

**ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 2 FEBRUARY 2022
HANSARD TRANSCRIPT**

PM: Kia ora koutou katoa, good afternoon. I want to begin with an extraordinary number: 94 percent of New Zealanders aged over 12 are fully vaccinated. A year ago, achieving that level of community immunity would have been considered incredibly ambitious. But the overwhelming majority of the team of 5 million have done what they've done best this entire pandemic: banded together and turned out to get vaccinated—not just for themselves but to keep their loved ones and communities safe—and to everyone who's done that, we say thank you.

Those high rates of vaccination helped stop a Delta outbreak and have given us a head start on Omicron, before it's had the opportunity to become widespread. But the science now tells us that, to reduce the risk of Omicron, we need to get the number of people boosted as high as possible—and before the outbreak really takes off. To that end today, I can confirm that—based on advice from the director-general and the COVID vaccine technical advisory group, from which we have Dr Ian Town here with us today—we will further reduce the interval between the second dose and the booster to three months.

From this Friday, 4 February, if you are aged 18 and over, and had your second vaccination at least three months ago, you can have your booster dose. That means, if you received your second dose before or on 3 November 2021, from Friday you'll be eligible to get your booster. It means that on Friday, 1 million more New Zealanders will be able to get their booster. It also means around an extra 100,000 Māori will be eligible for a booster, representing a 59 percent increase in Māori eligibility from Friday. And an additional 52,000 Pacific people will be eligible, representing a 47 percent increase. That brings us to a total of just over 3 million New Zealanders—or 76 per cent of New Zealanders—who are fully vaccinated will be due their booster as of Friday. And to this group of New Zealanders, I urge everyone eligible to please go and get your booster as soon as possible.

The reason is clear: vaccination is one of the most important things we can do to prepare for and fight the current Omicron outbreak. And although Omicron is, for many people, a relatively mild illness, as we have seen, it can be very serious for some and can quickly overwhelm health systems. The booster for people 18 and over reduces the likelihood you'll need to go to hospital and it can also possibly help to slow down the spread of Omicron.

What we have seen overseas is that if we experience very high case numbers, this will mean high numbers of our people need hospital care. It will put our hospital system under considerable pressure and seriously disrupt other important healthcare. The consequences of our nation's health and wellbeing will be serious. So don't think getting a booster is just about keeping yourself safe: it's about ensuring our hospital and health system is not overwhelmed, so those you love and everyone in our community who needs our hospitals can get the care they need in the coming months.

To support our goal of getting as many people boosted as possible, we'll be running a "big boost" campaign throughout February, asking New Zealanders to get their booster dose as soon as they're eligible—much like we did with Super Saturday. More details will be provided by the Ministry of Health next week. The booster is a key part of our plan to reduce the impact of Omicron, alongside the confirmation of over 50 million rapid antigen tests in the next two months—to ensure those who need to be tested can be—are red traffic light settings that remove the risk of large super-spreader events, and updated mask guidance; we are well positioned for the inevitable spread of Omicron.

I'll now hand over, though, to Dr Bloomfield, to talk to the updated advice and set out the latest science on the benefit of boosters, and then we'll be happy to take questions.

Dr Ashley Bloomfield: Thank you Prime Minister, kia ora koutou katoa, nau mai, haere mai ki te Manatū Hauora. As the Prime Minister has said, 94 percent fully vaccinated is an extraordinary number, and I want to acknowledge the equally extraordinary work put in by our vaccination teams around the country to make this possible. It's also really pleasing to

see that Māori vaccination rates are now touching 90 percent for first dose and 85 percent fully vaccinated. Kia ora. Ngā mihi. That is fantastic.

We're also well under way with the next stage of protecting our communities: making the paediatric vaccine available for parents and caregivers to make a decision around vaccinating their 5- to 11-year-olds, and it's great to see that over a third of our tamariki are already vaccinated.

I want to acknowledge our external science and technical advisers who worked over the weekend to provide this advice to support the announcement today. The science shows people who are fully vaccinated with two doses of the Pfizer vaccine are well protected if they are infected with the Omicron variant, especially from becoming seriously ill. We've seen the impact of this most recently in our Delta outbreak. However, the protection does wane over time and, it appears from the emerging science, relatively quickly for protection against the Omicron variant. Hence, the need for boosters.

