraZeneca has been pretty low so far, which is what we expected. It's in the low hundreds of people receiving AstraZeneca doses—about 650 doses so far delivered—but it is a choice that is available to those who need it.

Today, I also wanted to set out a bit more information about the vaccination of five-to-11-year-olds. There is still detail to be worked through and still a Medsafe process to go through. We're now well advanced in our planning for the roll-out of vaccines to five-to-11-year-olds. This under-12 age group have a lower risk of direct health impacts from COVID-19 than older age groups, but COVID-19 can still have serious health consequences for them, particularly for children who are immunocompromised or have significant respiratory conditions. The paediatric version is an adapted version that's designed to ensure that it's effective for our tamariki, at about one-third of the adult dose, and it is being thoroughly tested and trialled.

Buying and using this paediatric version of the Pfizer vaccine is conditional on the vaccine being approved by Medsafe, and they're making excellent progress with the work that they're doing to ensure that their expert advisory committee will be receiving the advice by mid-December. Once Medsafe makes its decision, the ministry's technical advisory group then provides recommendations on the use of the vaccine and the roll-out of the vaccine, and planning is well under way for that to start. We're expecting to start rolling out the vaccine before the end of January, and we have in our conversations with Pfizer been able to secure supplies, deliveries, of the paediatric dose in order for us to start rolling that out, pending Medsafe approval.

Our health officials will continue to work with iwi, DHBs, and local providers and communities, including the Ministry of Education, schools, and early childhood centres to identify any additional locations that we may want to bring on stream for the administration of paediatric doses, which, of course, will also be available through our existing vaccine network. We will be taking a whānau-based approach there. We also recognise this is an opportunity to reach members of whānau, extended whānau, who may not have come forward as adults to receive their vaccinations. It is also possible that other childhood immunisations may be brought up to date at the same time.

In terms of the COVID-19 Protection Framework, in two days New Zealand will shift from the alert level system to the new framework, or the traffic light system, as it has become widely known. It is a big shift after 20 months living in one of four alert levels with some sub-steps that have been very successful in helping us to minimise the impact the virus has on our day-to-day lives. We're now moving to a framework that's designed to keep us all safe, as we've always been striving to do all along, but provide businesses and vaccinated people more confidence to operate and move around a lot more freely than they have been for much of the recent months. It's a recognition that New Zealand has now officially moved into a new phase of our pandemic response where vaccination and good health behaviours will be the key thing that keeps us protected rather than across-the-board restrictions.

The framework is pretty simple and it will feel normal once people are in it and get used to it. The main message is that at every colour setting, vaccinated people will be able to operate a lot more normally whilst taking a few key public health precautions. So getting vaccinated and having a My Vaccine Pass is a key to making the framework work for you. So far we've issued 2.8 million My Vaccine Passes. That's around 95 percent of the people who've applied for their My Vaccine Pass have now received them, and we're working really hard to get those other people their passes in time. We've got an extra 400 people working in the processing team now that have been brought on stream to help with that. For about 90 percent of people the fastest way to get their vaccine pass is the online portal, but you can also get your vaccine pass at one of the 400 vaccinating pharmacies that are out there throughout the country. So if technology's not your thing you can go to one of those 400 pharmacies and have it printed for you.

At the orange level, people with My Vaccine Pass will have an experience that's almost identical to life at alert level 1. Red will be a bit more restrictive. Vaccinated people with a My Vaccine Pass who are currently at alert level 3 will enjoy much more freedom than they do now, and we've been working really hard to get the balance right. We do know that it will take some time for people to get used to the new rules and the various guidelines, and there will be a few teething issues along the way. But I know that once the new framework settles in, it'll mean more freedom to go about our day-to-day lives, especially if you're vaccinated, while at the same time having built-in protections for communities and the wider health system. So as the director-general has just stated, if everybody gets into the routine of mask, scan, and pass, we'll be doing well. So take your mask with you when you leave the house, wear it where you're required to, scan in using the COVID Tracer app—that is going to continue to be a really important part of our response, and download your vaccine pass and have it ready to be scanned.

