

**PRESS CONFERENCE: WEDNESDAY, 2 MARCH
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou. Good afternoon. Today we are reporting 22,152 new cases of COVID-19—405 people are currently in hospital; 10 in the ICU. We now have more than 120,000 active COVID-19 cases across the country.

However, while those case numbers do continue to grow—and they will continue to grow, as we know—the key metric that we’re focused on now is those requiring more intensive levels of support, so hospitalisation. It’s important to remember that New Zealand at this point continues to experience fewer people in hospital than we’ve seen internationally, and one of the key drivers of that is the millions of Kiwis who have been vaccinated and who have had booster doses. And, of course, our ongoing public health measures continue to play a role.

So, a few key statistics for you: 86 percent of the eligible New Zealand population aged five and older have now received at least one dose of vaccine; 80 percent are fully vaccinated. As of midnight last night, 2,390,659 people have received a booster—that’s about 72 percent of the eligible population. And 243,244 children have received a paediatric dose of the vaccine—that’s around 51 percent.

All of our DHBs have now had 90 percent uptake of first doses of vaccination, and Northland being 3,470 doses away from their second dose target of 90 percent will bring them all up to 90 percent. So my message to all New Zealanders is high rates of vaccination are now making a significant difference in how the country is weathering the outbreak, so please take up the opportunity to be vaccinated. Please make sure you’re boosted. Please take up the opportunity to get your children vaccinated.

In terms of the health system response and what it means for our ICU and ward occupancy, those two figures still remain low. We have 80.8 percent of our intensive care unit, or high dependency unit beds in use. We’ve got 64.5 percent of our ward beds currently occupied and 13.9 percent of our ventilators currently in use. COVID-19 only makes up a very small fraction of those numbers and so there is still capacity there to respond to increasing case numbers.

Across the country, access to rapid antigen testing continues to progress. More than 50,000 people—to be precise, 51,794 people—have self-reported their RAT test results through the My Covid Record portal, and that’s helping us to understand the spread of Omicron; of course, it’s helping to contribute to our daily case numbers.

I do want to urge people to be patient when they’re trying to access testing. There is a lot of demand for testing and we are standing up more sites and locations for people to be able to get tests every day. There is no need to stock up on rapid antigen tests, and I want to reiterate this message very clearly: this month alone we have 105 million rapid antigen tests coming into the country. Two million arrived last night; another 5 million this morning. They are literally arriving all of the time. If you have half a dozen tests on hand, that is more than enough. You don’t need to have boxes and boxes of them. And they do expire as well, and the older your tests are the less accurate they are so we don’t want people stockpiling. It’s not like—you know, as we saw with toilet paper and hand sanitiser and a variety of other things, sometimes there’s a run on this sort of thing. You don’t need to do that for rapid antigen tests. There will be plenty to go round.

Also, while we’re on public health messages, as well, Healthline and St John’s have been reporting increased demand for their services from people who have relatively mild symptoms. So the message here is, if you are unwell with relatively mild symptoms, the best thing you can do is stay home. Obviously, even if you’re getting a positive rapid antigen test, if your symptoms are mild, just stay home and get better. Make sure you’re

keeping those health services, including the Healthline services, available for those who need additional support. And, finally, for those who experience a decline in their symptoms—so they're getting worse—please don't hesitate to reach out and ask for help. And, of course, in a medical emergency, call 111.

For many people now, with our high rates of vaccination, getting COVID-19 will be more like getting the cold or the flu and you will be able to stay home and get better.

A couple of other things to run through this afternoon: on to school sports and school activities. We'll be making changes to the regulations around this in the next week or two and we'll be providing much greater detail, but I want to be clear that those young people who are participating in a school-organised activity do not need to be vaccinated, and that includes things like a school sports team that is competing against another sports team that's not a school sports team. The other team will still have to adhere to whatever the public health requirements are but for the school children, if it is organised by the school, then vaccination is not required. That, of course, does not apply to adults who are coming to spectate or coming to support those school activities. The same requirements that have been in place will continue to apply to them, but we want to be clear that those participating in those activities organised by schools don't need to be vaccinated.