The good news is that there is clear evidence that with that booster dose of the Pfizer vaccine that people's protection goes back up to a similar level to what it was for Delta with the two doses, and that is well over 90 percent protection against serious illness or hospitalisation. The evidence also suggests that there is some protection from the booster against getting infected by or transmitting COVID-19 to others and we continue to watch the evidence to see that emerge.

Now, with Omicron rapidly becoming the dominant form of the virus internationally and now here in Aotearoa, it's important that we do everything we can. Moving to this three-month interval is an important measure in our efforts against Omicron, and I want to urge everyone to make a plan to get your booster as soon as it is due.

Whilst we can't administer boosters to everyone in that 1 million on this Friday, I can assure you we have excellent capacity across our system and we certainly have a good supply of vaccine. It's even more important that people at serious risk of either getting COVID-19 infection or of suffering ill consequences of it get their booster doses, and that includes our border and healthcare workers, many of whom are already boosted and who are required to be boosted by later this month; our older people; all Māori and Pacific people; people in aged residential care; and people with underlying health conditions, including mental health conditions.

There is considerable work under way by our teams to make sure that boosters are easily accessible to these groups, and likewise we have got a lot of work under way to improve access to the vaccine—the paediatric vaccine—for our tamariki Māori and Pasifika over these coming weeks. We want to see their rates of vaccination also increase.

And finally, just some information on boosters and side effects. International data does show that boosters have a very good safety profile, and I'm pleased to say we are seeing a similar pattern here in Aotearoa. With now well over 1 million doses of the Pfizer vaccine administered as a booster here, our data suggests that it follows a very similar safety profile to the second dose. In general, we've found that it's the second dose that people report the most side effects from, but the side effects from the booster are a similar pattern. We've not seen an increase in those common side effects such as muscle aches, pain at the injection site, nausea, headaches, and so on. For most people who do get these, they're mild and don't last long.

Overall, our reports of adverse events following vaccination have declined after each additional vaccination, and this is particularly so, importantly, that at this early stage we haven't seen an increase in the reported rate of those very rare but more serious side effects that we monitor closely, and that includes severe allergic reactions like anaphylaxis and, of course, also the inflammation of the heart, myocarditis.

Finally, I know there's a lot of interest in whether and when 12- to 17-year-olds might be able to receive a booster dose. I've asked for advice on this from the technical advisory group that Ian Town chairs, and I'm expecting this next week. At the same time our operational teams

are looking at what it would take to implement the changes to roll out such a programme, should the science and our other advice support that booster for all or some of that age group. So we will be providing that advice to the Government in the next couple of weeks. Thank you.

PM: Thank you, Dr Bloomfield. We're very happy to take questions. I'll try and, as seamlessly as I can, direct traffic but also Dr Ian Town is happy to take actions as well that may be of a more technical nature.

Media: Why can't people just go and get their booster three months today? Why not make it today?

PM: Dr Bloomfield, do you wish to—well, the first thing I would say is that we need to make sure that we stand up all of the infrastructure around this change, particularly the ability to book online, so making sure that we change our systems so that they now allow you to book after that shorter window.

But also at the same time just making sure that alongside all of the existing programme, we've stood up all the resource required to kick-start. The decision was formalised today. Executive Council will finalise the decision today, and then on Friday we're ready to start delivering. That is a very fast turn-around.

Media: Is it a little bit too late, given that Omicron is already spreading, and wouldn't this have been better if we'd done it a couple of weeks ago so that people's immunity would be kicking in today, rather in two weeks' time?

PM: First thing I'd say is that, well, in terms of the timing, of course, we have moved as soon as we've had the advice from the technical team that we should do so. We are also, relative to other countries, still early on in an Omicron outbreak—140 cases a day. Now, whilst we expect that to increase, there is still time for people to go and get their booster in the coming week and have the benefit of that booster for this outbreak.

So we're really encouraging people: don't put it off, please take the opportunity now, and remember a number of people have already gone out and done that. I wouldn't mind just letting some of the technical team respond to the timing question, though.

Dr Ashley Bloomfield: Yes, thanks, Prime Minister. I think the only other thing I would add is that, of course, the evidence around that interval is emerging all the time. We have seen other countries move to a shorter interval than the six months, which is what Pfizer tested in the trials and has applied for.

