

ALL-OF-GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 6 APRIL 2022
HANSARD TRANSCRIPT

Hon Chris Hipkins: Kia ora koutou, everybody. Good afternoon. Welcome to the first episode of the final season of the “Ash and Chippie Show”. Today I am, of course, joined by Dr Bloomfield, who’s going to give us an update on how this health system is preparing for winter. But, first, a quick update on some numbers.

Today there are 12,575 new community cases of COVID-19. We’re seeing the rolling seven-day average of cases continue to decline. We’re down to a rolling seven-day average of 12,307 today, which is down from 14,969 last Wednesday. There are 654 people in hospital, 23 of whom are in ICU, which is down from yesterday, which was our high point. Sadly, today the Ministry of Health is reporting a further 15 deaths, with people with COVID-19, and everyone’s sympathies, I’m sure, will be with the families who have suffered those losses.

Today I’m able to confirm that from tomorrow, young people aged between 16 and 17—or aged 16 and 17—can receive a free booster dose of the Pfizer vaccine at least six months after completing their primary course—i.e., having doses one and two. There’s around 36,000 young people aged 16 and 17 who will be able to get their booster from a walk-in vaccination clinic around the country. A booster dose is particularly recommended for 16- and 17-year-olds who are at higher risk of severe COVID-19 symptoms or hospitalisation, so that includes people who are immunocompromised or who are living with a family member who is immunocompromised and our Māori and Pacific communities in particular. The decision on booster doses for young people protects more New Zealanders from the risk of serious complications from COVID-19.

This is also a good timely reminder for those New Zealanders who haven’t received their booster yet, and we encourage them to do that as soon as they are able to. So I want to recognise the work that the team at Medsafe have been doing. To assess these applications, they do follow a very robust approval process to ensure that the vaccines we use here in New Zealand meet acceptable standards for safety, quality, and effectiveness. And so those who are being encouraged to receive vaccines can be reassured that the approval process has been a very robust one.

I’ll now hand over to Dr Bloomfield, as I’ve indicated, and then I’ve got a few other things to say at the end.

Dr Ashley Bloomfield: Thank you, Minister. Kia ora koutou katoa. So the health and disability sector is gearing up to prepare for the winter ahead. We know there’s likely to be a baseline level of COVID-19 cases as well as other infectious diseases that we haven’t really seen for the last couple of years because the border’s been shut, in particular influenza, RSV, and the prospect of other diseases, like measles, making their way across the border.

I did want to take the opportunity today to emphasise what everyone can do to help protect whānau, themselves, communities, and, of course, our health and disability system as winter approaches. So the Minister’s just outlined the ongoing importance of COVID-19 vaccination, and that includes, in particular for Omicron, getting a booster. We know that unvaccinated people, or people that haven’t had a third booster dose, make up a disproportionate number of people who are in our hospitals.

We also know that people can get COVID-19 more than once, and the evidence does suggest that vaccination provides better protection than prior infection. So even if you’ve had COVID-19, please do get that third, or booster, shot if you haven’t had it already, three months after your infection.

COVID-19 has also taught or reminded us a lot about the importance of basic public health measures that will stand us in great stead as we head into winter. We know, and even young children now know, that simple actions make a difference: coughing or sneezing into your elbow, washing hands frequently, staying home when sick, and, of course, wearing a mask

when out and about to protect both ourselves and others. These measures are all important not just for COVID-19 but for other respiratory illnesses.

For any virus, we know that the more people who are vaccinated, the greater our population immunity is, and this goes for COVID-19 and influenza. Rightly, our health and disability colleagues are concerned about the impact of flu this year, at the same time as a possible second wave of Omicron, especially because we haven't had the flu virus circulating, really, in New Zealand for the last two years.

This year Pharmac has purchased over 2 million doses of the flu vaccine—more than any other year. So please take the opportunity to get one. Flu vaccination is free if you are pregnant, over 65, or at risk of becoming seriously ill because of underlying conditions such as diabetes, asthma, or heart conditions. And this year, flu vaccination is also free for Māori and Pasifika aged 55 and over. All these are groups that are high-risk of becoming very unwell if they get the flu. Many workplaces also offer free vaccination for staff. If you work for one of those organisations, please do take the opportunity. Anyone is able to get a vaccination at a small cost from general practice, community pharmacy, or urgent care clinic if they don't qualify for a free vaccination. If you haven't had a flu vaccination ever before, this is the year to do it.