For those who aren't quite ready yet, and you want to keep your family and yourselves safe, please go and get vaccinated.

A final word today from me on Omicron. Understandably, there is a bit of anxiety about this. I want to be clear: it is a cause for concern but it is not a cause for panic, and we'll be keeping things under constant review. Our readiness of response planning in the event of a new variant of COVID-19 entering New Zealand remains the same it has been for previous variants in that we are ready and we have plans in place. Knowledge continues to emerge about the B.1.1.529 variant. It's still in its infancy and we're watching closely and monitoring the evidence internationally. More information is likely to become available in the next few weeks. In the meantime we do remain in a good position to minimise the impact any new variants have on our border settings because we've got that ability to still do 14 days of

isolation for people coming into the country from those higher-risk locations, and the management of their cases and their contacts, as we've been doing for some time now, continues to be really important there.

PCR samples, the test samples, from any cases that are identified at the border are being prioritised so that we will know as soon as we can—they're being prioritised for whole genome sequencing, I should say. We'll know as soon as that variant arrives in New Zealand if it does. The World Health Organization keeps reminding us that in order to defeat the pandemic worldwide we do have to use a comprehensive approach, which includes vaccination in combination with proven public health and social measures that we know already work. So it remains important that everyone right around the country continues to play their part and be vigilant. Vaccine-producing companies have started assessing how effective their vaccine are against this new variant, and, again, we're following that very closely. Our advice to the public remains that vaccines are still the number one protection against COVID-19, and that includes against the Delta variant, which is responsible for our current outbreak.

There's no change to the advice on booster vaccines, which is for people over the age of 18 to get their booster dose at least six months after their second dose, and, as I've indicated, the roll-out of that is proceeding at pace.

Media: Minister, is it your perspective that it's just a matter of time before the Omicron variant arrives in New Zealand?

Hon Chris Hipkins: I would say so. I [*Inaudible*] I'd say it's highly likely it's going to get here. But at the moment, our border defences still remain in place. We're not stepping away from those until mid-January. And so, you know, in the meantime, we've got that ability to capture it at the border.

Media: Would the Government look into extending the current border restrictions further on than it had initially anticipated, if the prevalence of the virus does become known in MIQ?

Hon Chris Hipkins: Look, we're still planning for the January and February cohorts—you know, the removal of the restrictions for those cohorts—at this point. We keep it under constant review.

Media: But is there a likelihood that that could be extended if the risk—

Hon Chris Hipkins: I wouldn't say it's a likelihood. It's a possibility, but it's certainly not a likelihood. We're still continuing to, you know, head towards those January and February dates.

Media: On vaccines for kids, 20 percent of this outbreak are aged under 10—8 percent are part of those hospitalisations. That's a significant chunk. How much is that playing on your mind as we start to open up, and are you comfortable with an end-of-January start date for that vaccination roll-out—possible?

Hon Chris Hipkins: Look, I'm very aware that around the world one of the big trigger points or big risk points is heading back into winter. And so if you asked me where do I want to be when New Zealand heads back into winter, which is when we know risk increases again, and the Northern Hemisphere experience has certainly highlighted that, we want to make sure we've got as high a rates of vaccination as we can. We will have been able to roll-out our booster dose campaign by then. I would like to think that we'll have our paediatric vaccination rolled out, and the young people will be vaccinated. That will put us in a very, very strong position heading into the New Zealand winter. You know, it's funny to think about that now, when we're only just sort of feeling like we're heading into summer, but we do need to think that far ahead. And I think we'll be well protected, that we'll be in one of the best positions we could be heading into the winter.

In terms of children, yes, of course we are seeing more cases amongst children because, at the moment, children can't be vaccinated. And so that is something that we do keep in mind. That's one of the reasons we're moving to the protection framework, we're not just removing all restrictions, because it helps to provide those extra layers of protection.

Media: Minister, the Restaurant Association in Auckland is quite upset. They said they're absolutely crushed that they've been closed, now, for months, and yet they've got nothing out of this revitalisation package for Auckland. Why not?

