

ALL-OF-GOVERNMENT PRESS CONFERENCE: SUNDAY, 23 JANUARY 2022
HANSARD TRANSCRIPT

PM: Kia ora koutou katoa. Good morning everyone. Nine COVID-19 cases reported yesterday in the Nelson Marlborough region have now been confirmed as the Omicron variant, and a further case from the same household was confirmed late yesterday. These cases are in a single family that flew to Auckland on 13 January to attend a wedding and other events on the weekend of January 15 and 16. An initial estimate suggests that there were well over 100 people at these events. This cluster has already led to an additional infection of a fully vaccinated Air New Zealand flight attendant who picked it up on a flight 5083 on 16 January from Auckland to Nelson that the family was on. That flight attendant has worked four additional flights whilst infectious. We were also informed late yesterday of a further case who was at the wedding.

But even more importantly, we don't yet have a clear lead on the index case that links this family to the border, as we have with our other Omicron cases to date. That means Omicron is now circulating in Auckland and possibly the Nelson Marlborough region, if not elsewhere. On that basis, as we have previously signalled, the whole of New Zealand will move into the red setting of the traffic light system at 11.59 p.m. tonight, Sunday, 23 January.

As I set out this week, our strategy is to slow the spread of Omicron down. This includes boosters and public health measures such as mask wearing and restrictions on gatherings while keeping the pressure off our health system to protect those most at risk of getting sick. Our plan for managing Omicron cases in the early stage remains the same as Delta, where we will rapidly test, contact trace, and isolate cases and contacts in order to slow the spread.

Given our low number of Delta cases, we currently have significant capacity in our system to attempt to stamp out outbreaks, and our teams are already hard at work to contain this one. But as we've seen elsewhere in the world, Omicron is significantly more infectious and, in due course, we know we will see far more cases than we have in the two years of the pandemic to date. But the difference to previous outbreaks is that we are vaccinated and we are even better prepared.

Limiting the threat of Omicron will take a team effort, like we've done before, and there is one task that I'm explicitly requesting New Zealanders to undertake as soon as possible: get boosted. The evidence from overseas is that boosters significantly reduce the likelihood of getting sick and needing to go to hospital and also helps to reduce the transmission of the virus. Most other countries have had to get boosted in the middle of their outbreaks. Our plan has given us a head start, and around 56 percent of those eligible for a booster already have one, but we need to get that number higher quicker.

We need to use the coming weeks before the virus could significantly take off to get as many people boosted as possible. If it has been four months since your second dose, you are due your booster. Please go to bookmyvaccine.nz to make an appointment or simply go to a local drive-through, GP, or pharmacy. The Healthpoint website has a list of all the vaccination sites in the country. Vaccination sites are open today across the country, and we'll be standing up additional capacity this week in anticipation that there will be additional people who will now be wanting to make sure their vaccines are up to date.

For those of you with children aged five to 11, all children aged five-plus can now be vaccinated, and I encourage parents and caregivers to seek out information to help you make that important decision. Already, around 20 percent of children aged five to 11 have been vaccinated or are booked to be vaccinated.

And now a little more detail on the red settings. Every region in New Zealand, as I said, will move into red at midnight tonight. Even if your part of the country doesn't yet have Omicron, the evidence from overseas suggests that it moves very quickly. We know it's already in

both the North and South Islands and that cases have been on a number of flights. Our goal at red is to slow the spread of the virus. Again, the evidence from overseas is that those places that were slow to act have had more severe outbreaks.

So, at red, in many ways, life carries on as per usual but with more mask wearing, and distancing precautions, and reducing gathering limits to lower the risk of picking up the virus and super-spreader events. Red is not lockdown. At red, businesses stay open, and you can do most of the things that you normally do, including visiting family and friends and moving around the country. But red will make a difference because it focuses in on those events that we know are high risk. Hospitality businesses can open but are capped at 100 people indoors and customers must be seated and separated. Events and gatherings for vaccinated people are reduced to 100. If people at an event are not vaccinated, that reduces further to 25. In retail and public places like libraries and museums, there will be limits on those in a space based on the ability to maintain physical distancing. Businesses and workplaces remain open, but where a workplace deems it appropriate, they may choose to have employees work from home.

Education centres stay open but with extra public health measures, including mask wearing for everyone from year 4 and up. It is our intention for schools to return as planned. Over the summer, our education team has been working on additional measures to help support the safe return, including supporting the assessment of ventilation in our schools. Our plan is simple: get boosted, wear a mask in indoor settings and outdoors when you can't distance from others, and reduce contacts as much as practical in those environments.

Omicron is now in more than 80 countries around the world. By delaying its arrival here, we've had the time to kick off boosters, vaccination for children, and prepare. I encourage everyone to use the coming days to take steps at home or with their family, neighbours, and community to make a plan. Resources to help you do this are on the Unite Against COVID-19 website. One of the most important things that people can do is to make sure that you and your family have a buddy, a neighbour, or a friend who may be able to help out with delivering things that you need if you do become unwell. Help and support, including financial support, will be available for people who are isolating. Both the leave support scheme and short-term absence payment are available for people who cannot work while they are isolating. Minister Robertson is here and will talk more to that shortly.

Earlier this week, I talked about the fact that, through the course of managing Omicron, we will be taking a staged approach. As case numbers grow, both testing and isolation approaches will change in response. We've been planning for three stages for Omicron. Phase 1 will include the period we have up to 1,000 cases a day or less. We expect this scenario, in the initial stages of the outbreak, could take up to 14 days to arrive. At this stage, we're doing what we've successfully done with Delta, taking that "stamp-it-out" approach, and this will be familiar to you. Broadly speaking, it includes the same contact tracing, isolation, and requests that everyone who has symptoms be tested at a community testing station or at a primary health provider. PCR tests will continue to be used, but we will begin to integrate rapid antigen tests into these sites as required. If you're required to isolate during this phase, you'll receive advice and, if needed, support to do so. In this stage, you will need to isolate for 14 days if you are a case and 10 days if you are a contact. Stage 2 will be a transition stage, where we adjust the system to focus much more on identifying those who are at greater risk of severe illness from Omicron, which will be a smaller percentage of cases. At the third stage, when cases are in the thousands per day, we will then make changes to contact tracing, the definition of contacts, and isolation requirements. Details of this stage of the outbreak, we'll be providing in a full walk-through with the ministry of public health on Wednesday. But it's worth noting that we don't expect to be at this stage for a few weeks.