We were early movers in this regard, and what's different between us and those other countries that do have a three month interval is we're doing it very early on in an outbreak, whereas they were doing it in response to a really large number of cases in the community. So now is the right time, we've had the scientific advice, the teams have worked hard to make sure we've got the vaccine out there and we're ready to roll from Friday.

Media: Are there any trade-offs in terms of moving that window down from four down to three months in terms of the efficacy of the booster?

Dr Ashley Bloomfield: Ian, why don't you respond to that?

Dr Ian Town: Thank you, kia ora. Yes, so the original interval, as you know from the trials, was six months. We moved last year to bring that down to four months. The reason for that, as you know, is that the antibody levels tend to start going down after two to three months, and that's why the protection afforded is not quite as good at the latter part of that six month period.

So bringing it forward to three months now—as they've done in the UK very recently, and in most Australian states—really means, as the director-general has said, that we can get that level of antibodies and other immune protection at a peak before we are facing widespread community transmission.

Media: But are there any negative sides to that? [*Inaudible*] things like how long it lasts, or—

Dr Ian Town: Yes, we don't think so. Three months between doses of the vaccine is pretty much spot on, so there doesn't appear to be any downside and, as the director-general has observed, we're not seeing any changes in the side effect profile.

Media: And is it still the case that it's roughly two weeks after the booster that you get full protection?

Dr Ian Town: The protection will start to rise immediately, within hours—and that's why you get that sore arm effect—and then progressively over the fortnight the antibody levels will rise.

Media: From overseas experience, what would you expect—maybe this is for the others, I'm not sure—the uptake of boosters to be, presumably there are some people that won't get?

Dr Ashley Bloomfield: Quick comment there: we've done our planning on a very high uptake, so between 95 and 100 percent, and of course that lies with everybody, including those who are delivering the shots, as well as the communications campaign we put in here. And I do want to emphasise this to people: many people of course, and we were pushing it for months, was two doses to be fully vaccinated. The evidence is really clear: that's great for Delta, not so much for Omicron.

The good news is, with that booster the protection level rises back up to the high levels that it was with the two doses for Delta. So we will be really be pushing hard to get everybody, and we can vaccinate, and we have enough vaccine to vaccinate, everybody who becomes eligible from three months onwards.

Media: And what will that big boost campaign look like? Is it ads, is it [*Inaudible*] in practice?

Dr Ashley Bloomfield: I don't have any early details on that, but we'll provide more detail over the next few days.

Media: And how involved were Māori in the booster strategy campaign?

Dr Ashley Bloomfield: Well, we've had a range of input from Māori, I'd say in particular around our roll-out of the vaccines to children. We were engaging from December last year with iwi, with our Māori providers sector, Whānau Ora providers, and the Māori Council in designing the programme and specifically initiatives for tamariki Māori.

Media: The task force, tamariki Māori task force and vaccinations, that's what Māori leaders are calling for.

Dr Bloomfield: Well yes, so we've not necessarily established a task force but we know we've got excellent expertise. What I would also say is that—Dr Town's behind me—this is one, I know, of the key issues that our technical advisory group took into account, and a number of the members of that group are Māori and provided very strong advice about the importance of that shorter interval, in particular because quite a proportion of Māori didn't complete their primary course until later last year, so we want to bring forward their boosters.

Media: In terms of Māori-led solutions, the Government and the ministry has talked about enabling that by providing funding. Why, after three months, are organisations like Tuaiwi still being stalled and declined in their programmes? And how many Māori-led health services when it comes to COVID are actually being funded?

PM: So look, I obviously can't speak to an individual arrangement, but what you will recall is that we had a significant boost in funding, both at part-way through the roll-out and the beginning of the roll-out, to individual organisations to really just make sure we were accelerating our vaccination campaign. What you can see now is that has made a difference. Not only have we got first-doses partial vaccine rates up to 90 percent for Māori now, we also

have now infrastructure within Māori health providers that will serve us well for future immunisation campaigns as well. So it's not just about funding the workers on the ground; they also now have physical resources, in some cases campervans, other mobile units that will help them continue with both the booster campaign, a tamariki campaign, and the future work that we do with our Māori health providers.

Media: Are you confident that—

PM: Happy to take away a specific question I can't answer here, Sam.

Media: I don't know if Dr Bloomfield can speak to this. Pae Ora—it's a specific initiative for Omicron, apparently turned down by the Ministry of Health but then went back to its creator and said, "Hey look, we want to do something ourselves in-house. Can you help us out?" Is that appropriate?