And, finally, I want to finish up with a few comments on managed isolation and quarantine. Cabinet will make decisions in the next week or two around what the future of our MIQ system is going to be. In a relatively short space of time it is likely to shrink quite considerably as we see demand for MIQ drop right away. From this afternoon, MIQ will return to the previous self-service model for the allocation of rooms, so those who are looking to book a room—and it will be pretty much unvaccinated people who are looking to book a room in MIQ—they'll be able to jump online and book one, and they won't have any difficulty with that because the demand is obviously going to be that much lower.

I do want to acknowledge our MIQ workforce once again and acknowledge the significant role that MIQ has played in keeping COVID-19 out of the country, and perhaps if I could for a moment turn our minds back to 9 April 2020, the first day that MIQ was in operation here in New Zealand. The world recorded its—103,000 deaths had been accumulated at that point from COVID-19 and 1.5 million cases had been recorded. In the almost two years that have passed since then, we have seen those numbers grow. The world has now recorded 5.9 million deaths from COVID-19, and 437 million cases. New Zealand has been very fortunate in the sense that we have had a very low mortality rate and a very low case rate, and that has been because of the hard work of the people who have been working at our border and working in our managed isolation facilities, and as many of them find that that work is coming to an end, I want to acknowledge once again the personal toll that that has taken.

As Minister for COVID-19 Response, MIQ has been one of the most difficult parts of this job for me over the last 18 months, and it has involved hearing from workers the sort of thing they have been subjected to, including a lot of personal abuse. They've often been ostracised in their communities, excluded from sports clubs, abused in public, and they have continued to go to work every day to keep the country safe. And so as we start to wind that up, I really want to acknowledge them. I also want to give them some reassurance that we will treat them fairly in this next part of the process. They're not going to show up at work one day and suddenly find that everything is gone and that their job is gone. We will be making sure that we treat them fairly.

And the final group that I want to acknowledge are those New Zealanders who haven't been able to return to the country as and when they have wanted to. It has had a significant personal toll for New Zealanders who have been unable to both leave the country, because they weren't sure if they could come back, and New Zealanders who have wanted to come back into the country, and, actually people who aren't New Zealanders but who have family and friends and people they care about who are here and who have been separated from

their loved ones. My message to them, of course, is: not long to wait now, and haere mai. Welcome home.

Jessica.

Media: With the decision around kids playing sport, couldn't you have saved a whole lot of heartbreak for a group of young kids if you'd just made this decision at the beginning? It seems like a pretty common-sense decision.

Hon Chris Hipkins: Yeah. We didn't anticipate that the rules were going to be interpreted as narrowly as they have been, and so we've seen reports, for example, of schools stopping sporting things bang on 3 o'clock when the school bell rang, when there was actually no harm whatsoever in exactly the same people doing exactly the same activity beyond 3 o'clock. So we have seen evidence that the rules were being very narrowly interpreted, and we wanted to provide, you know, much better clarity there. So we will make some changes just to make that really clear.

Media: There is evidence that COVID-19 and Omicron in particular seems to be spreading quickly through children. What's your advice to parents?

Hon Chris Hipkins: My advice to parents is to stay calm. If your children start to develop symptoms, then keep them at home and do seek out testing for them. Younger people, and, you know, the evidence and the advice we're getting from our health professionals is that younger people do tend to be much more resilient against COVID-19. They tend to have milder symptoms, they tend to recover more, they are very under-represented. We're certainly seeing higher case numbers in our younger age cohorts now, but they're very under-represented at the other end, which is around hospitalisation and so on. So that is encouraging, but we are going to see more cases in schools and in early learning services as well. It's one of the reasons we still have public health measures in place in those kinds of environments.

Media: Modellers are also suggesting that we will hit a thousand cases in hospital in three weeks' time. At what point do hospitals become overwhelmed?