Through the course of each stage, we have a "test-to-work" regime that will apply to our essential workforces to keep them going through the outbreak. I know that hearing these sorts of case numbers will sound deeply concerning for people to hear, and, of course, we'll do everything that we can to slow the spread and reduce the number of cases we

experience as a nation. But it's important to remember that COVID is a different foe to what it was in the beginning. Yes, we're not used to having it amongst us, and we still want to prevent people from getting it, but, if you do, because of vaccinations, for most people it will be mild to moderate illness that you can manage at home. Why, then, you may ask are we going to such lengths to slow it down? For the same reasons we have always taken COVID seriously, because we're a team. Some of our team are immune compromised, some have illnesses, some have vulnerabilities, and, of course, many are older. All of these things means our team will not experience Omicron in the same way. But if one of us doesn't play our part, then someone else may suffer.

We are stronger as a team than we are as individuals, and so now I ask that we all pull together again. Please be kind. I know not everyone sees this pandemic in the same way, but for the most part we're motivated by the same thing, and that's looking out for each other. So get boosted, start wearing a mask in all indoor settings, and get prepared to be at home, should you need to be. We've spent the last two years preparing for this, and today I'm grateful for the position New Zealanders have put us in to fight Omicron.

I'll now ask Dr Bloomfield to give a little more detail on the cases and the information that we have today, then, of course, we'll be open to questions, and then at the conclusion of questions I'll ask Minister Robertson to take the floor. Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. Ngā mihi o te Tau Hou. So I'd just like to make one more comment about the cases and then I'm going to talk about locations of interest and testing and so on. The most important thing about these cases is that the first one of them went and got tested, and that's how we know about this group, and that's how we know that this is Omicron, and, therefore, we can act in response. So very grateful for this, and it is one of the most important things people can do. And you'll hear me emphasize this message again, that anyone who has symptoms, wherever you are in the motu, please do get tested. That has been a fundamental part of our success to date in combatting this virus, and it will continue to be so with Omicron.

On to locations of interest. The initial locations have been identified, so far, across Auckland and the Nelson Tasman region, and these are being loaded up on to our website and will be published as details are confirmed. So please do check the ministry's website, and we will get the information out through other ways and channels as well. I should say that there will be people from outside of Auckland and Nelson Tasman who have travelled to these regions, given the time of year it is. And if you have been at these locations of interest, it is just as important that you are tested, or, if you are symptomatic anywhere, of course, to get that test. So please do keep an eye on those locations of interest if you've been in Tāmaki-makau-rau or in the Nelson Tasman region over the last week or two.

There are five Air New Zealand flights, which were the original flight the whānau travelled on from Auckland to Nelson, plus four others that the infected flight attendant travelled on. And those flights are NZ5083 Auckland to Nelson at 5.20 p.m. on 16 January, flight NZ5080 from Nelson to Auckland at 4 p.m. on 19 January, flight NZ5077 from Auckland to Nelson at 2 p.m. on 19 January, flight NZ5049 Auckland to New Plymouth at 7.50 p.m. on 19 January, and then flight NZ5042 from New Plymouth to Auckland at 1.50 p.m. on 20 January. And just a reminder that there is still a section 70 notice in place that requires—it puts a legal requirement on people who are contacts and who have been at a location of interest to follow instructions around isolating and getting tested. And as the Prime Minister has said, at this point in time, while we are still in a stamp-it-out approach that will require cases to isolate for 14 days and contacts for 10 days.

Our public health teams are busy conducting interviews with both the whānau and people who were at the events they were at in Auckland to find out how these cases might have been infected and further details of their movements and those of our other cases. However, based on the information we have, and particularly because they attended a wedding in Auckland, we have judged that the risk of undetected transmission is considered

to be high, and hence our advice that now is the time to move the country into the red setting under the COVID-19 Protection Framework.

Our contact tracing teams are fully in action, and they're interviewing cases, identifying close contacts, tracing those contacts, and ensuring, most importantly, they are isolated and being tested. As of 11 p.m. last night, 150 of 192 people on those Air New Zealand flights I mentioned have been contacted and provided with information about isolation and testing, and those efforts, of course, continue this morning.

There are at least two known groups that were infected at the family event—the wedding—and attendees from the wedding are also known to have attended other places where there are high numbers of people. This includes a funeral, an amusement park, the Sky Tower, and domestic airports, of course, around the country.

I'd like to reiterate that locations of interest are only published where we don't know some of the people there. There will be other exposure events where we know everybody who was there, so that place—that does not become a location of interest and is not published. We do expect the number of cases and contacts to grow. We've seen this with previous outbreaks, with Delta and other variants. But, of course, with Omicron being highly transmissible, that will happen, and we will learn more from interviews of our cases.

We've got additional capacity stood up around our contact tracing. Our public health teams around the country, and our central team, are working very hard together on that. In that vein, Healthline is also surging its workforce today and has additional people on duty in anticipation of an increase in call volumes. Please be patient if there is a short wait. Call back later if you can't get through immediately, they will have extra staff on. Please remember: just call Healthline for clinical advice. If you have been at a location of interest at the same time period as a case has been, then seek advice. But they are not there to provide advice around, for example, what the red alert level settings are and so on. That information is all available on the Government's websites. If you want to know the locations where you can be tested, of course, the Healthpoint website has that as well.

Again, just to reiterate the Prime Minister's point: at this stage, in a stamp-it-out approach, our testing is exactly the same as it has been right through the pandemic so far, and that has served us very well. It is our nasopharyngeal PCR swabbing that is done in a range of places and communities, and people will be very familiar with this now. So that is the mainstay of our testing. If you are symptomatic, please seek a test. Our DHBs have all been notified, and they will ensure there is good access to testing today and in coming days. Our teams will closely monitor that and ensure additional capacity is made available if needed. It's important the right people get tested, so, please, if you don't have symptoms or haven't been at a location of interest, there is no need to get a test at this point. We need the right people to get tested so we can understand the extent of transmission at this point.