PM: Are you talking specifically—pae ora of course, that could be quite a general reference—are you talking specifically around care in the community? Vaccinations? Is there a particular element of the Omicron plan?

Media: [*Inaudible*] with the ministry, it's related to the Omicron variant, particularly in response to the Māori community?

PM: Our engagement with Māori providers around care in the community for both Delta and Omicron has been ongoing, and of course what we've had to do is make sure that we stood up a system that worked for Delta. Now we need to make sure that it's able to expand, to be able to deal with what will be a larger number of cases but actually where the majority won't need the kind of level of care that Delta may have required. So that has been an ongoing programme of work with our Māori providers.

Media: How does the focus on having boosters with the Omicron outbreak impact the vaccine passport? Could we see that be a requirement at the end of February?

PM: Well actually, I might let Minister Hipkins just share it around, but at this stage, of course, the passport doesn't expire until June so I'll have him speak to some of the technical side of that.

Hon Chris Hipkins: Kia ora everybody. In setting up the vaccine passport arrangements, we deliberately put an expiry date into all of the vaccine passports that were issued for people who have had their first two doses so that we could then make decisions about whether or not to simply roll that over or to introduce a booster dose requirement.

We've not made a formal decision about introducing a booster dose requirement in order to keep your vaccine certificate or get a new one, but I have previously signalled that I think it is likely that later on in the year, in order to keep your vaccine certificate people will need a booster.

Media: Will you apologise to Charlotte Bellis?

Hon Chris Hipkins: Look I don't want to make any comment on that while she's considering her potential legal options. That's her right to be able to do that. What I would say is that this case was brought to my attention, just only a couple of days ago by another member of Parliament. I contacted MIQ to make sure that her case was being appropriately handled. In fact—through my office I contacted MIQ to make sure that her case was being appropriately handled and was given some reassurance that actually they had already been reviewing that and looking at how they could better deal with that, recognising the extraordinary circumstances that she faced.

Media: Her lawyer says that you breached her privacy and were trying to smear her with the statement that you released. Were you trying to smear her?

Hon Chris Hipkins: No, absolutely not. But I'm not going to comment on it, because obviously while she's considering legal action, that would be inappropriate.

Media: What about more broadly? The pregnant Kiwi women overseas who cannot come home to give birth to their children?

PM: Do you mind if I come back to you? And I will come back to you.

Media: Can I ask you, Prime Minister—

PM: Barry you haven't, so you may have a question of course.

Media: It's quite an important question because—

PM: All of your questions are important Barry.

Media: The same lawyer that's representing Charlotte Bellis is representing up to 30 other pregnant women.

PM: Yes.

Media: Now, don't you think under the rules that they should be given entry to MIQ—pregnant women, that is, wanting to come home?

PM: There's no question that in amongst the 200,000 people who have been able to enter through our managed isolation system, that there have been, within that, people with some really, really, terrible and difficult stories and situations. And there'll be numbers that aren't included in that list that will equally have really distressing situations. On the flip side, that system has also saved thousands of lives. So there have been no easy answers through this period, and I think we've all known that they've been very tough calls. I think going forward though, we can all see that within sight is a change in system entirely, where we will start removing that bottleneck whilst trying to continue with a strategy on COVID that keeps people safe. And we'll have more to say on how we'll be changing up that system on Thursday.

Media: Can I ask you also—

PM: Yeah.

Media: —you will have seen today, it's over the last couple of days, pensioners that have been stuck overseas coming back to the country and they are being told to pay the money back to the MSD. Is that fair?

PM: So I would really implore anyone in those situations, and I've seen the example of one couple, who do appear to have some really extenuating circumstances, please do get in touch with MSD, because in some cases—I'm not sure that in all cases whether or not that's happened. If it has happened and there's still issues then we will of course want to look at those cases.

Media: Well, they have got in touch with MSD but they've been told they still have to pay back the money.

PM: Outside of just letters—I believe, of course, we have some processes that may be more automated—I'm asking that they get in physical contact with someone over the phone who are able to help and work through their situation.

Media: Isn't there a systematic issue with MIQ, when a pregnant woman can't come back to New Zealand to give birth to their babies?

PM: So, of course, you'll know, having covered a number of situations, that we do have an emergency allocation system that can issue people a spot within 14 days. And that has been used in some really difficult situations. But actually, what is going to make the biggest difference here is us not having to rely on MIQ in the same way. And in just a couple of days we'll be announcing how we will be changing up our system. As COVID changes, we are, and in a way that continues to look after our whole population.