Hon Chris Hipkins: It depends how quickly things shift. Obviously, the slower the build, the more time the health system has to adapt and respond, and we see this even in winter. You know, as numbers of influenza, for example, trend up, there are things that hospitals can do to manage that and to accommodate that. If you get a sudden spike, that's more challenging and there's likely to be more short-term disruption from that. But our health system is well prepared to do that. They've scenario-planned; they've got all those scenarios mapped out. The modelling is showing that, you know, the more conservative, the sort of lower to medium scenarios have us around a thousand, and a high scenario, it might be up to around 1,500 in hospital. But, again, looking at the modelling, including drawing on the experience internationally, many of those, whilst they require hospital-level care, are not at the extreme end. So we're seeing very low rates, internationally, of ICU and, you know, people requiring ventilation, which is different from previous variants.

Media: They're saying 800 people by next week. Are we prepared for that? Are you concerned? Can our hospitals cope as soon as next week?

Hon Chris Hipkins: I think I've always been open about the fact that this is going to put our hospital system under pressure. The hospital system does come under pressure periodically from time to time; certainly in the winter it comes under pressure. They adapt and deal with that every winter. But, yes, I think it is going to be challenging over the next four to six weeks, probably, for our hospital system, and, again, just to extend my thanks to our health workers, who are going to have to work their way through that.

Media: Just on the testing botch-ups, lab technicians told everyone on the day that you announced your surge capacity that they simply couldn't do it. How did you overestimate the testing capacity so spectacularly, and was it down to just Government arrogance?

Hon Chris Hipkins: I think Ashley Bloomfield spoke to this quite extensively yesterday, and the information that we were drawing on came from the Ministry of Health. I think he's acknowledged that they didn't get that right. The Government has had—

Media: Did you test him on it?

Hon Chris Hipkins: Well, the Government has had, right the way through the response, quite regular reviews of the advice that we've been getting from the Ministry of Health, including a technical expert advisory group on the issue of testing. So we have been rigorously testing the advice that we've been getting from Health in that regard. It's clear, in this case, that the advice they provided to us and to the public didn't stack up in terms of what the labs were ultimately able to deliver—

Media: So why didn't you listen to the lab techs on the day telling you that they couldn't do it—the people that work on the ground, in the labs?

Hon Chris Hipkins: Look, we get quite a range of advice coming in, and there's all sorts of different motivations for that, sometimes. But I think it's clear that what we were being told about testing capacity didn't stack up. The critical thing for us now is that we want to make sure the roll-out of rapid antigen tests is as smooth as possible, and that that remaining backlog is cleared within the next few days so that people can get those results.

Media: There are calls for Ashley Bloomfield to resign over it; do you want him to resign?

Hon Chris Hipkins: No.

Media: Are you confident that the recommendations of that testing review have actually been implemented by the Ministry of Health—there's not much point in doing a review if nothing changes when there's problems identified?

Hon Chris Hipkins: Yeah, I get a regular stocktake of all of the different reviews that have been done, and the Ministry of Health has been probably the most scrutinised entity in the entirety of the COVID-19 response. So the stocktake—the review of reviews, if you like—that gets done for me highlights the fact that, I think, at last count, there were something like 1,600 recommendations that have been made across all of the different reviews that we've had. Some of those, of course, get superseded—you know, they are no longer relevant, because the world moves on. Most have been implemented, and then, of course, we focus in on the ones that are still relevant and haven't been implemented.

Media: Are you confident that there aren't other issues, other areas in the Omicron response that the ministry has overestimated its ability to handle, whether that's health system capacity or anything else?

Hon Chris Hipkins: Look, we look pretty closely at that. One of the reasons I established the group that's chaired by Sir Brian Roche was so that we've got a group that's just constantly kind of keeping an eye over the shoulder of the ministry and of the other parts of the response, to highlight areas where they think we might want to probe further or you might want to get some extra advice. They give me a report every week now, and we will be releasing those—just of, you know, what they've been looking at. They regularly highlight issues for us to question more—and we do.