I also want to reassure New Zealanders that anyone who needs medical care will continue to be able to receive that, both in the community and primary care but also in our hospitals. Our health system and our hospitals have good capacity across the motu. Our hospitals at the moment are 84 percent occupancy, which is actually pretty typical for this time of year, and ICU occupancy is under 70 percent. Most of these are people who have had surgery done and so require time in ICU. So if you need care, seek it. Don't hesitate to do so, and if it's an emergency, of course, call 111.

And finally, our boosters and public health measures, as the Prime Minister has said—public health measures such as mask-wearing and restrictions on gathering—are designed to keep us all safe and keep pressure off our health system to protect those who are most at risk of getting sick, and ensure that our health system can continue to deliver care that all New Zealanders need. Our plan in this early stage continues to be rapid testing, contact tracing, and isolation, and that will help us slow the spread, we know. We don't yet know the source for these community cases, and we are investigating what that might be. The important thing at this point is we find out the extent to which there is spread in the

community, particularly in Tāmaki-makau-rau, so it's essential that anyone with symptoms or who has been at a location of interest does get tested.

Finally, and just to reiterate the Prime Minister's comment, it's more important now more than ever that everyone, right around the country, continues to play their part, as they have for the last almost exactly two years. If you wonder what that means for you or if what you do makes a difference, it most certainly does, and thank you in advance for your support. Kia ora.

PM: All right. Happy to take questions.

Media: Prime Minister—

PM: Yeah. Sorry, I would use names, but I can't quite see who you are behind the mask. I'll start with one, then three.

Media: Was the Nelson Tasman family vaccinated?

PM: Yes. Those who were eligible were vaccinated.

Media: Given that there's a lot of vaccine resistance in that Nelson Tasman area, how concerned are you about that region in particular?

PM: As concerned as I would be for any part of the country where individuals aren't taking up the opportunity to be vaccinated. If I could leave one message alongside be calm, be kind—get boosted. We know that it makes a huge difference to the severity of illness that you experience. We don't want people to experience the need to be hospitalised, not only because of the impact on your own health but the knock-on effect it has for others. So, please, get boosted: it makes all the difference.

Media: What would it take to trigger a regional lockdown in that area?

PM: Look, that's just not a stage that we're at or that we're contemplating. At this stage, of course, we know the family members are cases, we've identified locations of interest and they're being notified. We ask those individuals who are symptomatic in any part of the country to please be tested. But that's not something that we're considering at the moment. Red are the settings that will provide us with the ability to slow down any spread we may have.

Media: Prime Minister, is this it? Is this when New Zealand learns to live with COVID-19?

PM: We've always taken a different approach to other countries. You know, we don't want to be complacent or simply just accept that people are going to have COVID. There are many good reasons why we want to continue to take the approach of slowing it down as much as we can. While, for most people, Omicron will be a mild to moderate illness where they can care for themselves at home, there are other members of our community for whom it won't be. I know we want to look after them as well, and so that's why I'm asking everyone—please follow the public health guidance, wear a mask when you're out, get boosted, and prepare should you need to stay at home. This is not something we're treating like every other illness, we continue to be very cautious in the way that we manage COVID.

Media: But this will require a shift in mind-set for most of New Zealanders.

PM: I think New Zealanders will have been looking at what's happening overseas. So, unlike other variants of COVID where it has been possible for us to either eliminate it successfully, as New Zealand has, or reduce cases right down, as we did with Delta, which was incredible, we know that Omicron is very transmissible. But we also know that most people, particularly when they've been vaccinated and had a booster, will experience mild to moderate illness. So we're asking people to use those tools but, yes, prepare. We will see more cases than we've experienced before.

I'll give you another one and then I'll canvass around.

Media: Panic-shoppers are already flooding—

PM: No need.

Media: —to the supermarkets. What is your advice?

PM: Just a reminder, again. Of course, we've had Northland only recently exit red. Aucklanders will remember what red is like. It is not a lockdown, and we're not announcing that today. We have tools that we did not have before. We have vaccines and boosters, we have more knowledge and evidence around how to manage this pandemic. We're not moving the country into a lockdown, but we're working very hard to slow it down, and we ask for everyone's help to do that.

Yeah, Henry. Oh, sorry, I mean Luke.

Media: Has Cabinet, or you, considered subsidising N95 masks so that far more of the country can get them rather than cloth masks, given all the evidence shows they're much more effective; and have you considered sending RATs out to every household, as many other nations have done?

PM: Yeah, so, perhaps I'll ask Dr Bloomfield to talk about the latest mask advice. What I will just flag is that we are going to just do a quick assessment again of our mask advice and make sure, again, as we always do, as we get rolling evidence coming through from others' experience, to see whether or not we need to give any update on mask advice. Because you're right, there's evidence emerging around those masks that offer better protection than others, including the effectiveness of surgical, so not just N95s. But I'll have Dr Bloomfield speak to that, but we will provide a more formal update in the coming days.

Dr Ashley Bloomfield: Thanks, Prime Minister. Just two comments—the first is, yes, we are aware of and have been reviewing the updated evidence around medical/surgical masks, and also N95s. A comment on N95s, they need to be fitted properly, and all our workforces who are using those masks in the healthcare system and at the border have proper fit-testing. Because if they're not fitted properly, then they can be less effective than a normal cloth or, indeed, a surgical/medical mask. So we are providing advice which will be nice and clear for the public, but also through to the Government about access to masks and just how people can make sure that they can access the masks and the timing of use of those. At the moment, just where the current settings stand about use of face coverings, but that will be reviewed and more detail provided this week.

PM: Again, our health workforce have good supply of N95s. There's good availability of surgical masks across the country.

Media: Would you consider making them free and sending them out to households?

PM: Not something that we've given consideration, giving consideration, to at this stage. I know, obviously, that many, many people, of course, have face coverings, it's just providing the advice of what we know about what is the most effective.

Media: What about sending out RATs to households proactively, so every household has them and can easily test at home as the US and [*Inaudible*]?

PM: So the most important thing to remember about this phase of the pandemic is that we will continue to operate as we have done for Delta, and we're able to do that with the capacity we have at present and the case numbers we have at present. Now, the reason we're doing that is because that actually gives us the best chance to continue to limit the spread. And, also, we know that PCR testing is the best tool for us in that phase. Rapid antigen testing has an effectiveness, or an efficacy, up to about 80 percent. That means at any given time you are missing cases, so that is something you want to leave for further on in the outbreak.

