

**ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 30 MARCH 2022
HANSARD TRANSCRIPT**

Hon Chris Hipkins: Kia ora koutou, everybody. Good afternoon. Today, Dr Verrall* and I are here to provide a bit of an update on COVID-19 cases, of course, with a particular focus on rapid antigen testing and the roll-out to Māori in rural communities.

So, a quick look at today's case numbers. There are 15,918 new community cases being reported across Aotearoa today. We do know that we're going to continue to see spikes in both case numbers and, sadly, the number of people passing away from COVID-19 over the coming weeks. That series of peaks and troughs is not unexpected, and one of the things that's really important to look at is the overall trend, and the good news for New Zealand at the moment is that the overall trend is heading in a downward direction. So the seven-day rolling average of cases continues to decline.

The seven-day rolling average is 14,969, which, compared with just a week ago, last Wednesday was 17,111. There are 817 people in hospital; 24 of them are in ICU. I've been advised that a number of the people who are in hospital have now recovered from COVID-19 and are expected to transition back out into the community.

Sadly, today, the Ministry of Health* will report a further 14 people have passed away with COVID-19, and I do want to extend sympathies to everybody involved—their families and those who have lost loved ones. As always, further details on case numbers and so on will be provided in a written update from the Ministry of Health, which will be being released right about now.

Dr Verrall's now going to provide a bit of an update on the roll-out of rapid antigen tests (RATs) to those who live in remote and rural areas.

Hon Dr Ayesha Verrall: Thanks, Minister Hipkins. The Government's making sure that rapid antigen tests are easily accessible, no matter where you live in the country. More than 95 percent of the population can access RATs within a 20-minute drive. But we know there are about 250,000 people who live in remote rural areas, where the access isn't so easy. So today we're announcing a new targeted rural service of rapid antigen tests for those who live in remote communities.

Now, DHBs already have initiatives under way* to reach their rural communities. The service launched this week aims to improve connections between households and these initiatives. And if there's no existing initiative in your area, we will courier RATs directly to your home.

So I'll give you some examples of the existing initiatives run by DHBs. My favourite, Whanganui* DHB, has distributed RATs via jet boats up the river and via stock trucks travelling around the region. West Coast* DHB's COVID vaccination team, who travel to remote areas, have a stock of RATs on board. And in South Canterbury*, they have initiated a proactive distribution of RATs to the high country* stations in their region.

I'll just wrap up by talking through how the new delivery service works. You can access the targeted rural service if you're placing an order directly via the assisted channel, on 0800 222 478. The local provider will discuss the most appropriate access or delivery options for you, once your eligibility has been confirmed. Alternatively, if you go to the website to order, when the online order for RATs is placed, the system will let you know what services are nearby and you can also then contact the assisted channel to arrange the delivery option, if you're in a remote area.

We are in a really good position when it comes to access for testing and we have plenty of supply. It's easily accessible for most New Zealanders. So I want to thank all the DHBs, Māori providers, and RATs distributors for their work on this.

Back to you, Minister Hipkins.

Hon Chris Hipkins: Thank you. As Dr Verrall noted, the work that we've been doing to increase access to rapid antigen tests in rural and isolated areas builds on the work that we've been doing with our Māori providers, where the number of providers supplying RAT tests has increased from 400 now to a thousand. That's happened over the last month. We're also putting a real emphasis on ensuring that testing is widely available for our disability community and that we are working with other first responders, prisons, youth justice facilities, aged residential care* facilities, and so on.

And, of course, last week when I was unable to speak with you in person, we announced the increase in testing availability in education settings as well. Everybody should be able to now access a rapid antigen test when they need one. Happy to take questions.

Media: We've passed the peak now, and you mentioned that the case numbers are going down. So why are we only now getting those rapid antigen tests out to those more isolated communities?

Hon Chris Hipkins: Well, look, we've been working on getting tests as widely available as possible and, of course, over time as you get to bigger groups, you can then start to focus in on those smaller areas where we can continue to do better, and that's exactly what we've been focused on.