Media: You said that you want to get to the bottom of this overestimation issue. What do you mean by that? Is there going to be another review?

Hon Chris Hipkins: Look, there'll be plenty of time for that in due course. I think the main thing here, now, is to make sure that we deal with the peak that we've got ahead of us. I've always been pretty open about the fact that once we get to a point where, you know, the pandemic is starting to draw to a close, then some kind of proper, structured inquiry is probably going to be a sensible thing to do. But in the meantime, we've got to really focus on dealing with the here and now, and that means improving as we go along, learning as we go along, being open about the mistakes that get made as we go along, but actually, I think, there comes a point where, if the reviews start to actually prevent work happening

that's needed here and now, then they become—they potentially do more damage than good.

Claire.

Media: Yes, this morning the RATs pre-order booking system was down for hours—I think it's now back up—and also, the Ministry of Health has acknowledged there are massive delays in the COVID-19 notification system, the COVID Clinical Care Module. Are you confident that the systems are robust enough to deal with the scale of the outbreak, and have you asked the Ministry of Health what's going on?

Hon Chris Hipkins: Yeah, I've been getting regular updates on that. The Ministry of Health in the last few weeks have rolled out a whole lot of new IT systems to support a different phase of the COVID-19 response. And of course, many of those were developed very quickly to recognise that we're now in quite a different phase, and they'll continue to refine and improve those. Obviously, it's regrettable when IT systems go down, and I know that they're working quickly to resolve any issues that crop up as soon as they can.

I'll come over here.

Media: With MIQ wrapping up, why are people being kept in MIQ until the end of the week?

Hon Chris Hipkins: People will be released from MIQ in line with, you know, the country that they came from—when those people will no longer have to be isolating.

Media: But they've tested negative. People can come in from Australia from tonight and go straight into the community. Where's the sense in keeping these people locked up for those few days?

Hon Chris Hipkins: Yeah, look, ultimately, we have to—we are winding the system down. We've got to make sure that we are doing things that don't create perverse incentives and all of those sorts of things. The team at MIQ will be reasonably generous in allowing for early leaving exemptions where there's a good reason to do so, and all of those sorts of things.

Media: Why can't they just go straight into the community? That doesn't make any sense.

Hon Chris Hipkins: Look, the reopening to the rest of the world is happening on Friday. We did look at whether we could bring that forward. Ultimately, that was the timetable determined not just by us but also by feedback from airlines, airports, and others.

Ben.

Media: MIQ was under sustained pressure towards the end there, did that force your hand in wrapping it up?

Hon Chris Hipkins: No. Ultimately, it was a decision made based on the public health advice. We were already moving to a system, as you know, of self-isolation. The big change this week, of course, has been that we're not requiring people to do that now, either.

Ben.

Media: You've referred to the peak that's coming. What's your latest advice on when you think the peak will land?

Hon Chris Hipkins: Don't know—is probably the best guess. It could be in the next few weeks; it could be longer than that. And what we also don't know is how steep the mountain is going to be on either side—so are we going to, you know, go straight up and then come down at the end steeply or will we sustain a higher level for a period of time? And international experience is mixed on that—so some countries have sustained, you know, a higher peak for longer, whereas others it's been quite a, sort of, steep up and then down again. And vaccination may well put us on the first track, which is that we see a steeper

drop-off. But it's crystal ball gazing. The modellers are all kind of looking at a six- to eight-week horizon in terms of case numbers and their different models—

Media: Starting from when the first one was recorded?

Hon Chris Hipkins: Yeah, including the last couple of weeks, but it really just—there's a lot of unknown and all of the models have different lines of them that have different time frames, so there's no real consensus or evidence base there.

I'll come to Luke.

Media: Why was it Dr Bloomfield apologising yesterday and not a Minister?

Hon Chris Hipkins: Look, I'm certainly happy to add my regret and my apology about the fact that we weren't able to process the number of PCR tests. As you'll know, the media stand-up that we do on the way to the House now is in here. I was available, but was not asked, otherwise I would have been here.