Hon Chris Hipkins: Look, restaurants, in another sort of 36 hours or so, will be able to reopen and they'll be able to have customers in there, they'll have to be checking their My Vaccine Passes. So I expect that there will be demand for restaurants. I think there's a lot of people in Auckland who can't wait to get out and be able to dine out, you know, and enjoy those kind of freedoms again. So I'm expecting that that hospitality sector will see a big surge in demand over the next few weeks.

Media: But they're saying that they're being unfairly disadvantaged when other areas are being given vouchers, and yet those vouchers won't be available to people to go to restaurants, as they were in Britain.

Hon Chris Hipkins: If you look at what the vouchers are designed to do, they're designed to give the people the confidence to get out and about and reengage again—so getting families out, doing things as families—saying to Aucklanders, "Thanks for your hard work and thanks for staying home for that prolonged period of time, now get out and about and enjoy what Auckland has to offer." Of course the hospitality sector are going to benefit from that. People will be out enjoying hospitality whilst they're also enjoying those things that they're getting their passes for.

Media: Without incentive?

Hon Chris Hipkins: Well, the incentive is to get them out of the house, and we're certainly providing that incentive.

Media: Just back to the paediatric dose. Will there be any sort of flexibility for parents who are nervous about sending their kids back to school next year when there's more COVID in the community, so that they can stay home until their child is fully immunised?

Hon Chris Hipkins: No, we want schools to be moving to the new COVID protection framework from the new year. We've said to them they can stick with their current settings between now and the end of the year, recognising that they're in the midst of exams, some of those kids have only just gone back to school. So we're giving them a little bit of extra time to adjust, relative to everybody else. But from the new year, we want them in the protection framework. We should be in a position where—and actually getting those kids back to school potentially helps us with the vaccination effort as well. So, you know, there's going to be the potential to do more vaccination in school settings—although I'm not saying that that's absolutely going to be the case in every instance. There may be some of that; there may not be. But we're gearing up and getting ready.

Media: But parents won't be able to keep their children home until their fully immunised?

Hon Chris Hipkins: No—well, unless there's a medical reason to do that. And so for those families where they've got children who have those medical reasons to keep them home, then of course they can do that.

Dr Ashley Bloomfield: Minister, could I just make a comment on that? And the point was raised earlier on about around 20 percent of our cases in this outbreak being under-12s. The vast majority of those cases are from household transmission. They're not from transmission in ECE or school settings. And so the risk to children around getting infected is actually inside households, and the best way to protect them, of course, is for parents and those who are eligible in those households to be vaccinated.

Media: And just on the modelling with the traffic system, how many cases are you predicting could we have in New Zealand by the end of January?

Hon Chris Hipkins: Well, the modelling, as Dr Bloomfield has just showed, is only ever a model, and, in fact, what we've seen is a very, very successful response in Auckland that has meant that those models that we were looking at earlier have proven to be well outside the

range of what we've actually been dealing with. But I'll invite the director-general to add to that.

Dr Ashley Bloomfield: Yes, so I think the important thing here is that we continue to update our modelling as we get more experience. And even if we think about Waikato, where it's now been in alert level 2 for a reasonable period, we haven't seen a big increase in cases here. This is, again, a reflection of the high vaccination rates there. Cases in other places outside of Auckland we've been able to confine to small little clusters, and they've been managed. So the important thing is we keep doing what we're doing, but certainly I think I'd emphasise that some of the worst-case scenarios that might've been modelled a month or two back are not ones we're expecting, because we are clearly seeing the impact of vaccination.

Media: But how many cases are we expecting? Do you have, sort of, any idea what the daily case numbers and hospitalisations might be?

Dr Ashley Bloomfield: No, we don't. Well, we can't predict the future. What we do is we use the modelling to assist us with our planning, and we plan for what we think might happen or for where we might get surges. But the important thing here is our vaccination rates continue to increase, and we're now at rates that are climbing above 90 percent for first dose.