Media: But aren't we well past the peak? Shouldn't we have done this already?

Hon Chris Hipkins: The peak will be working its way through the rest of the community. Some of those rural and isolated areas will be among the last people to potentially see a peak of COVID-19 cases. So it's never too late, I think is the main message.

Media: In terms of how many RATs are actually available for people—I appreciate you say it's a 20-minute drive—but are people actually going to be able to get like a decent supply? Because if you've got symptoms or you've got people in the house, you can actually burn through quite a few before you get to a point that you don't need them any more.

Hon Chris Hipkins: Yes, absolutely and the further away that you are, I would suggest that it's worth letting people know that, when you're picking up your tests, that you're a long way away—if you are a long way away from easy access to further tests if you need them. I know that the supplies have increased in terms of the number of tests being supplied per positive case or per household contact—that has now been increased as well.

Media: Do you know what is that, roughly? How many people—

Hon Dr Aysha Verrall: From three to five.

Media: From three to five. I mean, that's incredibly low. I mean (a) price of petrol: horrendous; people often make decisions about driving 20 minutes to do one thing or another. So how many are you prepared for people to actually take away?

Hon Chris Hipkins: I mean, once you've got a positive test, of course the real focus is on your household contacts and during the period in which someone is in isolation.

Media: But the point is—I'm talking about people who are household contacts and who are wanting to be able to go to work or whatever and have to keep testing. That can go on for quite a long period. I mean, you yourself didn't test positive until day seven.

Hon Chris Hipkins: Yeah, for those who are having to test in order to go to work, of course, there is a greater supply so they can get access to more tests so that they can test more frequently.

Media: Did the Government at any point consider just doing what a few other countries have done and sending RATs to every single household in New Zealand, or was that just too logistically impossible?

Hon Chris Hipkins: One of the experiences from those other countries is that you end up wasting a heck of a lot of tests. There's a lot of tests that end up just sitting in a cupboard, and, in fact, if you look at the number of tests that we've distributed versus the number of

tests where results have been reported, there's a lot of tests sitting out there somewhere in the system that people have either not reported results on or, more likely, have not yet used. So, you know, the distribution of tests has been pretty widespread.

Media: How likely is it that some or all parts of the country will move to the orange traffic light setting on Monday, when Cabinet reviews the traffic light settings?

Hon Chris Hipkins: We've had some conversations with Health about it. It'd be fair to say at this point I don't have a firm sort of leaning in terms of where that might land up, at this point. So we'll be following very closely the public health advice that we get over the weekend.

Media: For people who don't have time to read all the detailed information about the differences between traffic light settings, what is the main difference—just to remind people—between red and orange?

Hon Chris Hipkins: Ultimately, it comes down to indoor gatherings now. So under the new arrangements, obviously, vaccine passes used to play a bigger role at various levels of the framework and that's no longer the case. So the main difference now is around the size of indoor gatherings.

Media: And in the past you've given an indication about what Cabinet would like to see before you moved either alert levels or traffic light settings or from 3.2 to 2 and 1. What will Cabinet be looking to see before it transitions from red to orange?

Hon Chris Hipkins: I think the main thing that we're all looking for at the moment is where we're at in terms of the overall peak, you know, in all parts of the country. I'm aware that there are some parts of the country who are still sort of on an upward trajectory. So while the overall numbers are trending down, there are still some parts of the country where they're trending up, so we'll be looking at the spread across the country.

Media: And you've talked about how geographical locations can move into different colours at different times to others, so given the fact that Auckland's past its peak, is it more likely that they're going to be moving into orange?

Hon Chris Hipkins: Look, I don't want to get ahead of that decision. We haven't received the advice yet. Cabinet Ministers haven't really—well, clearly we haven't discussed advice that we haven't received. So I don't want to get ahead of that.