Media: Just quickly on—obviously, cases are now rising significantly in Wellington. Do you have any advice to the extent to which the protest out there may be contributing to the surge here?

Hon Chris Hipkins: Well, my message to the protesters is COVID-19 is real, and I acknowledge that some of them don't believe that, but when some of their own friends who have been standing next to them end up in hospital, surely that might be pause for thought for some of them. Now's the time to go home. Whatever point that they were trying to make was lost a long time ago. And so my full support to the police for a difficult job that they're doing out the front, and to the protesters: go home now. They have undoubtedly been exposed to COVID-19. Go home and stay home. Look after your own health.

Jo.

Media: Just coming back to the advisory group, Sir Brian's group, how real-time has that ever been? Because there has been multiple occasions where leadership around testing, testing capacity, seeking and assessing lab capacity has been raised, and seemingly it just doesn't happen. So you said you are now getting weekly reports; how is that actually being implemented? Because it seems as if it's not really being taken on board.

Hon Chris Hipkins: Yes, I do get now just a weekly report. They're meeting every week and they seek advice and look over material provided by the ministry and others, and then they provide me with a short note on that, which I then can seek follow-up information. So to some extent they're providing me with a contestable strand of advice, which I can then go back and ask further questions of the Ministry of Health, or whoever—whichever agency it is that's in question at the time, because there are a lot of agencies involved in the COVID-19 response. And as I've said, there have been other groups as well. So we've had a technical group looking at our testing. We've had a lot of advice on vaccination, and, you know, we'll continue to do that. It's not been a perfect system, but then, you know, in a response where you're having to constantly recalibrate and redesign things at short notice, I think asking for perfection would be asking for too much. Now, in this case, I think there's probably a lot to learn from what's happened here.

Media: Because Sir Brian has written in reports before about the sort of unwillingness to take on feedback from the Ministry of Health—and I know Dr Bloomfield has argued against that—but you yourself have just said that the Ministry of Health has been critiqued and scrutinised more than anyone else. Is this fundamentally the Ministry of Health—they've just got their back up that they are being constantly scrutinised, and an unwillingness to actually make change?

Hon Chris Hipkins: Look, what I've acknowledged is the Ministry of Health have been under an enormous amount of pressure. We're two years into a global pandemic that they have been leading the response to, and that does put people under enormous pressure. They have been very highly scrutinised and they continue to be, and so I think it's human

nature—from time to time people will have a bad day. But overall, I think that let's let the results speak for the Ministry of Health's response here. New Zealand's results are very, very favourable compared to almost every other country around the world, and the Ministry of Health's guidance has helped to get us to that point. Now, not everything's going to be perfect, but I do have a lot of confidence in the Ministry of Health and the work that they have been doing.

Media: Minister, have you been briefed on how many cases of COVID-19 are linked to the protest? I think the latest number was 17. Have you been updated on—

Hon Chris Hipkins: No, sorry. I haven't got a latest number on that, and of course, we don't always know how many are linked, because if people get a test result; if they don't declare that they had been at the protest, we might not necessarily know.

Media: And there have been reports of people testing positive and then returning to the protest. What would you say to those people?

Hon Chris Hipkins: Look, I'd say to them, just go home and isolate and get better. It isn't a trivial matter. COVID-19 still has a significant consequence for a lot of people. I can tell you, as someone whose office overlooks the parliamentary forecourt, there are people out there who potentially could suffer adverse consequences if they get COVID-19, and just, you know, I think they should take it seriously. There were—look, it's a small group out there now. There were people earlier on who weren't necessarily questioning whether COVID was real; they had an issue around vaccination in particular. I think a lot of those people have now left and I'm pleased that they have.

Media: Just back to sports, briefly. A lot of sports clubs around the country have obviously been grappling with having to exclude members due to the vaccine pass restrictions. With the removal of that requirement now in schools, are we likely to see a change on the for sports clubs in general?

