**Media Advisory - Reviews of recent cases in MIQ | Ministry of Health NZ**

[Dr Ashley Bloomfield] Kia ora, kotou katoa, Talofa lava, Nau mai , Haere mai, ki te Manatū Hauora.

Welcome. Nice to have you here today. As you can see, I've got Brigadier Jim Bliss here with me today, and the purpose of our discussion is to, in particular, talk to the two audit reports on the Grand Millennium and the Grand Mercure, which have been released today.

Before I start, though, I would like to apologize. First of all, we haven't got any sign language interpreters, despite our best efforts. We will release a transcript of the stand-up as soon as possible.

I can confirm at this point in the day that there are no community cases to report, and the numbers around cases in MIQ and other numbers will be available at 1:00 o'clock in our statement. Before we move to the reason that we are all here, to talk about those two audits, I would like to discuss quickly a couple of other matters that have been reported on this morning.

Firstly, there were initial reports of two Air New Zealand employees self-isolating after potential exposure to a positive COVID-19 case. Now, the case being referenced to here was a crew member of a Malaysian Airlines flight that came in to Auckland a couple of days ago. This was a freight flight, and normally, the crew would stay aside on the aircraft and would then travel back to their country they've come from.

In this case, through the pratique procedure, it was identified that one of the crew members had symptoms. So when they arrived, they were taken to our quarantine facility, tested, and found to be positive. Likewise, the other members of that crew were also, then, transferred to the quarantine facility.

As part of the investigation, there were two Air New Zealand ground employees who, as a precautionary approach, were initially considered to be possible contacts. However, on further review, they've now been classified as casual contacts. They were wearing full PPE. There was no physical contact. And so at this point, there's no further action required or needed regarding self-isolation or testing.

Secondly-- and I'm sure you're all aware from the media release this morning-- we have done a full data reconciliation on the number of travelers who have arrived from Melbourne between the 20th and 21st of May. This has identified as an additional 48 people in New Zealand who have been required to isolate and be tested under the Section 70 order. Now, these people arrived as part of a cohort of 177 that have now been added to the around 4 and 1/2 thousand travellers earlier identified.

Of that 177, 129 have actually returned to Australia. The balance, the 41, have been-- or, 41 of the balance have been called, advised to get a test, and isolate, and they're doing so, and we're just following up with the remaining seven people today through our contact tracing. Now, these additional 177 people were identified after a detailed look-back to confirm that we had captured all the quarantine-free travel flights that arrived during the period 20 to 25 May.

The advice to the ministry from our border colleagues about the status of affected flights is currently done through a manual process, and that is, obviously, being really looked at to make sure that there is peer review of it, and we are looking to automate that process. What happened here in the identification of those flights is any flight that's coming into New Zealand for the first time on a route is automatically classified as a red zone flight. In this case, they were actually two green zone flights, and when we went back and had a look, we captured that additional 177 people who were on those flights.

So now, going on to the MIQ audits, I would like to start just with a few introductory comments before handing over to Brigadier Bliss. It's very important that, to start with, the New Zealand public is reassured the overall risk of returnees contracting COVID-19 within one of our managed isolation facilities or, indeed, the staff working there and taking it home to the community remains extremely low. It's also important to understand, of course, we do not rely on a single layer of protection to prevent any border incursions or spread of COVID-19.

We have multiple layers of defense at the border and inside our MI, Managed Isolation Quarantine, facilities, and that work to create barriers and safeguards to protect returnees, border workers, and the wider community is ongoing. And that's the purpose of these audits-- to look at how we can continue to strengthen it. And this has been a feature, I think, and one of the strategic strengths of New Zealand's response to COVID-19, is our agility and our willingness to continue to learn and adjust our response.

So things like the introduction of pre-departure testing, day 0 and 1 testing earlier in the year has helped to reduce the likelihood of COVID-19 entering or, indeed, moving around the facility, and well over 50% of our infections that arrive through people traveling into New Zealand are now identified through that day 0/1 testing. We've also introduced cohorting of arriving flights to reduce the possibility of spread within facilities. We've slowed the arrival of people, obviously, from those high-risk countries that have got very big, significant outbreaks. And likewise, vaccination of the staff in those facilities is a major step forward. 100% of MIQ workers have had their first vaccination, and over 95% now, of course, have had their second dose. By June 5, everyone will have had to have had two doses of the vaccine, or they simply will not be able to work in the facilities.