Media: Have you taken any papers to Cabinet or any I guess action items to Cabinet around increasing vaccines for five- to 11-year-olds? They've been stuck at about 50 percent for first dose for about a month now. There's almost no move in there after that initial kind of spike. It seems like people just aren't vaccinating their kids.

Hon Chris Hipkins: I think there's a couple of factors at play here. One is we expected the uptake to be slow amongst that age group, and it got off to a hiss and a roar and then slowed down, and that's effectively what we were expecting to see. For the second doses, we're expecting them to be even slower than the first doses because children who have had COVID-19 then need to wait three months before they can get their second dose. So, as a parent who's got a child in this category, there are a lot of parents who are going to find that they have to wait a bit longer to get that second dose for their children. And, in fact, in some cases, there will be children who have now had COVID-19 and therefore can't get even a first dose until three months after. So—

Media: To clarify: are you doing anything to try to pick up that first dose rate, or are you satisfied where it is?

Hon Chris Hipkins: Yeah, there's still a lot of work there going on in partnership with our local health providers and also working with schools. So, in some of those more isolated areas, working closely with schools—where they are the heart of the community—can help to increase uptake not just amongst the kids but also amongst the parents as well.

Media: You had no change of strategy planned. You expect change to [Inaudible] It's just more of the same—

Hon Chris Hipkins: No, we knew that this was going to be a long, slow grind, if you like, to get those vaccination rates up for the younger children. And there are some parents who are pro-vaccination but are just waiting a little bit longer and my message to them has always been it's safe, it's a good time to do that now. But we are not leaning as heavily there as we were for the adult population.

Media: On the traffic light movements, will you be taking into account just case numbers and hospitalisations, or will the booster rates—the kids' vaccination rates in various areas—play any part of Cabinet's [*Inaudible*]?

Hon Chris Hipkins: All of those factors are always in the advice that's presented to us here.

Media: Just on the children—just going back to a couple of follow up questions—how concerned are you, because it's not even that the rates aren't going up, they're declining those rates, and does that worry you in those five- to 11-year-olds?

Hon Chris Hipkins: As I said, we're seeing a decline in the uptake of vaccination across the board at the moment, and one of the drivers for that is that we are in a peak and there will be more people who can't be vaccinated at the moment because they're waiting out that period after they've had COVID-19 before they can have a booster, or before their children can be vaccinated, and that's understandable. We do want to see a higher uptake—absolutely no question about that. We want to see a higher uptake of boosters but also a higher uptake of vaccination for children.

Media: Following up on Henry's question, what are you specifically doing to target those young children or their parents, as the case may be: are you putting more money into advertising, are you trying to educate with schools—can you just be specific?

Hon Chris Hipkins: Yeah, so there's still quite a bit of money going into advertising campaigns. There's also quite a bit of work—and it's the small grassroots initiatives that are making the difference—so getting parents into a school hall for example, giving them a briefing so that they understand what they're being asked to sign their kids up for. In a lot of cases, in fact, we've found that that increases the likelihood that the parents themselves will be vaccinated, if they haven't been already. So it's the slow part of the process. It's about the educate and inform, so that people are making informed decisions. And that is slower, but it is the way that we're going to reach those groups.

Media: You've talked about schools and them being involved. You previously said here that there was concern about schools and their involvement because they were getting heavily targeted by anti-vaccination messages and, you know, schools were feeling quite vulnerable to that. So where have you struck the balance on that?

Hon Chris Hipkins: In a lot of cases, and particularly for urban schools, that doesn't necessarily make sense to be providing vaccinations on site at school because the process is no different there to if the child was getting a vaccination three doors down at a local vaccination clinic. So where school-based vaccinations can make a difference is in those more isolated communities where there's often not a lot else around other than a school. And so what we've got is our DHBs and our providers working with those schools to identify the best solutions for them. In some cases, it might be that they're using a nearby venue to a school, not the school itself if there's been issues in that community—in terms of the school being targeted. So there's conversations about that that have been ongoing for months now, happening all up and down the country.

Media: But there are still issues around that, are schools still feeling particularly targeted by that misinformation, disinformation?