Media: There's a report showing that the two first deaths in this outbreak were possibly preventable. Is that leading you to offer the families an apology?

Hon Chris Hipkins: Look, any death from COVID-19 is one that we take very seriously, and we need to look really closely at any anything like that to see if there are lessons to learn, if there are things that we can improve about the systems, and we'll continue to do that. But it's a global pandemic. So in terms of "do I accept responsibility for the consequences of a global pandemic", I'll accept responsibility for doing everything we can to keep New Zealanders safe, within the limits of reason, within the limits of what we can reasonably do. But I'll let the director-general—

Dr Ashley Bloomfield: Just to comment—and when Margie Apa, the chief executive at Counties Manukau, talked about the report, she offered an apology to those families, and I endorse that apology. We always strive to make sure the system does its best for whānau and for individuals, and there were things that didn't go as well as they should have in the system that meant those deaths were potentially preventable, and it's appropriate for us to apologise for that and to put all our efforts into ensuring that we make sure that doesn't happen again.

Media: Is it appropriate for the Government to also apologise—for you to apologise, Minister?

Hon Chris Hipkins: Look, I am sorry for anybody who loses their life to COVID-19. That is why we are doing this. It is why we've been doing this for nearly two years now, because I don't want to see any other families in that position, if there's any way that we can avoid that.

Media: But that wasn't the question. She said: are you going to apologise to the families of the people that died under the watch of the Government, because you were the one putting the system in place?

Hon Chris Hipkins: Look, ultimately, a Crown apology from the Government is something that, you know, there's a process to go through there, and I'm not in a position to be able to offer that.

Media: You literally are.

Hon Chris Hipkins: Well, I just have. I've said that I'm sorry for anyone who loses a loved one due to COVID-19.

Media: Minister, you put out a health order today—a lot in there, but one of the things it says is that businesses have to be able to verify a reasonable number of vaccine passes coming in. What's a reasonable number to you? Is that closer to 1 percent or 50 percent?

Hon Chris Hipkins: Look, it very much depends on the context of how many people might be coming into the place that we're talking about. So if you're a bar or a restaurant owner where you have a bouncer on the door and you're controlling entry anyway and there are people waiting in a queue, you know, it may well be feasible to be checking more of them. On the other hand, if you're doing a larger event, for example, where there's a lot of people coming in in a short space of time, then more spot checking is going to be realistic. So we deliberately didn't put hard and fast numbers on that, because, you know, again we don't want to create a system that's unworkable.

Media: What sort of changes could you make to that if you saw evidence that people are getting in, some unvaccinated people are getting in, as a result of their passes not being checked?

Hon Chris Hipkins: Look, we keep that under review. I think the vast majority of New Zealanders and the vast majority of New Zealand businesses want to do the right thing here. Actually, we're seeing really good compliance with measures over the last two years—that, in some cases, have been not voluntary but that we've been asking for good will, because we haven't had that ability to enforce every QR code scan, every action that people have taken. And people have been wanting to do the right thing. I think our success as a country has been on the fact that people have been wanting to do the right thing.

Media: Are you or Dr Bloomfield able to say how many of those vaccine passes that you've issued have been issued for people who have got overseas vaccines?

Hon Chris Hipkins: Several thousand. I think it was about 5,000 and something, but I haven't got the exact numbers in front of me.

Media: That's a startlingly small proportion of the overall passes issued, and we've heard from many people that they've had issues getting it. What do you say to someone who got vaccinated in Australia, say, is out of MIQ, and is facing—you know, they did all the right things and now they're facing restriction on their life on Friday?

