

**POST-CABINET PRESS CONFERENCE: TUESDAY, 8 FEBRUARY 2022**  
**HANSARD TRANSCRIPT**

**PM:** Kia ora koutou katoa, good afternoon. First, to the week ahead. With the House having resumed this week, I'll be based in Wellington, except for Thursday when I'll travel to Auckland for visits related to the beginning of the school year, booster vaccinations, and medical research.

Today I want to update you on how Omicron is tracking within our current COVID settings. Cases are growing, but this is not unexpected and is in line with what we had planned for. Vaccinations in our COVID protection framework are helping us slow the spread. Just over two weeks into our Omicron outbreak, we have a three-day rolling average of around 200 cases, lower than many of the predictions for this point in time. That's not to say it won't increase. At our peak of Delta, we had just under 100 people in hospital, and a dozen in ICU. We're now seeing a similar level of case load with Omicron, but with just 14 people in hospital and one in ICU. However, we were able to essentially stamp out Delta. With Omicron we won't be able to do that, and we're still in the very early stages of the outbreak. So we must use every day to continue our preparations as Government, as communities, and as individuals.

Last week we reduced the gap between second vaccination and booster to three months. And now 1.6 million, or 51 percent, of those eligible are boosted. And so today I want to again be very clear: it was two shots for Delta, and three for Omicron. I encourage you to get your booster today. It's the best time to do so, before Omicron takes off significantly.

Today is the start of a big boost week, with pop-up vaccination clinics and extended hours across the country. Northland has more than 40 clinics up and running, and a new iwi provider. Hawke's Bay has extra weekend booster clinics. Auckland metro has more than 350 sites open, including a new one at The Cloud, with four major drive-throughs, and South Island DHBs have also extended hours, with a drive-through in Dunedin. And from today, the extra 1 million people who can get their booster now will receive a text or email alert.

So you'll see the Government is using this time to prepare, and that extends to ensuring those industries we need most for our essentials and our economic recovery are protected. Our exporters played a significant role in carrying us through the past two years of the pandemic, achieving some record returns, and will play a critical role in our continued economic recovery too.

It's why today we've announced extra support for farmers and growers in light of Omicron. \$400,000 will be allocated to rural support agencies, such as the Rural Support Trust and those supporting Māori agribusiness, to help farmers prepare for the time ahead with COVID, such as getting together a plan for who will help to run the farm or look after livestock at short notice, and to be on hand to be able to support them through COVID if someone should contract the virus. With 14 rural support trusts around the country already linked up to the likes of the Ministry of Health, Social Development, and Work and Income, we're pleased to be able to support their vital work.

Now happy to take your questions. I will just note, Minister Hipkins has Business Committee at 4.30 p.m., so I imagine that equally, everyone's on deadline as per, so I will prioritise questions for him.

**Media:** Is it an issue already that farmers and growers are getting COVID already and that there are problems there, or is it something you try to get in front of?

**PM:** No. This is a smoothing in front of wider Omicron spread, preparing ourselves and making sure that those organisations with those community links and those links into our rural communities are well supported to help develop plans, should our growers, should our farmers, be in a situation of experiencing COVID.

**Media:** Could your Government have prepared better for Omicron?

**PM:** I think if you look at what we outlined today, what you continue to see in our preparations—we are doing everything we can. Boosters are the most important determinant of how we will weather the Omicron storm. Most countries have not had the opportunity to have over half of their eligible population boosted before they've had a major Omicron outbreak. We have, and that will and should make a difference.

**Media:** I know you've said before that you would not resort to lockdowns for Omicron, but is it on the table at all, and do you think Kiwis would stomach another lockdown?

**PM:** Our view is that actually, with the tools that we have now, that lessens the need to use things like lockdowns. We used those when we didn't have protections like widespread vaccinations. We have that now, and that will make a significant difference in the way that we take on Omicron in the future. I'd also say that at every stage, we've learnt what works, and we've implemented what works. But the tools we have now are vastly larger than just lockdowns.