Hon Chris Hipkins: Look, I'd have to look at that. I haven't had reports of that recently—that's not to say it's not happening, it's just I haven't had the reports of it.

Media: And what about the booster for that age group as well? Because Dr Bloomfield said last week that he was expecting a decision in the next week or so about whether the booster would be available.

Hon Chris Hipkins: Yeah, we're not expecting decisions on boosters for children, i.e., the five- to 11-year-olds, for some time. That's not really on the kind of current horizon. The decision making around boosters is really for the 12 to 18 year age group, and it may be that, you know, where're waiting for the advice of technical experts on that. It may be that we have some differentiation within that age group. I might ask Dr Verrall, who's been following the international evidence on that, to comment that, if she wants to.

Hon Dr Ayesha Verrall: Yeah, there has been a new application placed for the 12 to 17s for assessment. So that's based on trial data that has come through for the Pfizer vaccine.

Media: So, sorry, I'm just coming back to Dr Bloomfield's comment that he was expecting to have basically a decision on that age group in the next week or so. So are you just waiting—

Hon Dr Ayesha Verrall: No, no. There's the new information put forward to Medsafe*.

Media: Right, so that's basically going to hold it up for some time?

Hon Dr Ayesha Verrall: The new information is likely based on new trial data that gives us a better picture in order to make the assessment.

Media: What's the time frame for that, then?

Hon Dr Ayesha Verrall: I'll have to get back to you on that.

Hon Chris Hipkins: From memory it is within the next few weeks that Medsafe are expecting to consider it. Now of course Medsafe don't always make a decision straight off the bat when they're considering new applications.

Media: More than 10,000 people have now signed a petition to increase the number of people that are allowed to be support people with women giving birth in maternity wards. What do you need to see, with the current outbreak, for more people to be allowed in those rooms?

Hon Dr Ayesha Verrall: I think that's an important point: that indeed the current outbreak does influence how those decisions are made, because there is a risk assessment made in each case of a visitor coming into hospital, about what the chance of them having COVID is, and so in places where the COVID prevalence is coming down, there is an opportunity for DHBs to re-look at their policies about that, and as we discussed yesterday, they do that on a DHB-by-DHB basis.

Media: Will there be any sort of centralised advice going out to the DHBs on that, though? Because I mean, if you look at it from—like a mother's perspective, you can get on an aeroplane* with 100 other people, you can go to a stadium packed with thousands of people; but you can't have support people in the room with you.

Hon Dr Ayesha Verrall: Yeah. First of all, it is really important that people have the support they want and need at a time that's as important as giving birth. I think if we just went back two weeks in time—some of the maternity services, for example in the northern region, were really suffering with staff shortages due to staff having COVID-19. So that is part of why service continuity depends on these types of provisions in place in maternity wards. So indeed, I think there is scope, as you mentioned, for us to make sure that we're giving all the guidance to DHBs about factors to take into account, so an enabling approach is taken—I'm working with officials on that now.

Hon Chris Hipkins: I want to acknowledge that our hospitals are under a huge amount of pressure here as well, and so you hear reports of people heading off to hospital in an ambulance, for example, without family members being able to go with them because the policy of the hospital is not to have visitors or other people there at the moment; they're really trying to limit the number of people they have in the hospital in order to cut down on the sort of pressure that we have seen. And I absolutely acknowledge that's really difficult for families—you know, where you've got someone who is in hospital and you can't go and see them and you can't visit them and you're wanting to know what's going on. And perhaps the

hospital isn't communicating freely with you because they are under that much pressure. I absolutely acknowledge that that's really, really difficult for families. And so please be patient with our health system, though—they are absolutely doing everything they can to support people who need that—

Media: Can there not be some kind of like—RAT test, masking policy implemented so that people aren't suffering through those things?