Another action that will be very important, especially for children, is making sure that our tamariki vaccinations are up to date, and, in particular, I want to give MMR a plug. We had a measles outbreak here in 2019, and we ended up with quite a number of children very sick, in hospital, from that. The MMR vaccine is very effective, and very safe.

Now, our MMR vaccination rates are low—lower than they should be and need to be, particularly for Māori and Pacific children. But what I would say is that our vaccination rates for other vaccines that children get at age six weeks, five months, and eight months are all high—over 90 percent in all ethnic groups. We just see this drop off at the 12- and 15-month MMR vaccinations, and that's where we really need to focus our efforts. Our health system will be doing that over coming weeks and months, and my request to parents and whānau is to get your kids protected from measles by getting them vaccinated twice with the MMR vaccine.

We also have our catch-up campaign for 17- to 32-year-olds. It's been kick-started again, so if you're in that age group and you're not sure if you've had two doses of MMR, go and get one. It's free.

So, please, do make sure you and your whānau go into winter with as much protection as you can. That way we'll all be doing our bit to make sure that the health system is here to care for everyone when they need care. Back to you, Minister.

Hon Chris Hipkins: Thank you. We've done a fair few of these over the last two years. This may well be one of the harder ones. I did want to take a moment to say a very personal thank you to the man that most New Zealanders have come to know as "the DG". As the Director-General of Health, Dr Bloomfield has advised the Government at every step of our public health response to COVID-19. His workload has been enormous, but it hasn't just been related to COVID-19, and, in fact, his entire life has been dedicated to the health and wellbeing of New Zealanders. But COVID-19 has been an enormous challenge that we have faced as a country, and Dr Bloomfield's advice to the Government has consistently informed and has been the basis for our decision making. Dr Bloomfield, during your time as Director-General of Health you have saved thousands, if not tens of thousands, of lives.

It is important for us all to remember that the Public Service as a whole, and in particular the health system, has been instrumental in our response to COVID-19, and that it has been bigger than any individual. But it was Dr Bloomfield who has had the job of calling me at all hours of the day and night. As I was preparing these notes I was reminded of election night, where I had sat down about an hour before polls closed to eat my fish and chips, as I do on election night, and I think we were about 15 minutes away from polls closing when you rang

me to tell me that there was a case of COVID-19 in the New Zealand community. So thanks for ruining that for me.

But I absolutely respect your decision to take a break. It's been an incredible couple of years. You have an opportunity to go out and spread your wings, and I know that New Zealanders will join me in saying that you thoroughly deserve that. Finally, should you decide to spend some of your new spare time and take up the pursuit of cards, please do let me know, because I have to say you've got a rubbish poker face. And with that we'll open up for questions.

Media: Dr Bloomfield, why are you leaving early, and when you reflect back on the last two years, how are you feeling about stepping down from this role?

Dr Ashley Bloomfield: Well, my contract is a five-year contract, but I dare say that the three previous Directors-General of Health have done between three and four years. I'm coming up to four years in June. It's a complex and challenging role at any time, and the last two years I don't think could have been more complex and challenging. I've been thinking for a while about what's the right time for me to step down. It seems we're at a good point in terms of the pandemic. The response is shifting. I'm also confident that the system is in good hands with the changes that are afoot, and most certainly my family will be very pleased to have a little more of my time. I just felt it was the right time.

And, of course, it is with very mixed feelings, because I work with amazing people, and the hardest thing for me today is going to be talking to my staff on an all-staff Zoom meeting in about an hour's time, because they're all fantastic people and I feel very sad. In four months' time—and four months is a long time in a global pandemic, as we've found out before, but in four months' time I will be leaving them in someone else's care.

Media: Why is it mixed feelings for you? I mean, you'll probably be—in directors-generals' part, you've gone to the next level in terms of your recognition, and people feel like they know you. So is that a relief to leave that behind, or is it—how are you feeling about all of that?