Media: Do you still view the risk of Kiwis coming home from Australia as less than the rest of the world?

PM: Look, the risk profile—there is no question, as COVID is changing, as we see we are now facing Omicron versus Delta, then we can see that it's having a different impact, and we're using different tools, then, with Omicron than we've used in the past. So it does mean we've got the space to do things differently. One quick thing I would say on Australia versus the rest of the world: there's some small differences in terms of just what pre-departure tests may pick up because of a short flight versus a long flight. But what you can see around the world, Omicron is having a huge impact everywhere. Very few countries have been spared from that. What we have to do is make sure we've got a system that actually says: what's the risk from overseas relative to in New Zealand; how can we balance both?

Media: A question for Minister Hipkins please?

PM: Yeah.

Media: Has your office or have you had any discussions with Pfizer or the other pharmaceutical companies about the accidental release of vaccine payment data, and are you concerned about any repercussions from that being released?

Hon Chris Hipkins: I don't believe that my office has had discussions with Pfizer, but I know that the Ministry of Health, who handle the relationship with Pfizer, have had those discussions.

Media: And on the second part about any potential repercussions, are you concerned that this is going to cause any issues in the relationship?

Hon Chris Hipkins: I mean, obviously, it's information that was not supposed to have been released and so of course I regret that it has been released. And I certainly would regret any implications that that might have for the relationship with Pfizer. We've had a very strong relationship with Pfizer right the way through the roll-out of the vaccine and certainly our intention is to keep it that way.

Media: On the substance of the money, it seems broadly equivalent to Israel and other nations. Does that provide further ballast against the argument from John Key and others that we could have paid more—

PM: Pfizer have rebutted that themselves.

Hon Chris Hipkins: Pfizer have already rebutted that previously, and I also don't want to get into the specifics of the information that was inadvertently released, because I think that would be bad faith for me to do that.

Media: Can I very briefly, if I say—I said Pae Ora; it was Pae Hono. I don't know if anyone can speak to that, and—

PM: There you go, Dr Bloomfield.

Dr Ashley Bloomfield: I can't speak to the specifics of that, but as the Prime Minister said, towards the end of last year there was a significant amount of funding made available to support a range of initiatives amongst Māori health providers and Whānau Ora providers and Māori social services providers to help respond to and improve vaccination rates, and also to build capacity for the future. Not all of those applications were funded. Many were. And a number that weren't funded on the first blush, there was feedback given to help them strengthen and invite them to reapply further. Thank you.

PM: Dr, sorry, I'm just going to wrap with maybe two more. John, you haven't had one.

Media: In Australia, the Federal Health Minister said he's preparing for possible advice on a fourth dose. When will the fourth doses potentially be required—

PM: Well, you don't need to ask me when our technical advisory group is standing behind us, because, of course, it's all reliant on what they tell us.

Dr Ian Town: Thank you. Pfizer have obviously raised that discussion themselves as to whether or not a fourth dose will be required. At the moment, there are no trials going on

that we know of for the fourth dose, and it may be that Pfizer will provide some trial data for us, but we'll review that when it comes to that next stage.

Media: Do you have any information that vulnerable people might be requiring a fourth dose?

Dr Ian Town: There's a theoretical possibility that we'll see the same trend that those antibody levels will start to go down. Whether or not that requires a booster dose, we don't know at this stage.

Media: What role do you envision other Medsafe sort of approved vaccines might have in the future of COVID vaccination?

Dr Ian Town: Well, we do have a broad programme, as you know, with four vaccines in the suite of vaccines that we have purchase agreements for. The next one that is likely to come forward for approval will be Novavax, so we'll be giving some thought at our technical group about the appropriate use of that. Thank you.

PM: Barry, I'll let you take one, then I might just—I'm trying to be fair—I might just finish over here.

Media: Well, you might not know the answer the answer to this—maybe Dr Bloomfield—but Ayesha Verrall announced yesterday 20 million doses are being purchased from this one particular company.

PM: Rapid antigen tests.

Media: Yes, I've been told that, in fact, there were another 40 million that were ordered over the weekend. Is that true?