Hon Chris Hipkins: I think the balance here is about making sure that our hospitals can continue to function and that they don't end up being in a position where they can't provide people care, because they lose such a significant proportion of their workforce to COVID-19. And I know hospitals are being sensible in the decisions that they are making, so for example where someone is in a serious condition, they're allowing people in to see them and so on. But they are being quite careful in just the amount of general foot traffic that they're allowing in to hospital at the moment.

Media: And just in terms of the move to orange, is there any chance that just Auckland would go to orange on Monday?

Hon Chris Hipkins: Again, I don't want to get ahead of the Cabinet* decisions, when we haven't received the advice on that yet.

Media: But a regional split could be on the table?

Hon Chris Hipkins: Well, we've always said that within the traffic light framework, regional separation is a possibility, but we haven't considered whether we would do that in the current context yet.

Media: With such a high number of people having had COVID, what's the latest advice that you've received around long COVID* support, advertising—do people need to know what sort of exercise they should be doing after? Where is Government at on long COVID?

Hon Dr Ayesha Verrall: Yeah, I mean long COVID is a real condition that is one of many syndromes that people can get after viral illnesses. And I know that many people with long COVID feel that they're not listened to, so it's very important that we and the ministry recognises that it is a condition and you would've seen the Chief Science Adviser* for the ministry, Ian Towne*, make that very clear a couple of weeks ago. I think there is a role for both greater support at the community level and advice for people about those sorts of things. Currently, I don't believe we have guidelines for those sorts of things.

Media: Is that something that the Government's looking into?

Hon Dr Ayesha Verrall: Yeah, it is.

Media: Minister, can I ask a follow-up question on the paediatric vaccines. Obviously, there's a whole bunch of kids who got it when it first became available, then a lot of those children got COVID, and now their second dose has been pushed out three months. What does that mean for the stock of paediatric vaccines that the Government had for those children?

Hon Chris Hipkins: I'm not concerned about that at the moment. So they've got about, from memory, a nine-month shelf life in terms of the paediatric doses and they've only been received in country this year. So we're only three months into the year, so we've got, you know, a good shelf life for those vaccines. We are likely to see more vaccine wastage amongst our second order vaccines for COVID-19—so the *AstraZeneca and the *Novavax vaccines, where we've seen very low uptake. But in terms of our management of our Pfizer stock of vaccine, which is the mainstay of our vaccination programme, we've been able to manage that very effectively. So we have, by international standards, one of the lowest vaccine wastage rates in the world, but it will be higher for those other vaccines that are not being as widely used.

Media: How big of a deal is that? How much money is wasted with those other vaccines?

Hon Chris Hipkins: Well, when we signed the advance purchase agreements, and if we go back to 2020, bearing in mind at that point that these vaccines were still in development, we committed to spending money on these vaccines and even if we haven't taken delivery of them we were still going to end up being on the hook for some of the commitments that we made there. I still think that was absolutely the right strategy. What it meant is that we were guaranteed access to a suite of very, very effective vaccines that have given us now one of the highest vaccination rates in the world. So yes, there will be more wastage, but if I went back to 2020, I wouldn't make those decisions differently on the basis of that. If anything, I'd probably be buying even more vaccines back in 2020 than we did.

Media: Minister, Pharmac bought a wide range of COVID treatments. Not all of them are on stream yet, but quite a few of them are supposed to be. Are you aware—are they being used in hospitals? Are they actually being utilised or are things often happening or people are dying before the hospitals are really able to order the medicine in and use it?

Hon Chris Hipkins: I do understand Minister Little's going to provide some more updates on that shortly.

Hon Dr Ayesha Verrall: Indeed, in hospitals they are being used. So right from the very beginning we've had access to *dexamethasone, a steroid anti-inflammatory that's been shown to reduce mortality, mostly used for hospitalised, severely ill patients. We're using *remdesivir, which is an intravenous treatment that's an anti-viral. We have access to an antibody treatment as well, for use in hospital, but that one has shown not to be so useful for Omicron because the antibody doesn't bind Omicron. So there's a range for people with severe illness in hospital.