Dr Ashley Bloomfield: Well, I haven't thought too much about that, but what I would say is throughout the last two years I've had, from New Zealanders all across the country, a huge number of messages of gratitude and support, not for me in my role but for the work that our team has done. And so that's, in many respects, through those very tough times, and as I sat down and steeled myself to ring the Minister at all hours of the day and night, one of the things that's carried me through, and I know it's carried my staff through—is just knowing how grateful New Zealanders were and that they saw the hard work that was happening. So, yes, I still find it a surprise walking down the street and people recognise me, but perhaps that will change once I'm not so much in places like this.

Media: What are you most proud of?

Dr Ashley Bloomfield: What am I most proud of? I'm very proud of the way that the health system and the Public Service has worked so well together to protect New Zealanders. Just remembering this is a one-in-100-year pandemic. Every country was in the same boat here. And I think that our Public Service absolutely showed its quality right through in protecting New Zealanders, and, as part of that, not just protecting the health of New Zealanders but protecting our economy and our social wellbeing as well as we might have expected we could.

Media: Do you have a favourite—this is kind of a weird question in the middle of a pandemic, but do you have a favourite moment from the last couple of years?

Dr Ashley Bloomfield: Ha, ha! Well, some moments are more memorable than others. Maybe hitting such high vaccination rates and the incredible position that's put our country in—in particular in protecting our more vulnerable population groups and our older people, our disabled people, our poorer communities—has just been such a highlight, and the work of our vaccination team has just been outstanding.

Media: I'm guessing that the other thing you were laughing about was the famous quote from your colleague there. Minister Hipkins, you two obviously would have talked to each other basically every day for the past couple of years. Are you sad?

Hon Chris Hipkins: Absolutely. I'm sad but I'm also very happy for Ashley—if I could call him that publicly once—because I think he thoroughly deserves a break. And I absolutely acknowledge that for those who have been at the senior levels of the pandemic response, the personal sacrifice involved in that has been enormous, and few would be able to say that they had made a greater sacrifice than Dr Bloomfield has. So I think that he thoroughly deserves a break, and I'm sure his family deserve to have him back for a bit as well.

Media: Have you given any thought to what's next, Dr Bloomfield?

Dr Ashley Bloomfield: Well, what's next is an extended break, so some time out to sort of just really let go of something that is—you know, the pandemic is something you carry with you 24/7, even when you're on holiday. So that's the first thing. And I'm putting some thought into what I do next. I guess I could say I'm a public servant through and through, so that will be steering what my next steps are.

Media: Any thoughts about running for Parliament?

Dr Ashley Bloomfield: Not a jot.

Media: What about an international post—what about a more international posting in the Public Service?

Dr Ashley Bloomfield: I'll think about what the options might be when I get a bit more time. I've still got four months of this role to do, so that's where I'm really focused.

Media: What were the disappointments for you, Dr Bloomfield? Will one of the disappointments for you be the slow uptake of vaccinations by Māori and the slow vaccination rate by our tamariki?

Dr Ashley Bloomfield: So you've heard me say this before, and I will just reiterate the point: I am absolutely thrilled that we've got to the levels of vaccination right across the population that we've achieved, including for Māori. And, again, if you go back to the very first part of our vaccination programme, our vaccination rates amongst Māori and Pasifika adults 65 and over were highest—they were higher early on in the programme—and we're seeing this again with the booster rates. Our booster rates for over-65s are around 90 percent for both Māori and non-Māori. And that is an achievement that very few population health programmes have made in years past, and this has been one of the areas I've been incredibly interested in right through my career.

So I'm proud of that, and I'm also proud of what we've learnt about what you need to do. And you did point out, rightly, that the uptake was slower, especially amongst younger Māori, in our vaccination programme. But we kept going at it, and those providers kept going, and they just put every effort in. So I'm proud of what we've learnt and what we've achieved.

Media: You've previously talked about the first few weeks of the pandemic and how it was a very anxious time for you. Obviously, now we're more than two years in, can you describe the toll that this job and leading the health response to COVID-19 has had on you?

Dr Ashley Bloomfield: Well, it's stressful, and the pressure's there, and of course that's one of the things that's played into my decision to stand down in July. But just to reiterate, being the Director-General of Health is actually a pretty big task at any time. The pandemic's created, of course, an extra challenge there. But I haven't been doing it alone, and so I have been working alongside amazing colleagues in the Public Service and an incredibly loyal and committed and professional team in the Ministry of Health and the wider health system. So for all that the burden has been there, I've felt supported and uplifted by many, many colleagues.