As we've indicated, looking at all the evidence, we do expect, though, to reach a number where we do have a much larger number of positive cases—we will transition from our current way of operating into different use of testing mechanisms. Dr Verrall, alongside Dr

Bloomfield, will talk about phase 2 and phase 3 in about 72 hours, on Wednesday, and will cover off the way we'll integrate rapid antigen testing in at that point as well.

Luke.

Media: Dr Bloomfield, could you just outline again, please, for everyone at home: if you test positive, what do you have to do, what do the people in your household have to do? If you're a close contact, what do you have to do, what do the people in your household have to do? And if you're a contact, just at a location, what do you have to do, what do the people in your household have to do?

Dr Ashley Bloomfield: Sure. So anyone who is a case will be contacted by our public health units when they receive that positive result, and they, of course, conduct a case interview. The isolation period for cases is 14 days. We've just gone back up to that in light of Omicron and to help with managing the spread in this early phase where we think we still have a good opportunity to potentially stamp it out or really reduce the onward transmission. Household contacts will be identified immediately and tested and then they have to isolate for 10 days. Ideally, we will be looking to see if household contacts can isolate separately so there's no ongoing exposure, so if they don't return a positive test in that first 10 days, then they only have to isolate for that 10 days.

Other close contacts are also required to isolate for 10 days and follow the required testing regimen, which public health teams will advise them of. And people in the community who have been at a location of interest need to contact Healthline or register online and they will get instructions about what they are required to do. The important thing is that they isolate and then follow the instructions around testing, which is usually test at five days.

Also, because it is Omicron, we have taken an approach, at this point in time, where we are isolating contacts of close contacts initially, until those close contacts return that negative day-five test. Then that second-tier group of contacts can then go about their normal daily work.

Media: So if you were a close contact, everyone in your household will have to isolate as well until you return a day-five test? Is that correct?

Dr Ashley Bloomfield: That's correct, yes.

Media: And if you are just a contact, you follow the advice and your household can go about their business as per usual, keeping an eye on if you return a positive test, for example?

Dr Ashley Bloomfield: Yes. So just to be clear: we're doing that second tier out for those very close contacts, particularly those household contacts. That won't be required of every contact of all close contacts. But that advice will be provided by Healthline or the public health units when people indicate that they are a close contact.

PM: Keep in mind, those who fall under this category don't need to memorise everything that Dr Bloomfield here is saying on the podium because they will have contact with public health units who will be able to provide that advice directly.

We're very aware that we're able to maintain this in phase 1, and that is because we'll have the capacity to do so when we have lower case numbers. We also want to take advantage of the fact that while we have lower case numbers, we've still got the ability to try and continue to stamp it out. That won't necessarily be the phase 2, of course. As we've said, once cases begin to grow, we then transition into a new phase and that will include different periods of isolation. We don't want to overwhelm people with different days of isolation, so we will be providing that information in the next week.

Media: So the new thing could be something like what happened in Australia, where, essentially, the definition of close contacts has changed?

PM: Correct. Well, we'll be looking at shortened periods. And that's because, of course, we've canvassed all of the evidence, the way that Omicron's been operating, in order to

model ourselves on what will be necessary at different phases of the pandemic to manage it well. So we're still trying to prevent people from coming in contact with it, but also recognising that you have a large number of contacts who start to be picked up when you have that large number of cases.

I'm going to come to Roku.

Media: Māori very quickly became the most affected by Delta, can we expect the same with Omicron, and do we have an ethnic breakdown of these current cases of Omicron?

PM: Dr Bloomfield?

Dr Ashley Bloomfield: We've seen through all the waves of the pandemic that our Māori and Pasifika communities tend to be more infected, both in terms of the number of cases and also the more severe outcomes, including hospitalisations. What I can say is at the moment, none of the cases that have been confirmed in this whānau are Māori, and I will need to go back and just get the ethnicity breakdown of the other cases that have already been identified.

Media: I suppose, what are you doing that's different now to make sure that we don't have that big—those effects on Māori and Pasifika families that they felt during Delta? How are we going to make sure that doesn't happen again now?

PM: Probably two elements will be critical for the Omicron outbreak. One will be, again, vaccination, because we just know what a critical difference vaccinations will make to the severity of illness people experience. Now, you'll know that we're at 89 percent at least partially vaccinated for Māori. We want to keep driving those numbers, and, particularly, we are focused on the booster campaign and making sure that we're reaching Māori communities and Pacific communities with that booster campaign.

The second really important element: we'll be making sure that when we have a larger number of cases in the community that we've got systems in place that still enable us to recognise and identify when we have vulnerable individuals who have a COVID diagnosis. Because most will be able to isolate safely at home, but for those who may have pre-existing conditions, we need to identify them quickly, make sure that they have a proper medical assessment and have the care that they need. So that's something that we've been working on as part of that first Delta outbreak, we have that in place. We need to make sure that it can scale up and work appropriately when we have a larger number of cases, though.

I'll come over here to RNZ.

Media: Prime Minister, a number of experts, Siouxsie Wiles, Michael Plank, have expressed concern that the red traffic light setting won't be enough to slow down Omicron. They'd prefer to see—Siouxsie Wiles, anyway, would prefer to see high-risk activities like restaurants shut down completely. What do you say to that?

PM: Well, we've actually been looking at other countries, a range of other countries, and whilst it's quite hard to compare, because they'll either have different border settings or they would have been at different stages with their booster campaign—but trying to look at the mix of public health measures that we're seeing overseas and the impact that they may have alongside others. Keep in mind, we, of course, have the red settings, but we are also still isolating people as they come in at the border. So we don't have the same seeding that many other countries have had.

But we will keep looking at that evidence, keep looking at what we may want to do. At this stage, we're not considering, for instance, the closure of hospitality. That is not part of our plan. You will see, though, that red does require a change for high-risk events—like, for instance, nightclubs have to move to seated and separated. We know that that will have a large impact, but we already identified—and you can see from the outbreaks, in Australia in particular—that those are high-risk events, so that's one thing we can do to mitigate against that.

I'll let you have a follow-up there.