Media: Do have any updated estimates on how much of the COVID in New Zealand is Delta? Are we under the impression where we say Omicron's totally taken over?

Hon Dr Ayesha Verrall: The last time I saw news about a Delta case, it might have been three or four weeks ago. We'd have to check if that is still up to date, but no, it does seem like very little of what we've found through whole genome sequencing—it's all Omicron now.

Media: Of the 43 COVID deaths that have been coded as coming from COVID-19, more than a quarter of those are Māori. Is that surprising to you and what does it say about the response?

Hon Chris Hipkins: Well, I'm aware that vaccination rates amongst our Māori communities are lower than amongst others, and I think it reinforces the message that whilst you can still get COVID-19 if you have been fully vaccinated and boosted, the consequences are less likely to be severe. And so again, it does reinforce the vaccination message that people will be more protected. But yes, it is an area of concern.

Media: Do you see this as a result of the failure to get Māori vaccinated, which, you know, the Waitangi Tribunal found last year was a breach of the Treaty?

Hon Chris Hipkins: Look, I think people who have followed this closely will know and will see that we have been constantly looking for new ways to reach into those communities where vaccination uptake has been lower. We haven't stopped. We continue to do it. Right now, today, there are people out there trying to, you know, get our vaccination rates up amongst those communities. We have to acknowledge that there is still a degree of resistance in pockets of that community and that we may never reach some of those people. They're making the choice not to be vaccinated. They've been willing to pay a personal, significant price in terms of not being able to do things, potentially having to give up their employment, and so on—if they've gone to that length already, I'm not sure that there's much more Government can do to convince them to be vaccinated.

Media: Just at the orange traffic light setting, can you just confirm whether being seated and separated will still apply, inside or outside, at hospitality venues?

Hon Chris Hipkins: At red it certainly does. At orange, I haven't got my nice sheet in front of me, I would have to—let me come back to you on that, sorry I just don't have it in front of me.

Media: If there's no gathering limits then surely there's no seated, separated?

Hon Chris Hipkins: What's that?

Media: If there's no gathering limits inside, surely you can't separate—

Hon Chris Hipkins: It's mostly guidance at orange, rather than requirements.

Media: Politicians tend to get a lot of feedback in their inbox and social media when announcements are made. What's your experience so far of the announcements around restrictions loosening? Are people mostly on board with that or are you getting a lot of negative pushback and backlash about those decisions?

Hon Chris Hipkins: No, no, there's certainly nervousness in the community about that. It's finely balanced, I think, in terms of where the overall public sentiment is. I think that there are certainly people who are very nervous about where we sit in our COVID-19 response at the moment, but overall I think New Zealanders have accepted that we're now in a different phase of our COVID-19 response.

Media: So when you say it's finely balanced, would you say it's quite split—people who are nervous versus not?

Hon Chris Hipkins: Yeah, the people who are nervous I think, in many cases, are just not getting out and about as opposed to writing to us about it. We're still getting a bit of correspondence about that. The overall correspondence volume has dropped away quite significantly in the last few weeks.

Media: Has the volume of kind of violent threats towards you personally dropped, as well?

Hon Chris Hipkins: As a bit of a confession, I have to tell you I don't—I've kind of asked not to be told the worst of some of that, because I think otherwise you just live your whole life in fear. And so I trust those who are dealing with all of that correspondence and all of those issues to alert me if there is something that I really need to know about, so I couldn't give you an answer on that.

Media: There's a group of protestors threatening to come back to Wellington in two days' time for a 14-day sit in. Are you worried it's going to turn out like last time?

Hon Chris Hipkins: Look ultimately, that's a matter for the police, but it'd be difficult to know exactly what they're coming here to protest against.

Media: Were you surprised to see a petition delivered to Parliament, to Chris Penk* yesterday, by someone who had subscribed to these sort of quite violent anti-vaxx sovereign citizen beliefs?