Media: And in terms of your successor, do you think it'll be a tricky navigation for them to take over the role, considering the major health reforms come into effect from 1 July; obviously, we're not out of the pandemic yet—how challenging is that going to be for them?

Dr Ashley Bloomfield: Well, it's a challenge but also an opportunity, and I think that the timing, again, for me, at the end of July, it does mean—and I'm very focused on ensuring the Ministry of Health is well set up to do its new role in the system from 1 July. But it's an exciting opportunity for someone coming in to then really create the vision and drive that new role within the Ministry of Health. And I know there are many capable people in the New Zealand health system who could do that.

Media: Who do you think should take the job?

Dr Ashley Bloomfield: Who do I think should take the job? The best person.

Media: Back to Katie's question about the toll it's taken, did you like becoming a celebrity, because there were the tea towels and the songs, but more recently that's come with a bit of harder edge, with some pretty nasty elements out there for leaders of the pandemic?

Dr Ashley Bloomfield: Well, one of the things I just tried to be right through the pandemic—of course, and it's the only thing you can do—is just be myself. And, yes, sometimes that's created different responses. I don't pay too much attention to the negative commentary, and I'm thankful and don't expect the positive feedback. One observation I would make—because I do get, and I know the Minister gets, some unpleasant online and other sort of feedback—is it's very gendered. I just want to put that out here and say that the nature of the feedback I get is nothing compared with what a number of my colleagues who happen to be female get. And I think that's terrible. I mean, any of that sort of behaviour is terrible in my mind, but the fact that it's so gendered is something we absolutely need to do something about.

Media: Does it also come from men more often?

Dr Ashley Bloomfield: I don't look at it too hard to really determine that.

Media: Dr Bloomfield, I understand you have faced many challenges over the past two years, but how tough has it been dealing with the demands of iwi Māori?

Dr Ashley Bloomfield: It's been a huge pleasure working with iwi Māori over these last, well, four years—nearly four years in the role—but especially these last two years. And I've made the point that at the very start of the pandemic, the very communities to mobilise were iwi Māori, to protect their whakapapa, their kaumātua and kuia, because they still had a vivid memory of the pandemic a hundred years before. And I think they set the scene—they showed us the way—and it was after that that other communities then mobilised. In that very first lockdown, when, actually, we all had to look after each other, it was iwi Māori who led the way, and I think they've continued to do so through the pandemic. And, again, much of the success in our vaccination programme is because of iwi Māori, our Māori provider sector, our Māori communities that got out and did the hard mahi to get people in there and get them vaccinated.

Media: How do you think the relationship with the ministry and iwi Māori will go moving forward?

Dr Ashley Bloomfield: I'm really confident in that. I've got an excellent deputy director-general of Māori health. He's been a huge support for me. I think he's provided great leadership. And I'm confident that not just the relationship between the Ministry of Health but our new organisations, Health New Zealand and, of course, the Māori Health Authority, will continue to develop and thrive as the system moves into its new structure.

Media: Minister, can we ask about the boosters? We were expecting an announcement on this earlier in the year. Why has it taken so long to announce these boosters, and isn't it a bit late considering how far through the Omicron outbreak we are?

Hon Chris Hipkins: Boosters for the 16- and 17-year-olds have been available on prescription for some time now, so people who have had a desperate need to get them have been able to get them. But in weighing up all of the different factors and all of the different advice that we receive around vaccination, we made the decision not to go further with that until Medsafe had approved booster doses for that age cohort, and that process takes time. They have a very high evidential threshold that they need to satisfy themselves of. That has now been met.

Media: But why wasn't that approval given enough space to happen before the outbreak—this next wave of the outbreak?

Hon Chris Hipkins: Well, ultimately, Medsafe needed to gather the evidence, and, of course, the evidence takes some time to put together. So that's ultimately been the big driver behind the time frame.

Media: Are you disappointed it's taken so long?

Hon Chris Hipkins: No, because, ultimately, we've said all along that we want the process around approvals to be robust, and when we make these decisions I want to be able to, hand on heart, say, look, this has been through a really robust approval process, it's safe, and all the evidence stacks up. And by using the Medsafe process I think it gives us the confidence to be able to do that.