Media: I know you've said modelling is incredibly variable—

PM: Yeah.

Media: —but I know Auckland DHB last week was talking about 1,800 cases a day. I wonder whether, Dr Bloomfield, you have any nationwide assessment or figures that you could share?

PM: They're highly variable, and so whilst what I'll say here isn't necessarily a modelling scenario, what we've wanted to do is test our systems under a scenario where you've got less than a thousand right up to 50,000. We need to be able to test systems for a very wide range. Now, that's not to say New Zealand will experience that, but we want a wide range of scenarios that we can prepare for and work very hard to end up on the lowest end of the scale that we can.

Dr Ashley Bloomfield: Just to add to that, the most useful thing about modelling is as an input into scenario planning for both the health system and the wider Government sector and, indeed, for the private sector. So, as the PM said, we've got a range of results from different modellers, and the key thing here is we've used that to inform these three scenarios that we've planned to, about which we will provide the detail during the week.

PM: Dr Bloomfield's right. That should not be referred to as modelling, but scenario planning. And I think people would expect us to think about both low and extremely high scenarios.

Sorry, what was that, Craig?

Media: Could we cope with 50,000 a day?

PM: Sorry, could we?

Media: Could we cope with 50,000 cases a day?

PM: We've designed systems that are designed around that. Of course, as I've said, we are working, and all of our strategy is about putting us on the lower end of the spectrum. But this is a variant that entered into the world's knowledge in November. We still don't have the ability to truly assess, given the very different circumstances of every country, precisely what will happen here, but we do know we are better placed than many.

Media: Would you give consideration to the three-month rather than four-month gap for boosters?

PM: A good question. I would give consideration to anything that our health experts advise us to do. So that would be a question for Dr Bloomfield.

Dr Ashley Bloomfield: At the moment, we're planning to stick with that four-month gap, and that's serving us well, but, of course, we're keeping it under advisement—remembering, actually, the initial advice was for six months. Likewise, our advisory group that is looking at the paediatric vaccine is going to reconvene in the first half of February to look at the interval for the gap between the two doses for the paediatric vaccine—currently eight weeks, that's what's been done around the globe, but they're going to relook at the evidence as well as an updated look at the safety data.

Media: Irrespective of whether we have 50,000 cases or far fewer, you would expect a peak and then a tail off. What's your view as to how long that might be before we're in the tail-off period?

PM: Well, given that it has not been in the world for long—there are a handful of countries that we can turn to—I'm hesitant to draw too much conclusion, given the different circumstances. So for the UK, for instance, they certainly believe that they're coming off their peak, but, of course, they had a much higher number of individuals who had previously been exposed to COVID. So perhaps, Dr Bloomfield, you might wish to comment on that.

Dr Ashley Bloomfield: Thanks, Prime Minister. Yes, we're looking carefully at the UK, USA, particularly the eastern seaboard, and even New South Wales and Victoria, and what it seems is that they had very high peaks but that the peaks had turned, also, quite quickly. And, again, the next week, I think, week or two, in those jurisdictions, will really be helpful.

PM: What we also can't assess is the efforts that we're making to slow it down, whether or not that would prolong the period before we see a peak. Ultimately, though, of course, our absolute focus is on slowing it down, not rushing through a surge, because by slowing it down we give our health system the ability to make sure that they can manage and provide the care for everyone who needs it, the most appropriate care.

Jo—I will come back to you, Amelia. I'll just pan around for those who haven't had a question yet. Jo.

Media: Just going back to the booster question, in some of the regions where it was slower, the roll-out, there are people who are still in their mid-70s who haven't got their booster shot yet. If they're sort of a week or two weeks away and highly anxious, which is fair enough, is there any sort of allowance, I guess, for people to just move that forward a little bit that given there are countries who have got that more reduced?

PM: I mean, there shouldn't be many. We had very high rates of the 65-plus range quite early on in the campaign. But I'll ask Dr Bloomfield to speak to health advice for our vulnerable.

Dr Ashley Bloomfield: Certainly, it's still a four-month interval and the system is set up to do that. But as the Prime Minister said, our rates for over 65s were high right around the country, and particularly in aged residential care. And all our district health boards are positioned to have all our aged residential care people with their boosters by the end of this month, and are moving very quickly through that group 3 and those other groups that were vaccinated earliest.

Media: Can I also ask, too, I mean, that number—56 percent, I think it was of those eligible.

PM: Yes. Correct.

Media: What is the drive that you're going to do around that? Do you think that the, I guess, arrival of Omicron is going to put the fear into people anyway?

PM: Well, we have expected—well, two things butting up against each other. We've been talking to our teams about what they're seeing and what their view is on why, given the availability since the beginning of January for the four-month interval and, in fact, boosters have been available since the end of November. The view seems to be that the holidays have had a large impact. Our view is that with both holidays coming to a firm conclusion for most, and with Omicron's arrival, that we've been prepared, that at the point that that happened we would see a surge. We've got a lot of capacity already available in the system. So, please, to everyone: jump online, book now, or drop into a walk-in centre or a drive-through, because we're ready for you, and we'd be very keen to see you.

Last one and then I'll come to Amelia.

Media: One last question, just in terms of that paediatric vaccine roll-out, I appreciate you're looking at the timing stuff, but would any consideration be given to not opening schools until that paediatric vaccination rate gets higher?

PM: No, that's no, and nor is that the advice that we've been given from any of our experts that that should be a course of action. And keeping in mind as well, actually we've been very careful here, paediatric doses are not linked to any requirement, so not linked to vaccine passes. They're not linked to the ability to go to school, and we're very careful to decouple those things. This is a choice for parents, and we do not want there to be any

impact on a child, should they not be vaccinated, but, of course, we will keep encouraging parents to make that choice.

OK, I'll come to Amelia and then back over to everyone.

Media: Can you just detail what that “test-to-work” policy is?

PM: Yeah. So, broadly speaking, of course, what we've seen overseas is that when you reach higher case numbers, contact tracing and isolation requirements have a heavy impact on essential services, particularly the movement of food and goods, right through to medical care. You will have already seen in part of our management of COVID that we've implemented, in particular the health workforce, the ability of daily rapid antigen tests as a way of allowing continuity of workforce safely. So what we'll be sharing a bit more detail on are those other areas where people will be able to use rapid antigen tests on a regular basis to enable their workforce to stay in contact with work if they're a contact.