**Media:** What about keeping the border closed a little bit longer? Is that on the table at all?

**PM:** We've made a very deliberate decision to keep the borders as they are until the end of February, because that's when you've got over 90 percent of New Zealanders eligible for a booster. And that means we are giving time to be as prepared as we can be for that change in our border. From there we are being very cautious. It's an opening that is very deliberate, planned, and staged to make sure that we continue to look after the wellbeing of New Zealanders as we reopen.

**Media:** But do you think Kiwis want to close down a little longer?

**PM:** I think they want us to make evidence-based decisions. I think they want us to be careful and prioritise their wellbeing, and that's exactly what we're doing.

**Media:** On the modelling released this afternoon, which of the scenarios do you see the most likely between the three different jurisdictions, are you worried about the note about the immunity waning from the booster, and is the hospital system ready to deal with these projected numbers?

**PM:** Yeah, so I'll give the opportunity for Minister Hipkins to make comments as well. The first thing I'd say is because Omicron's only been a variant of concern since the end of November, you'll see that much of what we're using is scenario planning rather than necessarily accurate forecasting. You can see, out in the public domain, low, medium, and high, the determining factor for which we will be, I think, will predominately be around booster uptake. The more we have of that, the more likely it is that we'll be on the end of the spectrum that's a bit more like South Australia than it is New York.

**Media:** So that would be the one that you would think would be the most—

**PM:** At the moment, that looks to be where—we are tracking at the lower end of some of the predictions. But no one should be complacent. We know that the determining factor will continue to be booster uptake. We have had boosters taken up by our population before an outbreak, whereas many other countries, they've had it alongside an outbreak. So we are in an unknown period. The other thing I'd say is: on waning immunity, at the moment the research tends to suggest a short window for the vaccine decreasing the likelihood of you passing it on or picking it up. But it's holding when it comes to reducing the severity of illness and stopping people from ending up in hospital. And that's critical. So I'd say to anyone: that booster is making a difference, and it will make a difference for a decent period of time for us to prevent you from being in hospital. Minister Hipkins—

**Media:** So the hospital system readiness—and would you also do anything that notes that there are some groups that haven't got the booster but are still vulnerable, is there anything else you can do to get them boosted?

**Hon Chris Hipkins:** I think the overwhelming international evidence is that the best preparedness you can have in your health system is to do everything you can to stop people

ending up going to hospital in the first place. And so boosters are important, but the additional public health measures that we have in place at our red setting also make a difference. So, mask use, you know, the research around that is growing by the day, and there is more and better evidence now on which to make decisions around mask use, and you'll see us adapting our mask use policies based on that emerging international evidence.

**Media:** But you're putting a lot of reliance on that, I mean if cases start going to hospital and to ICU what is the risk that it will become overwhelmed? Is that something you're at all concerned about?

**PM:** Look, you see, countries that have had, for instance, very few public health restrictions or have not had wide vaccination use have seen health systems overwhelmed, but actually Omicron, and the sheer rate at which cases are moving, has tested most hospital systems. And so that's why we are putting that emphasis on those preventative measures.

**Media:** But there have been ongoing criticisms about the lack of ICU preparedness, for example, like the lack of capacity. I mean, what do you have to say now that we are entering this phase which other countries, as you said, have really faced problems?

**Hon Chris Hipkins:** And there are differing accounts of that. If you speak to people who are in ICU they are nervous, as you would expect them to be, and they are anticipating that they are going to come under increased pressure, and I don't think any of them are looking forward to that, and I fully understand that. But we also get advice from our health professionals that say they're ready, and that they deal with peaks in ICU demand; they have to sometimes make decisions around how they best meet that increase in peak demand for ICU capacity, and they have prepared. So they have done a whole variety of scenario planning. They're as well prepared as they will be able to be. But as I think the Prime Minister and I both just said, the best thing that we can do to prepare our health system is to avoid as much as we can having a huge influx of people having to go into hospital.

**PM:** None of it's inevitable. And some of the ranges I've seen from some who are doing that scenario work show quite a difference in the level of peak that New Zealand might experience, and that is coming down to the uptake of boosters. So it is not out of our hands. We do have some control over what happens next.

**Media:** Can you update us on a time frame on when we're going to learn about which sectors are going to get rapid antigen testing?