So from a public health perspective-- which is, obviously, my main lens on these things-- these layers of defense are serving us well and have since the pandemic began as well. There are the other infection prevention control measures inside the facilities. They operate within strict IPC guidelines and standard operating procedures, which are constantly reviewed and updated. And, of course, there are the audits, which are regular, as well as special audits like these two. And those are acted on and, of course, publicly released, as they are today.

So saying, all those measures are not a 100% guarantee. There is no such thing. And indeed, we have seen that in Australia over the last few weeks since we started quarantine-free travel with them. So when something does happen, we do investigate, we learn from it, and we then make required changes. So I'd like to hand over now to Brigadier Bliss to make some more detailed comments, and that's generated a lot more interest in the room here. Jim?

[Brigadier Jim Bliss] Apologies.

You'll have to use your big voice. Kia ora,Talofa lava everybody. Today, Dr. Bloomfield and I have released the reports into the in-facility transmission of COVID-19 at the Grand Millennium and Grand Mercure managed isolation facilities in Auckland earlier this year. Each of the reports includes a number of recommendations for improvement, and we welcome these. All are either complete, or they are underway.

Over the last 15 months, we've seen major changes in the MIQ system, and we'll continue to see changes as we learn from our experiences and adapt to new discoveries about this virus. The MIQ system is central as part of our elimination strategy to keep COVID-19 out of New Zealand. The system has served us well, bringing home more than 140,000 people whilst protecting the freedoms that we have today. It can always be better, though, and I think we are committed to continually improving our system.

We acknowledge that what we do know about COVID-19 is very different to what we knew this time last year. The MIQ, along with Ministry of Health, has taken a close look at these two instances, and not least to see if we can strengthen the wider MIQ system.

So to the Grand Millennium first. A review was jointly undertaken by the Ministry of Health and MIQ into the incident at the Grand Millennium in which three MIQ workers tested positive for COVID-19 in April of this year, and the initial case was linked to a returnee and this facility. The review found that the overall response was strong, the three cases were quickly and effectively managed, and there was no subsequent transmission into the community.

While it's not possible to conclude with any absolute certainty where and how the transmission occurred, the report found that it was most likely transmission from case A, from the index case, was by aerosol transmission in a hallway. Transmission between case B and case C was most likely to be found to be direct exposure from two workers on the same shift.

In addition to the in-facility transmission, following the revelation that case B had not been tested for a number of months, KPMG were commissioned by EMB to establish the facts around this incident. And I'm also releasing that report today. KPMG's analysis of the evidence found that the staff member had provided inaccurate information to their employer and had falsely stated that they'd been undergoing testing for a number of months when they had not.

The employee was not aware of the worker's non-compliance with testing until March of this year due to data quality issues. And we consider this to be, obviously, not good enough, and we've acknowledged that whilst testing is the responsibility of the employee, and the employer is responsible for ensuring the staff is tested, we also at MIQ have a role in ensuring this is occurring as it should across the whole MIQ system, and we are now doing this.

So if I can just talk a little bit more about testing, so the management of staff testing compliance continues to improve, and there have been a number of changes. From the 27th of April, it became mandatory for employers to ensure staff testing records are logged with the Border Worker Testing Register managed by the Ministry of Health.

Those testing records are then matched up with rosters and attendance records. And for us to ensure that we get a reliable data for staff, in February, MIQ implemented a system to capture automatically attendance at our facilities. That system is called Who's On Location, and it allows us to confirm who has worked in the facility and then match up with the Ministry of Health's testing register.

The Border Worker Tester Register and Who's On Location were being rolled out during this incident and that at the Grand Mercure. This means systems were not in a position to support active management of staff testing compliance. These systems, however, are now working well. Employers are recording staff testing information into the testing register, and we are cross-referencing that. We can use that information to proactively support employers and employees to meet their obligations for surveillance testing.

For example, this week, 96% of the staff were found to be compliant or meeting the testing obligation. And that excludes, however, the Hamilton numbers because of the cyber attack to the Waikato DHB. Of the remaining 4%, a significant number have had their tests in the last few days, but because of the lag between the test and the upload on BWTR, that reflects the net 4%. But they are, however, compliant.

MIQ has moved from what was a pretty high trust model to a model where employee, employer, and MIQ now share a greater responsibility for ensuring compliance with the testing order. What happened should not have happened, but we are now much better-positioned to ensure it does not again. To the Grand Mercure.