Hon Chris Hipkins: Look, people have got—you know, we asked people previously. We said it could take up to 10 to 14 days to process those, and we are processing those within that window. People who are supplying their information at the last minute are certainly cutting it fine, and I know that the team are working really hard to try and process as many of those as fast as they can, but, ultimately, particularly for overseas vaccine records, where there needs to be a degree of integrity in the way that those are being processed, and I'm confident there is. We've added extra capacity. As I said, there's another 400 people working in those teams now, but I'll ask Dr Bloomfield whether he wants to add—

Dr Ashley Bloomfield: Just an update on that, and for those who have registered their details already, because they were vaccinated overseas with an eligible vaccine, from 11.59 tonight—so, really, from tomorrow—they will be able to download their vaccine pass on to their phone or device or print it off. So that functionality is going live at midnight tonight—and so from tomorrow. Now, for those people who haven't yet registered, there may be a bit of a wait, as the Minister said, but that functionality will be in the pass, and in the meantime, people who have got a problem with either because it's an overseas vaccination or there was an issue around matching of names—and we've got around 80,000 queries that relate to NHI or names or so on—they are issued with a temporary pass that they can use in the meantime, and we're working to get right through that backlog with the large number of people working on this.

Media: So, Dr Bloomfield, just to follow on that, a handful for elected DHB board members up around the country are not vaccinated and don't want to be vaccinated. They're staying in their jobs. Is it fair that they stay in their jobs, just from a moral level, while the workers in healthcare settings have to leave?

Dr Ashley Bloomfield: Well, I think that's up to them to determine whether it's appropriate, actually.

Media: On vaccine passes, do we know how many haven't had the request for them to be issued, and how many of those people are elderly? Like, is there a group of people that aren't aware that they need this vaccine pass to go about their normal life come Friday?

Hon Chris Hipkins: Yes, so, if you just do the maths, there's about 800,000 people who have been fully vaccinated who haven't yet got a pass. Some of those people won't have made any effort to get one yet. As I said, people can get them from the 400 or so vaccinating pharmacies. They can also contact the 0800 number, talk through the process, and have one posted out to them.

Media: On Northland, northern DHBs have thrown support behind iwi saying that only double-vaccinated people should be able to travel into the region. Is the Government considering putting that rule in place?

Hon Chris Hipkins: No, we're not. If you look at the red—the fact that Northland is going in at red—it does highlight the fact that we acknowledge that there's a more vulnerable community there, with lower vaccination rates. We want to see those vaccination rates getting up. I'd say to all those in Northland who are expressing concern or nervousness or anxiety, the best thing they can do is go out there and find people who haven't been vaccinated and have conversations with them about the importance of vaccination. It is their choice whether or not to be vaccinated, but, unfortunately, many of those people are making the decision not to be vaccinated based on misinformation and everybody who's in that anxious, concerned category can do something about that.

Media: Just while we're talking about Northland, the Waitangi National Trust has announced this afternoon that they're going to cancel all of the Waitangi commemorations up there in February. Do you think that that is a sign that, yes, they're going into red but that there is no sort of optimism that they will actually be at a much higher vaccination rate come start of February, given that that decision by the trust was made with the modelling and advice of the Northland District Health Board as well?

Hon Chris Hipkins: I think my ministerial colleagues who engage regularly with iwi leaders up there indicate that there is a degree of realism amongst iwi leaders about the scale of the challenge that they have ahead of them to get those vaccination rates up. There is more misinformation up there by far—the highest concentrations of misinformation in the country, if I could be as bold as to make that claim. And that does mean that we've got a real challenge on our hands.

Media: Dr Bloomfield, on that, was advice sought personally from you or did you provide any intel to the Northland District Health Board around whether any events should actually go on up there?

Dr Ashley Bloomfield: No—no, I wasn't asked for advice.

Media: On Nelson, there's been a long list of locations of interest in the last 12 days. How likely was it that these cases were infectious in the community, and is there any link yet to the wider outbreak?

Dr Ashley Bloomfield: So on the first question, certainly the first case that was identified in Nelson Marlborough a few days ago, this is someone who had had symptoms for a wee while, and so therefore the possible time they were infectious in the community was a reasonably long period, and that's why those locations of interest go back a wee way. There is whole genome sequencing that we're just following up, and that will give us an idea of the link back to where that first person may have been infected. We do have one other case in Nelson Marlborough that is not associated with that first person. So there are three household or close contacts in that first grouping, and then there's one person who was identified yesterday who isn't linked, and that's another one. We're just following up to see where that person may have been infected. And that person's got a number of close contacts, both

household and workplace, who are isolating and being tested. So we may well see further cases there. But once we've got an update on what the whole genome sequencing is showing, we will update you.