**PM:** Yes, by the end of the week, so it will be this week. And—

**Media:** Like today?

**PM:** If I may. The way I would characterise this is those sectors who will be given an exemption to allow contacts of cases into the workplace, and then attached to that, if they need rapid antigen tests, we can support them with that, so that's primarily what this process is about, but we will be doing this week.

**Media:** In the House today, and you said it last week as well, about reopening to the world, that you'd be going to Europe, to the US, to Australia, and then to Asia. Could you be—

**PM:** Not necessarily in that order.

**Media:** Cool. Could you be a bit more specific about Asia? Are you planning to travel to China?

**PM:** No, I hadn't got any more specificity to share. Of course, what we will be factoring in is the ability to actually travel in-country. There'll be some countries that may well, of course, still have border restrictions that make it difficult.

**Media:** The optimal word there is to 'share', so have you made decisions about whether or not you will be going to China?

**PM:** Look, nothing is finalised at this stage, so I'm working with MFAT on the programme of travel for the year ahead but, as I say, a critical factor will be the ability to enter into a country's borders.

**Media:** Are you leaning towards: if you can go, you want to go to China?

**PM:** I'd rather not speculate around it at this point, and rather share with you something with a little more certainty. Amelia.

**Media:** Just back to that modelling, realistically, are you expecting or predicting there are 2,000 hospitalisations—that was released today.

**PM:** I'm really cautious about giving any certainty around what we can expect in New Zealand, but what we have said is that we need to prepare ourselves for both low and high scenarios. Of course, keep in mind we did a significant piece of work last year around Delta preparedness for quite large numbers of cases where we had much higher rates of potential hospitalisation. We stress-tested our DHBs before the summer period, expecting that we might see a growth in cases—we did not—but that has been useful preparedness work for us to then manage what may come next with Omicron.

**Media:** How concerned are you that testing rates have plummeted since last week?

**PM:** We have had a long weekend, we do know that there is a bit of a tendency to see lower rates over that period. I would continue to encourage anyone with symptoms: please get a test. But I'm encouraged by the fact that our positivity rate is still sitting around the 2 percent mark. That suggests that we aren't missing a large number of cases. But, again, please, if you're symptomatic do get a test; it's really important.

**Media:** Do you have confidence in Dr Bloomfield that he is the right person for the roll-out for Māori vaccinations, given he's just refused data to Whānau Ora again, for the third time?

**PM:** I absolutely have confidence in Dr Bloomfield, and I have confidence in our approach which is to work alongside and in partnership with iwi and with providers, who have experience in our earliest elements of the vaccine roll-out, and know what is working well.

**Hon Chris Hipkins:** If I can add to that, Minister Henare and I met on Friday via Zoom, with a range of Māori health providers, iwi and other stakeholders who are interested, particularly, in the roll-out of vaccination to tamariki Māori, to just get direct feedback from them on what was going well, on what more they wanted, and the issue of data did come up in that, and there are a variety of views around the use of data and how data can best be used. There is some concern, around some communities, that if data is used too assertively, it can actually increase the level of hesitancy around vaccination amongst some of those communities. So we need to continue with that engagement; something we certainly have learned along the way that needs to be regular and ongoing, and we need to take on board the feedback that we get from those who are on the ground. Minister Henare and I have made a commitment that we will continue with that dialogue, so that where there are issues that need to be resolved, we can step in and we can help to resolve them.

**Media:** Why is there such a big discrepancy in the tamariki data from the MOH to what Māori statisticians are rolling out? So there's 18 percent vaccination rate for tamariki; 40 percent for non-Māori children but MOH stats have it a lot higher. Why is there a discrepancy, then?

**Hon Chris Hipkins:** Look without knowing the data that you are speaking to, I'd have to go away and have a look at the different data and what they are based on. What we do know is that there is still quite a significant regional variation—some regions are doing very well. We're in a region that's doing very well for our Māori vaccination rates amongst tamariki, and actually amongst the adult population as well. We know where the areas are that we've got more work to do so we know we've got more work to do in Northland, Tai Rāwhiti, Bay of Plenty, and so we are particularly focused on getting feedback from those areas about what more we can do to work with them.