A joint review was also conducted into the March incident at the Grand Mercure facility, and the review found that again, while aerosol transmission seemed unlikely, it is nonetheless the most plausible transmission pathway. The risk presented by ventilation systems, as Dr. Bloomfield said, has always been assessed as very low. Because of the range of infection prevention and control measures in place, the review found that the overall risk to the returnees staying at the Grand Mercure was also low. The review concluded that if the necessary procedures were followed in managed isolation walks then we might have been in a strong position, which we have now taken to implement today.

The review found that there was a breach in procedure resulting in the secondary case's blue band wristband not being removed, and that error allowed them to board a managed isolation walk bus when they should not have, and they subsequently returned a positive test. And just to explain what the blue band is, a blue band, or blue wristband, is issued to those people who have arrived from a low-risk country and to those people who have had a negative day 0, day 1 test. Bands are then removed as positive test results come through or if someone reports symptomatic at a health check, which happened in this case, or if they are identified as a close contact.

There was also a breach in the bus protocol which led to 14 returnees being classified as close contacts and having to stay an additional 14 days in managed isolation. This included inappropriate-- the 2 meters spacing, and the incorrect and inconsistent use of masks by returnees. A number of improvements of how to manage isolation walks have been recommended and many implemented immediately when the situation arose and upon review today.

The Grand Millennium, and conducted a complete full on-site assessment of the ventilation systems. These two facilities-- unoccupied until such time as the remediation work is complete. And for the Grand Mercure, this is almost complete to date. Millennium, remediation plan is underway. A program of extensive reviews and remediation of the ventilation systems has occurred, with remediation occurring to facilities as required.

In closing, what we have learned from this is that we need to consistently adapt to how we operate in MIQ over the coming months and even, maybe, years. We do pride ourselves on being a learning organization, and that's learning from overseas experiences, as well as our own internal and external reviews. MIQ is a complex operation, and there is always the risk of human error. We cannot predict everything that will occur, but we will always review what has happened and make any necessary changes to ensure that what has happened is less likely to happen again in the future.

I'd just like to take that opportunity as well to acknowledge the MIQ workers at the front line of our work force keeping COVID out of New Zealand, the considerable personal sacrifices that they have made to ensure that our wider community is safe. They do a fantastic job, and I personally want to thank each and every one of them.

Now I'd like to offer the opportunity questions for myself and the doctor.

[Reporter] Can you explain to me why there's less of a high trust model now? If I'm a security guard employed by a private employer, and I go onsite, and I don't log into WOS, and then I tell my employer that I've been tested, how can that be detected?

[Brigadier Jim Bliss] So earlier on, the high trust model, as I said, when the BWTR was voluntary, it was a mechanism to assist employers in maintaining their staff records and testing compliance. By making it mandatory and then strengthening the Who's On Location process--

[Reporter] How was it strengthened?

[Brigadier Jim Bliss] So what we've done is we've reduced the number of entry points into our facilities, for a start.

[Reporter] Is it mandatory to log into WOS?

[Brigadier Jim Bliss]Yes, it is. Yes, so as you come into—

[Reporter] Is it mandatory?

[Brigadier Jim Bliss] It's mandatory-- sorry?

[Reporter] Is it mandatory for all the workers to log on to WOS?

[Brigadier Jim Bliss] Well, it's not legislated, but that's-- you won't get onto the site unless you've logged into Who's On Location, which then allows the correlation between Who's On Location and the Border Worker Testing Register.

[Reporter] So can you clarify that it is a requirement for MIQ workers to use WOL? Because the KPMG report says that in some places, a paper model still exists.

[Brigadier Jim Bliss] So Who's On Location is in location that we operate.

And everyone must use Who's On Location to enter one of the facilities.

[Brigadier Jim Bliss] "They have to." They're legally required to?

[Brigadier Jim Bliss] That's-- well, we've put that process into place to make it a requirement to get on the facility.

So not.

But you've set the expectation.

[Brigadier Jim Bliss] I've set the expectation.

Are you ensuring those things will--

[Brigadier Jim Bliss] Yes. I can't get onto a location without logging onto Who's On Location.

Right. So if I go on, and I do that, but then I just tell my employer that I've been tested—

[Brigadier Jim Bliss] So if you go to one of the facilities, and you get to the door, and you don't log into Who's On Location, you won't enter the facility.

Yeah, OK, so if I go to work, and then it comes up that I need to be tested--

[Brigadier Jim Bliss] Yes.

--and then I just tell my employer that I'm tested even if I'm not, how does that get--

[Brigadier Jim Bliss] OK, so we've created a team in MIQ that then takes all of the data out BWTR each week, and we then go through with the employers and say, by name, these are the people who have not reported as been tested. And we then give them that information so they can chase up their staff to ensure they are being tested.