PM: Well, of course, whilst I can't speak to the specifics of some of the orders being placed, what Dr Verrall, I think, was speaking to was the orders in the near term we were expecting delivery. Of course, at the same time, because of the lead times, we're ordering for beyond March at present as well, and you'd expect us to do that.

Media: But the order was placed at the same time but as the 20 million.

PM: But, again, as I say, we are placing forward-looking orders at this time as well. I'll let Dr Bloomfield speak to that. Some of these are recently approved suppliers as well, so they won't necessarily have had approval until recent days.

Dr Ashley Bloomfield: Yes, just to confirm that; so, in addition to early delivery orders, which are the ones Minister Verrall did the media release about yesterday, we are also, of course, putting orders out for the April to June period so that our total orders are now over 180 million rapid antigen tests.

Media: But weren't they [*Inaudible*] the same time—

Dr Ashley Bloomfield: Sorry, why is that—

Media: Well, because they're not full, in fact. The order from this particular company was 60 million of RATs.

Dr Ashley Bloomfield: Yes, and as the Prime Minister has said—

Media: At the same time they were all—

Dr Ashley Bloomfield: The media release yesterday was about those and the booster supply that we have available between now and the end of February, which has increased by many millions. But, likewise, we have, with both of those new suppliers and some of our existing suppliers, put in additional forward orders out to the end of June as well.

PM: [*Inaudible*] when that one was approved? I think they were more recently approved.

Dr Ashley Bloomfield: Late last week. Yes, Friday, I think.

PM: So it's probably not unusual that we would be placing early and forward with that particular supplier. I'm going to finish with last question at the back.

Media: Can I just ask Dr Bloomfield—

PM: No problem. We'll finish with this question to Dr Bloomfield.

Media: I know it's early stages, Dr Bloomfield, but what information do we know so far on the new variant and how much has it impacted New Zealand, and is there also any information you can give us on a hospitalisation in Wellington that wasn't included in today's update?

Dr Ashley Bloomfield: So I'm going to say three things. The first is on the fourth dose. I have two other comments to make in addition to what Dr Town said. First of all, there will be some people who needed a third dose for their primary course who are immunocompromised, who will be eligible for a fourth dose, and that is classified as their booster dose. So that's a group of people—it's a reasonable size group of people now. Secondly, on the issue of the BA.1 and BA.2 sub-types of the variant, we've got both in New Zealand. We had detected both at the border, and the report I've just seen today from ESR suggests we have different little outbreaks in the country, but the one that is the largest, which is the one based around the wedding in Auckland, which were the initial cases we found, is BA.1 variant not BA.2. So far there's some emerging data—particularly from Denmark that does a lot of whole genome sequencing—but there's nothing to suggest that the public health efforts that we put in around testing, isolating, and contact tracing will be any different for that sub-variant. And, likewise, there's nothing to suggest that the vaccine won't be as effective against both subtypes of the variant.

And I don't have any further information about a possible hospitalisation here in Wellington. My only comment is that there is good, strengthening evidence about a much lower hospitalisation rate for Omicron, of course, compared with Delta—possibly only about 10 to 15 percent of the hospitalisation rate that Delta had. And what we are doing is making sure we are still tracking our residual Delta outbreaks because those are the ones that, in the near term, will keep driving our hospital admissions. And at the moment, the biggest one of those is actually in Rotorua, and the team is working hard to get around that little outbreak.

Media: So we're just hearing some quite significant delays in testing in rural regions and wondering whether there's any consideration being given to sending rapid antigen tests into the regions to get those tests back quicker.

Dr Ashley Bloomfield: So we monitor the turnaround times on a daily basis. This morning, they were over 80 percent. They were in the 90s with our slightly lower volumes we were doing until last week. So well over 80 percent still. And every day, if there's any suggestion there might be some delays—for example, in the rural regions—we follow up with those labs, and I've asked that to happen over the last couple of days. We haven't had any problems identified. However, all our rural areas and district health boards around the country have got access to rapid antigen tests, and actually those have been used over the last few days in Tai Rāwhiti, just to help with identifying people who might be at high risk, and then prioritising people for PCR testing.

PM: I did say we would finish there. Would you mind just telling us the region? We can go and check for you.

Media: I'm sorry, I don't have it on me.

PM: OK. Let us know. Everyone, I did say we were going to call time at—

Media: Can we just ask how your isolation was?

PM: It was absolutely fine, thank you. Thank you everyone.

conclusion of press conference