**Media:** Just following on from that comment, Minister Hipkins, you said that there was a meeting on Friday. What is it that you've been told will help, because with the vaccination roll-out it took the best part of a year for a lot of Māori to be convinced to put trust in that system. You don't necessarily have the same time with the booster or with getting children vaccinated, so what is the message that you're getting about how you can ramp up quickly and what sort of things is the Government and the Ministry of Health looking to do to achieve that?

**Hon Chris Hipkins:** The connection between health and education comes up regularly in the conversations that we're having with iwi, with Māori health providers, and I think everybody acknowledges that there are issues that go both ways when it comes to the greater use of schools and the greater involvement of schools in the vaccine roll-out. There is no question there are strong levels of support for tamariki to be vaccinated, but there is also some concern that schools can and have become the targets of some pretty aggressive and, in some cases, very nasty anti-vax sentiment. And so we have to just tread that line very carefully, and that has been a recurring theme in that conversation. So I think schools will want to be involved. They want to be supported but they don't want to find themselves targeted. And so I think just as long as we continue to work together we can overcome those barriers.

**Media:** You mentioned there as well there are particular reasons, and there have been obvious and particular regions all the way though. There has been a lot of money put aside by Māori for Māori, you know, incentive-based and very specific Māori programmes. Are you confident that that money has reached the right people and that it's actually going to be able to help the boosters and help tamariki to be vaccinated?

**Hon Chris Hipkins:** Well, that's one of the very reasons for that dialogue and for the regular checking in and getting feedback. We want to make sure that that resource is getting to the right place and getting to the people who are actually—look, it's a progressive thing so it hasn't all been spent, but we wouldn't expect to all be spent as the vaccine isn't fully rolled out yet, but we are regularly checking in to make sure it's getting to the right places.

**PM:** We do see that the immunisation programme for children is potentially going to take some time. This is ultimately a decision by parents and caregivers, and so here it's about making sure they have access to information but in a way that allows them time to work with that information, access it from trusted professionals, and so we've fully been expecting that the roll-out for children may take more time than for adults.

**Media:** I guess the point here is that the hesitancy from Māori has at times been a lot more so as well, particularly in some regions, so is there an extra drive around those communities, those whānau, who you know are going to hesitate with both boosters and with vaccination?

**PM:** This is where, as the Minister has said, it's a delicate balance between making sure that whānau have access to information but not in such a way that actually turns them away from accessing a vaccine in the first place.

**Media:** In your opening statement today you said you needed to prepare for winter. Can you just explain exactly what you think you will be confronted with over winter? And also you said you would only close schools as a last resort. What is a last resort?

**PM:** One of the things we do know is that with reduction in the number of people moving across our borders, we have seen a decrease in seasonal flu. Now, for most people, if they experience the flu, that is something that they can manage at home themselves, but for vulnerable, immunocompromised individuals, seasonal flu can be dangerous and it can put significant pressure on our health system. That's why we're moving to widen the eligibility for free flu vaccines, and you'll see a release from Minister Little around that, and also using the existing infrastructure from our COVID-19 programme to try and reach more people but particularly those who are vulnerable to seasonal flu causing them significant issues and significant pressure on our health system. We do want to keep our schools open, and you'll see professionals like Dr Jim Russell and a group of health professionals advocating that we do just that. Their view is that in this current phase of the pandemic, school closures pose a

significant risk to children's health and wellbeing and that we can safely keep them open. We've undertaken work to support schools to analyse the ventilation in classrooms to encourage greater natural ventilation. We've been supporting them through advice on how to reduce infection incidents through greater outdoor learning. We are working on filtration systems to be distributed, particularly in the lead-up to the winter months for highly congested areas, like for instance staff rooms which may become potentially problematic.

**Media:** Are you worried about the double-banger of a new variant and the flu?

**PM:** Look, I think we all need to be making sure that we're preparing for an incident like that. We've already seen the impact of having, for instance, RSV which was a significant pressure on our system last winter. And so that has been not only a topic of conversation but an area of work that we've already committed to, and you can see that from the announcements today. Also in the House you will have seen me talk about the insulation programmes, and programmes that we know reduce likely impacts of rheumatic fever.