Media: Just another on boosters while we're on it. Can you please explain why it is just this 15- to 17-year-olds age group, and what would you say to concerns that just vaccinating this new age group would remove focus from boosting the more vulnerable?

Hon Chris Hipkins: I'll just make a brief comment and then I'll get Dr Bloomfield to comment on the specific age cohort, particularly for the younger teenagers. I am concerned that our booster rates overall have plateaued at around that 73, 74 percent marker. Having said that, I do think that one of the likely contributors to that amongst some of the populations where booster rates have been lower has been the rate of infection in those communities, in that there's a three-month stand-down after someone's had COVID-19 before they can get a booster. And so we are seeing evidence that in some of those communities where the booster rates are lower, actually people are now waiting out their time before they can get their boosters. So, yes, of course I'd like to see the booster rates go higher. We're in an internationally comparable position. Booster rates across the world are lower than they were for the first and second doses, but, of course, we shouldn't let up. We still want to keep pushing and see if we can get rates higher. But on the age issue, I'll hand over to Dr Bloomfield.

Dr Ashley Bloomfield: So two assessments, really, of vaccinating under-18-year-olds with a booster shot. One was that Medsafe assessment, and they had to wait until Pfizer put the application in before they could assess it. The value of us waiting until Medsafe has done that is then now all vaccinators are able to vaccinate that age group rather than just people who are prescribers, which would add an extra burden on the system. So I think the timing is fine there. The advice from our technical advisory group was also very clear that they felt that for 16- and 17-year-olds the evidence was supported, but not routinely offering it to 12- to 15-year-olds. However, if 12- to 15-year-olds are immunocompromised or they're at high risk, then their practitioner would certainly be able to offer them a booster if they felt it was worthwhile doing.

Media: You helped normalise te reo Māori during the 1 p.m. press conference over the past two years. How do you react to being noted as a te reo Māori champion?

Dr Ashley Bloomfield: Well, I'd be thrilled if I was. I just feel it's been something that I've had the opportunity to do, and I dare say in the two years I've only had two negative pieces of feedback on that, and I was more than happy to say that I saw it as my role to help use and normalise the use of what is a taonga for our whole country, not just for Māori.

Media: And how confident are you that your replacement will be bringing the same energy to kaupapa Māori—the same energy that you brought to the role?

Dr Ashley Bloomfield: Well, I'm confident because I think that if I look across my public sector chief executive colleagues, this is really a standard we set for ourselves now. So whilst I might be the one up here at the podium, I'm by no means the most competent user of te reo amongst my counterparts, and I would say that all of them to a person are doing their best to continue to advance the use of te reo in their organisations and also in their public communications.

Media: Dr Bloomfield, you said that COVID is going to be around in New Zealand and, indeed, the world for a long time to come. We've got a Minister for COVID, and we've got a Minister of Health. Going forward, would it be your advice to the Government to have a separate agency that deals specifically with COVID-19, separate to the Ministry of Health but works closely alongside them?

Dr Ashley Bloomfield: Actually, that's one for the Minister. I don't have a particular view on that, and I'm not sure he would ask my advice on that. The only thing I would say is if COVID is going to be with us long term, as an endemic illness eventually, then it will take its place alongside other health priorities and health issues, and we would want to and expect to normalise the health system response to it—I can certainly talk for the health system—rather than treating it as something special, because what we of course want to do is make sure we are giving it the priority that it deserves alongside many other health sector priorities.

Hon Chris Hipkins: Just a brief comment. I'm aware that there's been some speculation on this topic, and I'm sorry to tell you you're stuck with me for a wee while longer yet. There is still a bit more to go in this pandemic, and there are still some strategic decisions that Government needs to take. Obviously, we've got decisions around the traffic light framework coming up. We've got planning under way now around both resurgence and new variants that we have to continue through. We've got decisions around future waves of vaccination to work our way through. So there's still more for us to do, and I'm committed to seeing those things through. That said, I think Dr Bloomfield's absolutely right. We will reach a point at some stage where the COVID response folds back into a more business-as-usual type approach. We're not there yet, though.

Media: Dr Bloomfield, were you asked or did you ever express an interest in having a role in the new health system after reforms?