Hon Chris Hipkins: Look, as a longish serving parliamentarian* now, I passionately believe in the right of every citizen, including those who have very unpopular views, to petition the Parliament. I think that that's a pretty important right in a democracy. But I would note to some of those individuals petitioning the Parliament, that that relies on there being a Parliament, and some of their other views would suggest that a democratically elected body isn't a legitimate one. It is a legitimate one, and they are absolutely exercising a legitimate right in petitioning the Parliament.

Media: Would you have accepted that petition?

Hon Chris Hipkins: Probably not in this particular case; I'm not sure I would have been particularly well received. But overall, I'm not going to pass judgment on members of Parliament accepting petitions, because I do think it is important that members of the public—even those who have views that we might not agree with—are able to petition the Parliament. And ultimately, the court of public opinion is the judge of the validity of those petitions. But

we live in a free democracy, and in a free democracy people are entitled to express unpopular views.

Media: When the mandates drop next week, will both of you be comfortable unknowingly mingling with unvaccinated people?

Hon Chris Hipkins: One of the points that I would make about that is, you know, we've got a 95-plus percent vaccination rate amongst the eligible adult population. And people don't suddenly become unvaccinated. So we're still going to have a very high rate of vaccination, even when the mandates and when the vaccine passes have disappeared. And so the overall increase in risk is very low comparative to what it was when we introduced the mandates and introduced the vaccine passes.

Media: Have you both continued to venture out to cafes and restaurants and things over this period?

Hon Chris Hipkins: Well I've only recently been allowed out of the house, so—

Media: OK, when you weren't stuck at home.

Hon Chris Hipkins: —I haven't yet been out about that much, but I'm hoping to be.

Media: So have you been completely comfortable? Dr Bloomfield* said the other week that he was still regularly going out, and that the system was designed to do that. Have you actually followed that advice and been out and about?

Hon Dr Ayesha Verrall: Yes, I was at a family gathering at the Mongolian barbecue restaurant in Wellington last week. And indeed I believe at times—I mean, I'm sure I've been mixing with unvaccinated people unknowingly in the past, and I'm sure that'll continue. And make sure I have my mask, and I'm vaccinated myself so that I'm safe.

Media: Do you feel differently about it just because—my understanding is, you haven't had COVID-19 yet and lots of us, or some of us, haven't and perhaps have a different take on the Minister who has had COVID, about feeling safe or, you know, mixing and mingling with other people?

Hon Dr Ayesha Verrall: I've been working with infectious diseases all my life and part of that job is knowing what the protections are and being able to conduct yourself in a way where you're taking only the necessary risks. And I think we've set up a system that enables that.

Media: Because you have worked with infectious diseases, have you noticed, I guess, the feedback that you've got—just coming back to the question that Minister Hipkins answered before about, you know, the backlash or people not happy about restrictions loosening. What have you received as a doctor in that way?

Hon Dr Ayesha Verrall: To be honest, I also don't look at any of the very negative or violent messages. I receive a mix of feedback and I—

Media: Sorry, more specific to whether people are happy about the changes to the traffic light system and mandates and things dropping off and whether, you know, people are fearful or nervous about that. Have you received—

Hon Dr Ayesha Verrall: Oh, absolutely, and I understand that, because I think of all the people I've looked after in my life who have immune-compromise or are vulnerable to COVID in some way. Totally understand that they'll be nervous.

Media: Just back on that visitors at hospitals question, if we move to orange, that technically means our health system is no longer under threat, right? So, at that point, can we start seeing some of those restrictions that are around hospitals loosened?

Hon Chris Hipkins: A lot of those restrictions around hospitals are ones that the hospitals have put in place for operational reasons to keep patients, staff, and others in the hospital safe. We have to acknowledge, though, that as we come off the peak that the rate of hospitalisation and those who require serious ICU care and so on—there's likely to be a bit

of a lag effect before we see that drop in the peak start to flow through into the hospital system.

Media: And, therefore, is it safe to move to orange?

Hon Chris Hipkins: Well, those are all the things that we'll be weighing up, absolutely. All right, thanks very much, everybody.

conclusion of press conference