**Media:** Who will now be eligible for the extra free jabs? And how many people?

**PM:** So at the moment, Pharmac and the Ministry of Health—so it's a significant proportion of the population—they're working on the eligibility frame. At the moment it's over-65s, under-65s that are immunocompromised, pregnant, and under-fours—we're expanding that criteria, but I'll let Minister Little give the details on that.

**Media:** Prime Minister, the statement you put to the House today is a chunky one full of plenty of reforms. Firstly, are you pledging to do the lot, or is a pass mark something short of that? And secondly, in its totality, do you think it amounts to transformative change?

**PM:** Well, of course, I've always held that view, and you will have seen from our agenda that despite a pandemic we have had a significant programme of work, including for instance the huge reform programme around our health system. So, yes, what's included in the statement is our agenda for the next year.

**Media:** And they're all bottom lines, or—?

**PM:** It's our agenda for the next year, it's our work programme. I just want to check who I haven't taken—forgive me, at the back. Forgive me, can I grab your name?

**Media:** Gillian.

**PM:** Gillian, please go ahead.

**Media:** The Iwi Chairs Forum has said it would like some sort of benefit boost—

**PM:** The—sorry? Forum?

**Media:** The Iwi Chairs Forum wants a benefit boost for some provision for people to prepare to lockdown or self-isolate—

**PM:** Yep.

**Media:** Is that on the cards?

**PM:** Well, firstly I'd just use this as a reminder that in April we have additional benefit increases due to come into force. But, specifically to the issue of supporting whānau who may be required to isolate, who may have COVID, or may be contacts, we've worked really hard to make sure that people are well supported to do that. The COVID leave scheme is one of those tools. The other is by supporting community providers so that they're resourced to support whānau who may need extra help to stay home. And that might be with food, or, actually, any ite, giving them the flexibility just provide for a family's needs should they require it.

**Media:** Could I ask one to Mr Hipkins before he has to leave?

**PM:** Yeah sure, he's got another five minutes, I mean I'm not going to cut off your opportunities too quickly, yeah. Minister Hipkins, go ahead.

**Media:** OK, just a bit of a pointy-headed one: in terms of what happens with Parliament, if Omicron does transmit through MPs, have you come up with a plan with the Speaker yet or is that what you're just about to do?

**Hon Chris Hipkins:** That'll be one of the things we talk about at 4.30. I have received some advice from our public health risk assessment teams around how we should handle particularly the parliamentary debating chamber. The rest of Parliament operates much like many other workplaces, but the debating chamber is, I guess, a more unique environment where you could potentially have a number of people.

The short answer is it's going to be a case-by-case thing, because it'll depend on whether someone's been participating in the debate, how many other people have been in the debating chamber at the time, and so on. We do acknowledge that members of Parliament, by the nature of our travel, by the nature of the work we do, it's a matter of when, not if, a member of Parliament is going to find themselves testing positive. And so it'll be a case-by-case basis, but we'll talk through the variety of scenarios that that might throw up.

**Media:** What would be the worst case scenario for that? Would that be all of Cabinet would be taken out, or have you got a worst case scenario plan for that?

**PM:** Well, of course, all of the planning we're doing at the moment is to reduce one of the work case scenarios. So there is much of what we do here that can be done virtually, and so at the moment we've got a hybrid option with caucus, where some are attending virtually. That enables us to space ourselves out, we use masks—there are a number of adaptations for this environment where we can still do the work that people elect us to do without posing risk to one another, and therefore to the communities we serve.

**Media:** So is that question time via Zoom?

**PM:** No that's not something that the House Business Committee has decided on. Ultimately, you know, what I'm hoping is that just between the parties around the table everyone can come up with solutions that mean that we do our job, that we're held to account, that we're scrutinised, but we do everything that we can to minimise risk because none of us want to be super-spreaders.

**Media:** And just back to—

**PM:** I'm going to finish that one with—Amelia, you can finish that question there. I'll come to Mark, and then Bernard, and then maybe we'll see if we can finish with Benedict.