[Reporter] And what if the staff is telling that they've been tested.

[Brigadier Jim Bliss] This, it's not a high-trust model. they have to provide proof to their employer that they have been tested. So that would be, for example, the return of the text message of, I've being tested, or it's recorded in BWTR, their test result. So the employers now have the access as well to BWTR to be able to verify and interrogate that data themselves.

[Reporter] Does that include whether they've just been tested, or is it now to say, if they've been, that they've tested positive?

[Brigadier Jim Bliss] It doesn't include their result, but if they have tested positive, it kicks into a health response, obviously, through the DHBs, the Ministry of Health.

At the time of the KPMG report, there were 60 of the security guards, the security personnel, who couldn't match up their NHI numbers. But do you now have eyes across every single border worker to match up the NHI numbers?

[Brigadier Jim Bliss] So we continue to work with the NHI numbers, remembers that we have a very fluid workforce, so we are always onboarding new staff. So every week, there will be a number of staff that have come in, either casual workers or the like, who still have the NHI numbers to be matched. Once they're matched and they sign into Who's On Location, we then use the NHI number and the Who's On Location to then ensure that they've had a test.

[Reporter] How do you quantify who you need to work with?

[Brigadier Jim Bliss] Sorry?

[Reporter] How do you quantify that? How do you quantify, if we're continuing to work with--

[Reporter] And how big is your blind spot?

[Brigadier Jim Bliss] That's not a blind spot. So we have a staff, workforce of over 5,000 people could be working on any of our sites, our 32 sites, from over 300 employers. So they're always bringing on new staff as well. And so we continue to work with those employees to ensure their data is correct, and it's important that we put the data into the BWTR that everything is correct, like the NHI number if they have one, the date of birth, the contact details, and the like, so we're not creating duplicates. And we've spent a lot of time since February going through and scrubbing data to make sure we are accurate.

[Reporter] But this comes back to not knowing how many border workers are being tested, not knowing how many border workers there are. This comes back to, where are your numbers? What is the denominator here?

[Brigadier Jim Bliss] So the denominator is, on any given day, we have a workforce number that is on site. We know that through Who's On Location, that they have checked into one of our sites and that they are working on-site. That, then, triggers the requirement for them to be tested withing the 14 days or the seven-day testing requirement.

[Reporter] And also, one of the other issues highlighted in the report was that the on-site testing was lacking. And so are there workers who have to go on their own time to go get tested?

[Brigadier Jim Bliss] So the DHBs in each of the regions have worked out a testing regime with the workers in each of the facilities, and it includes 24/7 coverage of it. We've found that there has not been any less percentage that can access testing regardless of whatever shift they're on. So the testing is conducted within the facility.

Some employers also provide the opportunity and support their employees by giving them the testing when they're off-shift. So if you're on leave, or you're on days off, or stand down, and your testing is required, some of the employers facilitate that, either by paying them or by even transporting them to a testing station.

[Reporter] Does that mean every team that goes through the BTWA data, the hard data each week, and works with employers to make sure the workers are being tested, does that team also work with private employers outside of MIQ?

[Brigadier Jim Bliss] Yeah, so that works with all of the public and private employers. It provides that data back to them.

[Reporter] Across the whole border?

[Brigadier Jim Bliss] Across the whole border.

[Reporter] Whole border.

[Dr Ashley Bloomfield] Because-- so the Border Worker Testing Register, as Jim said, is now compulsory for all organizations who have employees that are required to be tested either every seven or 14 days, and the MB team works closely with our health team as well. And the process of matching NHI is a really common one that we do, even when anyone turns up to a GP or to hospital. So there's a whole system in place that allows that matching to happen based on a person's name, date of birth, and address.

[Reporter] So now can I ask you what I asked you yesterday, can you tell us how many border workers who are in both the data mentioned that's available, who are on-site at the border who haven't been tested?

[Dr Ashley Bloomfield] Yes, we can tell you that, although I think your question yesterday was about their vaccination status, was it not?

[Reporter] Well, that as well.

[Dr Ashley Bloomfield] That as well, yeah. So we're just working on it. But the process that Jim has described around MIQ workforce happens for other border workforces as well. So there is feedback to employers of people right across the border workforce, and those employers are now able to interrogate the database themselves. So they can go in to help them fulfill their responsibilities to check if someone has been tested and, indeed, if someone has been vaccinated.

[Reporter] How does it take so long for the employer notification to be up and running? The BWTR was live for trial since November, but that employer notification wasn't live through the end of April, well after the cases via the Grand Millennium had actually tested positive.