Media: Minister, Omicron was in the Netherlands at least five days before South Africa reported it, so why is the Government singling out those nine African countries by putting them on the very high risk countries category list?

Hon Chris Hipkins: Again, it's based on a public health risk assessment. We want to try and minimise the chances of that particular strand of the virus making its way into New Zealand, or at least to delay it as much as we can.

Media: Given the news that it now was in Europe earlier than previously expected, what will it take to perhaps put some of those European countries on the same list?

Hon Chris Hipkins: Look, we keep it under review all of the time.

Media: Given how prevalent—well, getting more prevalent—that strain of the virus is, is your advice to warn anybody that's looking to go overseas in January against doing that?

Hon Chris Hipkins: No.

Media: Also, just back on Northland, like you indicated, there's a lot of misinformation there. There was also a lot of access issues there, so is the misinformation and the lack of access of vaccine, are those things that have gone hand in hand and have resulted in the position that Northland's in now?

Hon Chris Hipkins: I don't think lack of access to the vaccine has been a problem in recent months. In fact, vaccine has been widely available there. But misinformation, certainly, has been a challenge, and continues to be a challenge, and we've all got a role to play in combatting that misinformation.

Media: Well, there were access issues. I mean, Waipareira had to leave Auckland in lockdown to go up and assist Northland's vaccination efforts. So there has been access issues. What was the Government doing along that way to fill in those gaps where misinformation has been existing?

Hon Chris Hipkins: If you look at what we're doing to combat misinformation, we're doing what we can reasonably do. Unfortunately, misinformation tends to spread through networks that the Government doesn't have access to, and so that's one of the things that makes it really challenging. These aren't people who are plugged into the 6 o'clock news every night or reading the newspaper. They're getting their information from sources that we don't have any real ability to influence. So that's one of the things—

Media: They're on Facebook and Twitter. The Prime Minister goes live on there a lot, so why does this not exist in the spaces where misinformation exists? And access was an issue. People in Hokianga had three hours every two weeks to get a vaccine, so it was an issue. So where was the Government when those conversations were being had in the villages around Northland?

Hon Chris Hipkins: Well, I think if you look over the course of the roll-out, we've been working really closely with our local DHBs, our iwi, our primary healthcare providers, our Hauora providers to spread that vaccination message as widely as we can. And that's included quite a significant amount of funding specifically for the Māori vaccination campaign, right from when the vaccination roll-out first began.

Media: What about things like putting a Māori Minister on the podium during these press conferences?

Hon Chris Hipkins: Well, Minister Henare has been up here on many occasions, and he continues to be a really important part of our COVID-19 team, and of course I'm aware that he's been making himself available for the Māori media on a weekly, if not daily, basis as well

Media: Can I just ask around that, because the narrative seems to have changed recently around access and it not being an issue from—not only from yourself but also from the Prime Minister and others as well. When you talk about access no longer being an issue, are you talking specifically about the number of vaccination clinics that are available, because when I've asked questions about it, it's been more pointed at the comments from the likes of Shane Reti, Debbie Ngarewa-Packer around whether people have petrol money to put in the car to get to the place where the clinic is. So can you just explain what your definition of access no longer being a problem actually is?

Hon Chris Hipkins: Yeah, the former, not the latter. I acknowledge that for some people, there'll still be other barriers, including time off work, the cost if they have to get petrol to put in the car to go to the places where vaccines are available. I acknowledge that those things can be challenges, but there's a lot of people working really hard to help people overcome those challenges.

Media: But, I guess, can you see how that can be a little bit misconstrued, because saying that access is no longer an issue makes it sound as if there's a mobile vaccination clinic in every town and every village around the country, but, actually, there's not—we know that there's not. So isn't the point that you should be up front about the fact that access is actually about people getting to where the clinics are, and if that's a problem, then you do have an access issue?