Dr Ashley Bloomfield: Well, I do have a role. And the new structures come into being once the Pae Ora bill has passed—and they come into being from 1 July formally. So the Ministry of Health continues to have a role in the new system, and I'll be the director-general for the first month of that time. And so the director-general role does continue, and I was very happy to continue in that role for as long as I felt it was the right time to be there.

Media: Did you want to have role beyond that or were you asked to have role beyond that?

Dr Ashley Bloomfield: Well, actually, I was quite happy with the role I've had and felt that was—if I look at my career, that's where it had led me to, and I felt that was the place I could and was adding the most value to the system, and I will continue to do that up until 29 July.

Media: Did the reform work coming in actually prompt that decision, because it meant that someone new with fresh eyes could come in and take over that new system, I guess, without you having to, sort of, make that switch?

Dr Ashley Bloomfield: Well, I'm already making a switch, because we've got two interim agencies. I'm working closely with the chief executives of those two agencies already. But what I would say is that, of course, the timing of that new system, and what will be a new role for the ministry in this system in the sense of a much stronger focus on policy and strategy on monitoring—that's a good time really for someone new to come in and then be able to enhance and focus those functions of the ministry for its future role, and that's very different

from the role I took on four years ago. So, again, I think that just is part of the timing around my decision.

Media: Are you highly supportive of that reform work? Do you think the way that the new structure is being set up is right for New Zealand's health system?

Dr Ashley Bloomfield: Well, I've been in the health system for a long time—all my career—and I've seen different structures. And the structure can either support or not support the sort of outcomes and objectives that you're wanting to achieve. The purpose of the reforms is to try and get greater consistency, greater equity, and greater efficiency, really, out of what the system can deliver. So the structural change is a part of that, but more important are some of those other things that lie behind it: the objectives; the establishment of the Māori Health Authority to get that real focus on improving Māori health. I think the structures can and will support the direction and the aspirations that the Government has for the health system.

Hon Chris Hipkins: Just a couple more questions.

Media: Dr Bloomfield, the pandemic response as a whole has been lauded worldwide, but there were some pretty rocky moments along the way. Do you have any regrets?

Dr Ashley Bloomfield: Well, let me just separate out regrets from "Did I every day think about things that we could or should be doing better?"—absolutely the latter. And, in fact, that's been a feature of our response right through, not just the health response but the wider Government response. I think, Minister, we've still got over something around 1,200 or 1,300 recommendations from the various reviews that have been done, and many of those pointed out things that we could or should be doing better, and we take that seriously. In terms of regrets, not specifically, except perhaps that I didn't write down what was happening at the time. I must say I was probably too busy. But I think I've always remained focused on what are the outcomes we're trying to achieve and, really, just looking at that big picture. And I think, in terms of those outcomes, that we've achieved what we would have hoped we would do at the outset.

Media: Do you mean like writing a book? Is that what you mean when you said writing it—

Dr Ashley Bloomfield: Just keeping a diary, because it was such an intense and, in a sense, unforgettable experience, some of the moments, some of the decisions that were taken, some of the interactions that lay around those decisions. I didn't take notes at the time but maybe my memory will serve me well at some point.

Media: Was there a moment that—you know, you talk about the weight that was on your shoulders. Is there a moment that stands out for you?

Dr Ashley Bloomfield: Oh, well, it's a huge decision for the Government to lock the country down, and that was incredibly early on in the pandemic, and it was nowhere in our plans or even in our ideas that we might have done that. And so to give advice that was the basis for that decision was a huge thing. But there were many, many big and momentous decisions right through the response that—I mean, this is what created the intensity, really, was that it was every day, every decision, really, and every bit of advice, there was a lot at stake. And so I guess it's that combined weight of all of those things that really created the challenge and the intensity.

Media: You said that Māori have led the charge in this pandemic, and you've given a lot of mihi to Māori from the podium there. Do you think that the Government has done enough to support the efforts of Māori at those front lines?

Dr Ashley Bloomfield: Yes, I do and, in fact, one of the things I really think has been great has been, as someone who's been around the system for a while—the investment in our Māori provider sector over the last two years has been substantial and the biggest investment in 20 years and probably bigger than the original investment that set up those Hauora Māori providers. So, yes, I do think there's been—and I know from having been part of the discussions—a substantial focus on and investment in our Māori providers sector.

Media: The Prime Minister mentioned on Monday that there's a variant response plan in the works. Can you talk a little bit more about that and when we might be able to see it?