Media: As you said, we're going to need millions of rapid antigen tests. Where are they?

PM: Two things: we've got over 4.5 million, another million coming in this week, tens of millions on order. For the first phase of the pandemic, though, given the fact that a rapid antigen test can miss as many as 20 percent of cases, we will continue to use PCR testing, and, as our cases grow, integrate rapid antigen testing. For businesses who are essential, many have already ordered their own rapid antigen tests, and we'd encourage businesses to continue to explore to do that as well whilst we work with them to ensure that those essential services also have access to rapid antigen testing.

Media: And in which of the three phases will the border settings be adjusted, because at the third phase, when we're getting thousands of cases a day—

PM: It's a date, rather than a phase. So, as you'll know, we've already set that date for the end of February.

Media: So that's when we can see a relaxing of the border settings for Kiwis coming home?

PM: Those details we set last year. Cabinet has made no changes to those settings. Keeping in mind it still requires self-isolation, unlike many other countries, we are still taking very seriously the role of using the border to slow down cases. So we will still be using self-isolation. And it is a phased reopening.

Media: Prime Minister, how does the Omicron variant change the way we're looking at the traffic light system? Are we going to be having reviews on it? Will we be looking at the next four months, the next six months, and readjust—

PM: Yes. Look, at this stage, everyone should plan to be in red for some weeks. We're right at the beginning of this outbreak. We will continue to assess whether or not we're in the position to reduce down those restrictions, but, given we're right at the beginning, we will see what we're likely to experience over the coming weeks. As for the settings, you will have heard me say we're looking at whether we've got mask use as comprehensive as we need. But, as we did with our old system, we continually assess to make sure we've got the settings in the right place.

Media: And just on the cases in the Nelson Tasman region, is that in Motueka, and how—

PM: You'll see the locations of interest identifying Motueka.

Media: Is there any concern because there was Motueka, Golden Bay, pockets of the West Coast which did have quite low vaccination rates. Are you concerned about the booster roll-out in that region, with those cases there?

Dr Ashley Bloomfield: In fact, the overall coverage in Nelson Marlborough region is right on the national average—so it's 96 percent first dose, 94 percent second dose, and their booster programme is continuing very well. I know, as you say, there are pockets

around Golden Bay, but actually still high rates of vaccination there, and my hope is that anyone there unvaccinated gets the message and that those who are due a booster go and get that, and they'll be able to do so.

PM: I am keen that we make sure we get to financial support, so I'm going to come to Luke.

Media: In the coming weeks, there's going to be a lot of students moving around the country to go away to university. Obviously, not all of them are 18. Is there any plan to allow boosters for 17-year-olds in the next little bit given that Omicron's on the way?

Dr Ashley Bloomfield: I know there's a lot of interest in boosters for under-18s, and at the moment, and we've followed this up with Pfizer, they haven't put an application in anywhere, actually, globally for boosters for under-18s. They are doing some work to pull together safety data and efficacy data, but it's still some weeks or months away. So, at this stage, we're not planning to offer boosters to 12- to 17-year-olds. What I would say is the evidence does show that 12- to 17-year-olds have a very good and sustained immune response from the two-dose primary course, and so that's one of the reasons why you'll see countries haven't yet started offering a booster to under-18s.

Media: Why was the primary course 16 and above, and the boosters were 18?

Dr Ashley Bloomfield: You mean initially?

Media: Yeah.

Dr Ashley Bloomfield: I'm not too sure, but that was certainly what Pfizer did their studies on, 18s and over.

PM: I'll come to John.

Media: Prime Minister, what is your direct message to the roughly 214,000 people who still have not received any jabs at all, and how will the traffic light setting affect weddings, including your own?

PM: So on the first question, to anyone who has not been vaccinated, please reconsider. We still know from all of the evidence and data that it's the biggest difference that you can make to this pandemic, to yourself, to your family, to your community. For those who have made the decision and that we're unable to shift, I would just ask—there are other public health requirements in place. Mask use is incredibly important, the gathering restrictions are all there to protect one another. And even if we have different views on this pandemic, and even if we have different views on vaccination, I know at our hearts we still have peoples' wellbeing in mind. So if we could just use that as our common ground and look after one another through the coming weeks and months.

When it comes to events, whether it's a birthday or a wedding or any kind of event of that nature, gathering limits of 100 do come in with the red settings at 11.59 p.m. tonight. So it will very much depend on the nature of an event, and whether or not they, of course, are using vaccine passes. If they're not, then it reduces to 25. As for mine, my wedding will not be going ahead. But I just join many other New Zealanders who have had an experience like that as a result of the pandemic. And to anyone who's caught up in that scenario: I'm so sorry, but we are all so resilient, and I know we understand that we're doing this for one another, and I know that will help us continue on.

Media: How are you feeling about that?

PM: Oh, such is life.

Media: That must be pretty gutting.

PM: Oh, I am no different to, dear I say it, thousands of other New Zealanders who have had much more devastating impacts felt by the pandemic, the most gutting of which is the inability to be with a loved one, sometimes when they're gravely ill. That will far, far outstrip any sadness I experience.

All right everyone, I'll now hand over to Minister Robertson.

Hon Grant Robertson: Kia ora koutou katoa. The COVID-19 Protection Framework has been designed to allow businesses to be able to open at the red level, including having customers to visit in things like the hospitality and retail sector or the accommodation sector if these businesses follow the public health measures put in place to keep people safe. It is different to how we have operated under the alert level system, where, at the higher alert levels, businesses could not open at all. We can do this because our vaccination rates are high and we have a strong contact tracing and testing system, and public health measures that are in place. It is important to reiterate, at the red level, this is not a lockdown. It is not what we did under the higher alert levels. And if we all follow the rules and the health guidance, the economy will continue to be able to operate strongly and businesses will be able to open.

A critical difference with Omicron from previous outbreaks is that the experience from overseas tells us that the economic disruption will be experienced more on the supply side of the economy. What that means is, in particular, in supply chains and workforce disruption caused by the need for people to isolate. We're working to avoid that disruption through our testing, contact tracing, and isolation strategy, and through the business continuity plans being implemented by businesses all around New Zealand.