**Media:** If you've identified that the vaccination programmes in schools is a really great way to reach tamariki but one of the biggest barriers is potentially sort of the anti-mandate sentiment and action, are you satisfied with how police have responded to this and how they've been dealing with these incidences at schools to make them safer places to be?

**Hon Chris Hipkins:** I don't want to oversimplify that. I mean, that is an oversimplified way of looking at it. There are a variety of factors around the use of schools—including, there are some practical considerations there. If there's a vaccine clinic just down the road from the school, that doesn't necessarily make the best use of resources to be replicating that at the school right next door, for example. So there are a variety of things to work through. What we don't want to do, though, is create an environment where vaccination delivery in a school setting actually increases resistance to the vaccination roll-out, rather than help us to overcome it.

**Media:** The Greens have called today for N95s to be given for free to everyone, just like rapid antigen tests being freely available to everyone. Is that something you'd consider?

**Hon Chris Hipkins:** As I've indicated this morning, we are looking at the availability of N95 masks. Before we would change requirements, for example, around the use of masks, we'd need to make sure that people will comply. We have N95s for some workforces where it is really justified because of the risk profiles—so our border workforce, our MIQ workforce, and

so on. Before we would consider that for the wider workforce, we'd have to consider whether or not we can actually supply them. So there is work going on in that space.

**Media:** Is there an equity concern here in terms of, I can afford an N95, you can afford an N95, but lower-income people—including those who are on the front lines in essential workplaces—can't and have to use cloth masks, which are less effective and have with them more risk?

**PM:** Of course, those who are on the front line are now actually required to wear either surgical or N95s, then it's not unfair to have an expectation that employers support the provision of that, which is exactly what we've been doing as an employer of a large number of border workers, and health workers, and so on.

**Media:** You talked about your work programme. Is the Government still committed to completing and going forward with three waters this year?

**PM:** Yes. Yes, and it was in my speech in the House today. I've had Benedict, and then I'm actually going to wrap then with Jane. I feel like things are starting to draw out.

**Media:** I'll press you on another issue. The red setting—what guidance can you give people in the events area and those looking to have more than 100 people? What are the sort of criteria to go back down to orange?

**PM:** It will be very much based around the impact on our healthcare system. And at this stage, it is too early for us to know what the impact on our health system will be as Omicron increases in its spread. So it is something we will keep under constant assessment, but we're in a preventative footing at the moment to stop it being overwhelmed. When we feel that we're at a point where we're comfortable—that we're not seeing an ongoing increase in cases, that we believe we've obviously reached a peak, and we've managed to maintain and sustain health services—that will put us in a better position to make that judgment.

**Media:** Prime Minister, the protest outside today that caused significant disruption around Parliament, around Wellington, what's your view on that?

**PM:** Well, I know today at 1 o'clock, 31,000 people were gone out and been vaccinated. And so I think it would be wrong to, in any way, characterise what we've seen outside as the representation of the majority. The majority of New Zealanders have done everything they can to keep one another safe.

**Media:** Then what's your message, though, to those New Zealanders who have gone out and got vaccinated, who have followed the rules, and see the benefits of following them, that might be getting pretty frustrated looking at protests like this?

**PM:** The first thing I'd say to the vast majority of New Zealanders who have made sacrifices, who have gone out and been vaccinated, is thank you and that this too will pass.

**Media:** In terms of Rio Tinto and their decision now to stay—or indicating that they'd like to stay—at Tiwai Point for after 2024, do you have any response to that given their previous decisions about picking up sticks and leaving?

**PM:** About—

**Media:** About potentially leaving. After all the negotiations with the Government, they're now sort of saying, "Well the aluminium prices—"

**PM:** Yeah, and there's a number of factors I imagine at play in their decision, and a bit more water to go under the bridge I'd say.

**Media:** So is that not a set deal—that they necessarily can't stay? Or is it really completely up to them?

**PM:** They've given me a position, but there's obviously a number of factors that I imagine will impact that beyond just access to power at rates that they see as viable going forward. OK, thanks everyone.



**conclusion of press conference**