Hon Chris Hipkins: Yeah, Dr Verrall, from a ministerial perspective, is overseeing that particular work, with a lot of support from the Ministry of Health, obviously, who are doing a lot of the leg work there. We have to be prepared for the fact that new variants are going to emerge. We don't necessarily understand what the nature of those might be or what the consequences of those might be. As we saw right the way through the pandemic, the virus keeps changing the rules on us, and so one of the things that we have to do is, as best as we can, forecast what our future needs might be and what the future scenarios might be, and then be willing to adapt, depending on what we're confronted with. So that's very much what the variant planning is focused on.

Media: Just on RATs and long COVID—two separate questions. There have been anecdotal reports of people regularly testing negative on RATs, then testing positive with a PCR test. Is that concerning, and should it be easier for people to get a PCR test?

Hon Chris Hipkins: I'll ask Dr Bloomfield to make a comment. I'll make one as well, which is we knew when we moved to using rapid antigen tests as our primary form of testing that it was going to mean that there would be more cases that would slip through the cracks. And so that was one of the realities of switching up our testing methods. PCR is the gold standard testing when it comes to COVID-19, but you can't do that for every case when you're dealing with the case volumes that we have been dealing with. And I don't think any countries have been able to do that for the types of volumes that we've been talking about.

Testing is not the only thing that we're asking here, though. We're asking household contacts to stay home for a period of time for a reason. We're asking people to monitor for symptoms and stay home if they are unwell for a reason. We're asking people to wear masks. We're asking people to wash their hands and do the social distancing and do all of those public health measures, because there is nothing here that's 100 percent foolproof. And so, yep, the testing methods are slightly less, you know, reliable than when we were using PCR for everything, but we've got other public health measures in place to compensate for that.

Dr Ashley Bloomfield: The only additional comment I would make is that it shows what the limitation is of rapid antigen tests. They're not as sensitive as PCR testing, and that's why—you know, we've faced quite some criticism for it. Why we didn't roll them out earlier was because in a low prevalent situation, which New Zealand was in for the best part of two years, nine out of 10 positive tests would have actually been false positives. And now we find, of course—and you'll all know people who have been clearly symptomatic, are clearly close contacts, but have had repeated negative tests and then return a positive rapid antigen test or a positive PCR eventually. We are going to be using the PCR testing as part of our confirming cases and identifying those people who will benefit from Paxlovid, and so we will see PCR testing go up as we roll out the Paxlovid.

Media: Sorry, just very quickly on long COVID, is the Government considering any support for people who have long COVID and can no longer work full time?

Hon Chris Hipkins: We obviously keep all of that under review. There is some support available already, but the evidence there is still emerging. But we keep that under constant review.

Media: Can I just run through some really quick quick-fire questions with Dr Bloomfield? What's the weirdest question you've been asked?

Dr Ashley Bloomfield: I've been asked—well, the weirdest thing about the questions—and this is what the public, I think, points out to me—is when different reporters ask the same question repeatedly and get the same answer. But, anyway, that's something I've got used to.

Media: What is the weirdest gift you've received?

Dr Ashley Bloomfield: Oh, the weirdest gift I've received—well, I'm not wearing them today, but early on I did get a very nice pair of tie-dyed Thunderpants, which came as a surprise. I've had all manner of gifts. In fact, I've got a beautiful hand-made cushion that arrived just a couple of weeks ago from Henderson Intermediate school children, so I want to do a shout-out to them.

Media: Are you going to miss the limelight?

Dr Ashley Bloomfield: Am I going to miss—no, not a bit.

Media: How long are you going to sleep for when you leave?

Dr Ashley Bloomfield: As long as I can. I'm not a big sleeper, as my wife will attest to. But I just look forward to relaxing. There's plenty of books on the pile that I need to read.

Media: And, finally, is there going to be karaoke at your leaving party, and what song are you singing?

Dr Ashley Bloomfield: Heck yes. And I'll start with—well, actually I famously did a duet with Minister Verrall to "Staying Alive". But probably I'll kick off with "Friday I'm in Love" by The Cure.

Hon Chris Hipkins: All right, we'll wrap up there. Of course, Dr Bloomfield is still here for a few months yet. So thanks, everybody.

conclusion of press conference