In terms of economic support, it's the supply-side disruption that means our initial focus is on supporting those who are not able to be at work because they have COVID, or have to isolate as a contact, or while they wait for test results. The financial support in place to support us through these stages of an Omicron outbreak includes the leave support scheme. This is available to employers, and also includes self-employed people, to help pay their employees who've been advised to self-isolate because of COVID and can't work at home during that period. It's paid at the same rates as the wage subsidy was previously—that being \$600 per week per fulltime worker, and \$359 per week for a part-time worker.

We also have the short-term absence payment. This is a payment available for businesses, again, including self-employed people, to help pay their employees who cannot work from home while they wait for the result of a COVID-19 test. That is paid at \$359 per eligible worker. The full details about these payments are available on MSD's website.

A number of further measures to support businesses are available. These include the Commissioner of Inland Revenue having the discretion to offer greater flexibility on tax payments for businesses to support cash flow for firms who may find themselves under pressure. The small business cash-flow loan scheme is still available, and we already have work under way to enhance this to make sure it can further support businesses. There's also other business support packages available, such as those through the Regional Business Partner Network programme and the Events Transition Support scheme. I'd also note that we have our care in community programme that will support individuals and families who have to isolate, in addition to the usual support provided by MSD and other agencies.

As we've done throughout COVID, we will continually monitor the situation and make changes to our supports as appropriate. This will include watching the live data that we have on the economy to see in real time the impact of moving to red, and as we chart a clear idea of how our Omicron cases are tracking. The trajectory of Omicron cases under the protection framework and within a highly vaccinated population will help us judge if further targeted support measures are required over the next couple of weeks. As we indicated late last year, any further support that is provided will be targeted to the most affected sectors.

We have resources within the COVID-19 Response and Recovery Fund to manage this immediate response to Omicron. If further resources are needed to protect New Zealanders' lives and livelihoods, we will do as we have done before and make those resources available. It's worth remembering that because of our strong economy and the

careful management that the Government has had of that, New Zealand has one of the strongest Government financial positions in the world, and our Government accounts continue to outperform forecasts. This gives us the fiscal head room to meet the costs of Omicron. Happy to take your questions.

Media: What advice have you seen on the worst-case scenario of an Omicron outbreak on supply chains?

Hon Grant Robertson: Look, I mean, obviously, when we look at what's happened in jurisdictions overseas, there's been quite significant disruptions to everything, from the ability for businesses to open because staff are isolating, through to supply chain issues. What we're trying to do now is get in front of that, and you heard the Prime Minister talk about some of the ways that we're looking to do that with the testing regime. I also know that in the business continuity plans that businesses have put forward, they're already looking at the way that they can separate people into different teams, so if some people have to isolate, others are able to take over.

In terms of a specific cost, it's very, very hard to be able to estimate that. Some of the modelling that I've seen is if you had, say, 25,000 cases a day, then the Leave Support Scheme would be costing \$50 million a week to pay out. But in terms of the overall cost to the economy, actually, at red, it's about \$50 million a week more than it is at orange, so I think that's just under \$200 million a week.

Media: Businesses have been asking where the plan has been for weeks now, and this is the first time that they're seeing the phased response. Why has it taken so long, literally an Omicron in the community, for these plans to be put into place?

Hon Grant Robertson: Well, obviously, the plans get put into place once there is Omicron in the community, but the work on them has been ongoing for some time, since last year, when Omicron first arrived in the world. The Ministry of Business, Innovation and Employment, I know, has been talking to businesses and business groups consistently over the last few weeks to identify the best way for this to be managed. Also, as the Prime Minister made the point, everywhere around the world countries are learning every day about Omicron. It is behaving differently than others, and so we have the advantage of learning from that. But equally, I think we've learned over the last two years that we have to be very flexible and very nimble, and as I indicated earlier, we will monitor in real time the impact of shifting to the red level.

Media: And the COVID Leave Support Scheme could get very expensive very quickly. Can we afford it?

Hon Grant Robertson: Yes, we can, and to be perfectly honest, we can't afford not to do it. One of the most important things we know here is that if people do get sick, they do need to stay home and isolate, that's how we limit the spread. So, therefore, it could be a much worse situation if we didn't. I think if you look around the world, again, one of the important things is the lesson that we can learn from having the kind of restrictions we have actually allows both the economy to keep going but also come back much quicker.

Media: Do you have details of how much exactly is left in that COVID-19 fund and, I think as you've said before, confirm if you are prepared to borrow more if needed?

Hon Grant Robertson: At the Budget Policy Statement there was about \$4 billion left in the fund. There have been some further calls on that for vaccine purchasing and so on. Obviously, we will, as I said, do as we've done throughout this and find the resources we need to protect New Zealand's lives and livelihoods. Our level of debt is lower than we had expected it to be. We have the fiscal head room because the New Zealand economy has done well, in part as a result of the way in which we've approached the pandemic. So we will have the resources we need to support New Zealanders.

Media: And, so, just on behalf of our sport colleagues, the Women's Cricket World Cup is being hosted in New Zealand in March and April. Do you foresee this 100 people - intended cap still being in place for that event?

Hon Grant Robertson: Well, obviously we don't know how long this will last. You heard the questions earlier on about when a peak occurs. The Women's Cricket World Cup organisers had been planning for the tournament to take place in the red setting, and it can absolutely do that. Bear in mind, when we brought the red setting in, it is possible, using the defined space rules, to have, effectively, pods of 100 people, as long as they can keep separated from one another and come in and out of a venue separately, and I know the Women's Cricket World Cup team have been thinking about that, if it is necessary. But that is, as you say, six to eight weeks away for the peak of the tournament. So there's a lot of water to go under the bridge.

Media: Should people expect to see empty supermarket shelves, with the likes of truck drivers and supermarket workers having to stay home and isolate?

Hon Grant Robertson: So we're working very hard to avoid that. And we've been working closely with the supermarket sector, with the supply chain and logistics sector to make sure we don't end up in that position. That's the reason why you've heard the Prime Minister today talk about the test-to-work approach for those critical and essential industries. I also know that there's business continuity planning from those businesses to make sure that they have their teams organised to maximise the number of people who can be available.