Hon Chris Hipkins: Vaccine passes all expire in June. We haven't made decisions about what the future of those will be. We'll continue to get advice on that. I think, as the Prime Minister and I both said, we'll only keep public health measures in place for as long as the science justifies them. Vaccine mandates and vaccine passes are two things that we do keep under review, and they'll only be there for as long as there's a strong public health rationale for them. And it may well be that as we come out the other side of this peak that the justification for those things isn't there any more. I don't want to draw hard and fast rules around that, because you have to adapt as we always have. But it is quite possible—and, say, for a winter sports season, for example—that things might look a little different by then.

Media: Minister, keeping in the sports theme: the Government is letting 10 percent of the crowd go into the women's world cup, for example. Would you look at doing that for other sports as well, like Super Rugby, for example?

Hon Chris Hipkins: Yeah. My understanding is that quite a lot of discussion went on with the public health teams to figure out how to do that safely. So they'll basically have, if you like, lots of smaller bubbles within that crowd in order to contain the risk. It's still a well ventilated environment. My understanding is that there's going to be quite a range of things that they do to keep people separated and to keep that risk contained. I think that could well be something that we see more of.

Media: In terms of that seven-day isolation period, if you were to bring that down from 10 days to seven days for those close contacts. Have you received advice on that yet, and when would you be looking to do if that's the way forward?

Hon Chris Hipkins: I haven't received advice on that, but, of course, it is an option that we have at our disposal when we need to do that. But I haven't received advice on that yet.

Media: Sorry, just one more quick question: Rako Science have a lot of capacity at the moment. Do you regret not getting them to do the saliva testing pre-Omicron? Would that have been a good option for you?

Hon Chris Hipkins: Look, ultimately, it's a difficult position for me to comment on individual procurement decisions made by the Ministry of Health. There is a process that they go through in purchasing. The advice that I've had is that they've gone through a process around purchasing of those PCR tests. It's really a question for them. Obviously, I—

Media: What's your view though?

Hon Chris Hipkins: It's kind of difficult because these are commercially sensitive areas. We, as Ministers, can't direct Government departments to purchase certain products or certain services, so it's just a difficult position.

Media: Can I just return to MIQ for a second. So did you come to the Friday date—other than airlines, what other advice contributed to Friday?

Hon Chris Hipkins: Mostly it was practical considerations, yeah.

Media: So airlines?

Hon Chris Hipkins: Not just airlines, but, you know, when can we get the orders in place, when can we fulfil all the legal responsibilities we have—all of those things came into it as well.

Media: But all of the legal responsibilities should be in place for tonight's decision, right?

Hon Chris Hipkins: Yes.

Media: So, I just don't understand why the people that are in MIQ at the moment—they don't need the airline schedule, that have come in from anywhere other than Australia—can't be let out tonight.

Hon Chris Hipkins: Look, ultimately, we are releasing people from MIQ at the same time as the border opens, effectively on Friday.

Media: Sorry, can you just explain why not tonight?

Hon Chris Hipkins: We've already gone through that. I don't really have anything much to add to that.

Claire.

Media: How concerned are you about the Allied Health workers' strike?

Hon Chris Hipkins: I think if it can be avoided, then it should be. Minister Little is obviously leading the response on that, so I'd refer you to him. But it is certainly not well timed.

Media: Is your pay restraint edict part of the factor in that?

Hon Chris Hipkins: Look, there are a variety of factors. I understand that one of the contributing factors is they've got some frustration around their pay equity claim. That, of course, is not something that you can strike over, but it just happens that they've got a regular negotiation and the pay equity process happening at the same time. There's a bit of complexity to that situation, but, you know, I'd encourage them all to get around the table and to find a resolution so that there isn't a strike.

And with that, I should disappear.

Media: Have you had any advice on what it would mean for the Omicron response?

Hon Chris Hipkins: Well, it won't be good, but the health system will have to adapt.

Thanks, everybody. I better dash.

Media: Should the DHBs be taken to court over it?

Hon Chris Hipkins: Look, that's a matter for them, not for me. Thanks, everyone.

conclusion of press conference