Hon Chris Hipkins: Well, perhaps if I took that to the extreme, there are towns in New Zealand where you cannot buy food—there is no food outlet—but people still eat in those places, so people find ways to get to the places where they can buy food. The reality is we've got buses—we have got buses—and mobile clinics moving around the country to try and provide as broad a coverage as we possibly can.

Media: I've got two questions, sorry—just a follow, though, on Rukuwai's. Has there been any consideration to give Minister Henare his own day? The Prime Minister's got a day, you've got a day, Robertson's got a day—

Hon Chris Hipkins: That one's not a question for me. That one's a question best addressed, probably, to the PM or so others.

Media: Would you like to see him have his own day?

Hon Chris Hipkins: Oh look, I know that he's out there working really hard on the vaccination programme. We speak to each other frequently, and I know that he's trying to make himself as accessible to Māori communities as possible, and he's also, I think, aware that this isn't necessarily the best way for him to that; that there are other ways, including direct engagement with Māori media and with other—and actually get out and about, which helps him to do that.

Media: Is there any risk that Nelson goes to red because of these cases, on Friday, or is it locked in orange?

Hon Chris Hipkins: Oh, the fact that—let me be clear on this too. The fact that cases will start to pop up in different places around the country, and we may be dealing with more localised outbreaks but that are reasonably controlled—that doesn't mean that we're automatically going to be considering a shift from orange to red every time that happens, because more of that's going to happen. That doesn't mean that we're suddenly going to be flicking places into red all over the show all of the time.

Media: This is for a colleague. A few days ago, British scientists have come out saying that lateral testing is a reliable public health tool in stopping the spread. The NHS rolled out antigen testing for front-line health workers ages ago. Why has it taken New Zealand so long to roll it out?

Dr Ashley Bloomfield: So, yes, lateral flow testing is a more recent technology. That is one that's on our radar and we'll be taking a look at. I just want to make a comment about testing. We have, rightly, had PCR-based testing—largely nasopharyngeal but also saliva-

based—as the mainstay of our response to date. It's served us incredibly well. We've got one of the highest testing rates and lowest positivity rates of any country in the world, and that's why we've been able to control our outbreaks here so well, including this current Delta outbreak in Auckland. From today, there is a range of businesses in Auckland that were part of the pilot who are now able to order and use rapid antigen tests, as will some healthcare settings like aged residential care, and, likewise, we're looking at—as Minister Verrall announced last week—the role of rapid antigen testing and their availability in pharmacies to be able to help people who—it will be available for people who need to—the unvaccinated who need to travel outside of Auckland from the 15th. So, yes, we are using rapid antigen testing, but, to be really clear, it is only more recently that it's become a form of testing that is appropriate to use in New Zealand, because we have had such a low rate of COVID cases.

Media: And on that, in terms of it becoming more available now and more recently, what measures are in place to ensure antigen testing is carried out properly in the workplace?

Dr Ashley Bloomfield: Well, one of—in the workplace? That was the purpose of the pilot. It was to make sure that, first of all, employers had people who knew how to supervise the use of the tests, but also that we could collect information on what the results of the testing showed in terms of picking up any positive cases that were true positives and/or any false negatives—false positives there might be and false negatives. In terms of wider use in the population, that's why we're proposing to use pharmacies as the distribution network, because you'll recognise in pharmacies, the technician or the pharmacist can explain the use of the test to a person who is going to use it, or they can supervise the use of the test so that we're confident that the test is being used appropriately.

Hon Chris Hipkins: Amelia, you can have the lucky last question.

Media: Thank you. So just for clarity on the roadblocks, is the Government going to condone or condemn the iwi roadblocks?

Hon Chris Hipkins: The only people that should be putting any roadblocks in place if they are justified by law are the New Zealand Police. So, no, there should not be any iwi roadblocks being set up.

Thanks, everyone.

conclusion of press conference