One thing I would reiterate is that there is absolutely no need to be out there panic-buying. Supermarkets stay open right throughout the red level. There's absolutely no need for anyone to do that. Obviously, we're asking people to think about what stocks you might need if you get sick, but there's plenty of time for everybody to get what they need.

Media: And obviously it's summer time with lots of festivals and things coming up. What's your message to event holders, like way down south, far away from where these cases are, that are going to probably have to cancel their events from tonight?

Hon Grant Robertson: Look, what we know from around the world is that Omicron spreads incredibly quickly. It is highly transmissible. It's already in the South Island—we know that—and so this is the best precautionary thing that we can do to make sure that we minimise the impact of Omicron and get back going as quickly as we can. It's been tough over the last few years for people who organise events, but I know that they, themselves, have been planning for this, and we're going to work together to make sure we can get back to having those festivals as soon as we can.

Media: Minister, is it still your intention to, essentially, exclude businesses who refuse to use the vaccine pass from as much Government support as possible, or do they deserve support much like everyone else?

Hon Grant Robertson: Well, obviously when it comes to the workers and the focus that we've got here on the leave support scheme and the short-term absence payment, we want everyone to be able to get those, and there's no restriction on people's ability to be able to apply for them if they happened to work in a business that's not using the vaccine pass. More broadly, as I've stated, my personal view is that if people were not prepared to become part of the vaccine pass that we needed to look to see whether or not that was appropriate that they had Government resources. At this point, we're still in the watching phase when it comes to what further support might be needed.

Media: And on the question of things like free masks for every household, free RATs for every household, is there any fiscal objection to that, or is it reasonably affordable within the COVID—

Hon Grant Robertson: We've always taken the advice of our health officials on these matters. As I say, we've spent a large amount of money on behalf of New Zealanders to

protect their lives and livelihoods, and we will continue to spend the money that is required to do that. But also it's not just a health investment. And I know you've heard me say it many, many times, but the best economic response remains a strong public health response; it's the thing that can get us back to a stage of relative normality. So, no, it's not a fiscal issue.

Media: Just on a similar RAT-related question, can you just clarify whether businesses will get RAT tests or will they have to provide their own or will there be some combination of measures to assist businesses that want these tests?

Hon Grant Robertson: Yeah, so there'll be further comment made on this on Wednesday, as the Prime Minister suggested earlier. Many larger businesses have their own stocks of RATs. They are perfectly able to order those now. So they are able to order them themselves, including from offshore. We will be working with businesses around the provision of those. Obviously we've particularly got in mind small and medium enterprises, who might not have had the ability to have access to them. But the initial phase, as the Prime Minister indicated, is particularly around those essential or critical workplaces—those that are involved in important industries like electricity, water, and so on, but also logistics, supply chain, transport. That's our initial focus, and we're working closely with them. And Dr Verrall will have more to say about that on Wednesday.

Media: Minister, have you received any advice about what proportion of the workforce—or how many people might be off sick, essentially, or isolating during whenever the peak of this is?

Hon Grant Robertson: In terms of the proportion of the workforce: no. As I mentioned before, you know, the scenarios that both the Prime Minister and Dr Bloomfield were talking about, if you picked, sort of, a mid-point one—the 25,000 per day one, you've got 350,000 people self-isolating. I won't do the maths now on the proportion of the workforce, but, obviously, that's a significant number of people.

As I say, business-continuity planning has been something I know most businesses around New Zealand have been doing, and they're working to see how they can manage their way through that. The whole point, as I said at the start of my comments, is it's a different situation from the previous outbreaks when it's the supply side of the economy that becomes more in focus. We're working very hard to make sure we don't see that level of disruption, but, inevitably, there will be some.

Media: And that 350 is self-isolating rather than self-isolating and not being able to work? Just for self-isolating number—

Hon Grant Robertson: That's correct. That is correct, yep.

Media: Can you speak to whether there's going to be a booster mandate for essential workers?

Hon Grant Robertson: Not particularly. There's obviously been some announcements already made about that in terms of the health workforce and so on—the border workforce. I'd leave those announcements to the Prime Minister and Dr Bloomfield.

Jo. We'll come to Jo and then Craig.

Media: Would it be fair to say, do you think, that actually this never—the impact on business is actually going to be worse in a sense that while it was, sort of, you know, Government who said where there would be lockdowns, people would stay at home, businesses would close etc. last year. This year, it's going to be a case of just so many people will not be able to go to work, supply chains will be affected. Are businesses looking down the barrel of a much worse year ahead?

Hon Grant Robertson: Well, I don't think any of us can say that, is the short answer. What we can see from overseas is that on that supply side of the economy is where the big impacts have been. But, obviously, as has already been noted, we've seen peaks and then

it coming off relatively quickly in some places around the world. So that would point to not the scenario that you've put up. But it is, I accept, a very high degree of uncertainty for those businesses at the moment, and that's why we're just urging businesses, firstly, to make sure that their workers get boosted as quickly as possible; secondly, to have those business continuity plans in place. Obviously, we're working with the essential ones around the test-to-work approach.

Media: Because, I guess, in terms of supermarkets, there has been some debate over the weekend about whether going and getting a few extra bits and pieces because, obviously, people who stock the shelves will be impacted, there won't be as many staff, etc. Some people would call that panic buying. Do you think that there's a difference there, that people do need to go and get extra bits without, kind of, going crazy and getting three trolley loads of toilet paper?

Hon Grant Robertson: Yeah, correct. And we are asking people to plan. And you heard the Prime Minister today say, "Well, you know, perhaps you should think about whether there is somebody who can go and do those things for you in the event that you got sick and you did have to isolate at home." So planning and preparing is a good thing, but needing to buy three trolley loads of toilet paper is not.

Media: Would you encourage businesses to allow their staff to work from home? The red traffic light settings don't go quite that far, but would you encourage them to do that?

Hon Grant Robertson: It very much depends on the business itself. And, again, most of us have had experiences over the last couple of years, which they'll be familiar with, where their businesses make those decisions. That's on an as appropriate basis. And, as you're noting, the red level doesn't require that. It's important to note in the red level that people can still move around, people can travel region to region, they can still undertake business activities. What this is about is avoiding the events that we know are the potential super-spreader events, and that's what the focus is rather than a particular focus on people going to work.

Thanks, everyone.

conclusion of press conference