[Dr Ashley Bloomfield] Yes, so that functionality was being added. In the meantime, employers could ring our team, and they would interrogate the database and give them that information.

[Reporter] Why did it take so long for it to go live? It was actually in the user manual that was sent to employers.

[Dr Ashley Bloomfield] So it just was a matter of adding the functionality, testing it, and making sure it was working properly. And these things can take time. Our teams have shown over the last year and a half that they can move with great pace to stand up new systems, and I think they did this as quickly as they could. The fact that the Border Worker Testing Register is now compulsory, employers can interrogate it, and we've got teams in MB and here in Health who are supporting both employees and employers to ensure that people are getting tested as per the requirement, I think, has improved things markedly.

[Reporter] To clarify, because I am not quite clear on this, who inputs information into the Border Worker Testing Register? Is that the nurse or what have you who does the swab?

[Dr Ashley Bloomfield] Yeah, so when-- so employers are required to provide lists of all the people who are employed, and I'll focus just on MIQ, because that's what we're talking about today. But as Brigadier Bliss has said, also, when people, if they are required to use Who's On Location-- and that might include tradespeople who are just coming in to do a job for an hour or two. They are still required to use it. They may not be subjected to a testing requirement, but some of them may be depending on how often they're coming in.

Once they're in the Border Worker Testing Register, because the employer has given their name and they're loaded up, then the process of linking the fact of the test, there's a linkage between the laboratory database-- so when the test gets registered, and that connects up to the Border Worker Testing Register and will indicate whether someone has returned a result, really.

But there is sometimes that lag, as Brigadier Bliss talked about-- 24 to 48 hours. Someone might have been tested on time, but the result may not have been entered. And those people will show up as being overdue, but they do receive messages. The individuals receive reminders about their test coming up and, also, their test result by text.

[Reporter] So why did the Border Worker-- why did the testing register say that Case B had been tested when that wasn't true? How did that false information get into the register?

[Dr Ashley Bloomfield] So just to be clear there, the Border Worker Testing Register did not show that. However, there was a difference between the employer's records, what was in the Border Worker Testing Register at the time, and what the employee's account was.

And so that was why we were wanting to make sure that we had got to the bottom of exactly what the truth was, and then, as soon as we knew that, that we had been able to confirm the testing status of that employee, then relay that information.

[Reporter] So the register didn't show non-compliance. It showed non-compliance at the end of April. Well, shouldn't it have shown non-compliance earlier?

[Dr Ashley Bloomfield] Well, what it showed—

[Reporter] Sorry, mid-March. I'm getting my months mixed up. It showed non-compliance at the end of March. It also showed non-compliance in the middle of March, but it was only because of the attendance data. And then, when he said, I actually went, then that showed that he was actually compliant when he wasn't.

[Dr Ashley Bloomfield] There are two separate things here. The Border Worker Testing Register did not show a recorded test result for some time, but the employer's record-- which was separate-- showed, based on the information provided by the employee, that the person had been tested. At that point in time, therefore, the employer was not coming to the-- rang the Border Worker Testing Register saying, can you confirm for me, because, first of all, they weren't required to use the register, and secondly, they were taking at face value the report from the employee that they were being tested.

[Reporter] But it was in the register.

[Dr Ashley Bloomfield] Yes.

[Reporter] And they had been. They'd tried to match with them since March 10. Shouldn't a red flag have been thrown up on the register at that point?

[Dr Ashley Bloomfield] So at that point, the register was recording but not signaling to all employers, remembering that the register was not compulsory at that point in time. Because employers were required to keep a record, and that's what the employer was doing. They weren't required to use the register. That is now all linked up, so there is a sort of a fail-safe mechanism at two or three weeks.

[Reporter] Since when has that been linked up?

[Dr Ashley Bloomfield] Since it became compulsory at the end of April.

[Reporter] And how long has it gone through that on its weekly?

[Brigadier Jim Bliss] On the weekly? So a lot of checking of quick COVID data-- so we started to pull that data in March, we start to pull our first reports. And remembering that we uploaded data into BWTR in late December. We did a mass upload of all the manual data that we had, and we then did a—

[Reporter] Yeah, you used to do it. There's now an MB team looking at the data with them.

[Brigadier Jim Bliss] Yes.

[Reporter] So since how long has that been going on?

[Brigadier Jim Bliss] So that's been started only in the last six weeks, for that team to interrogate, specifically interrogate the data. We've had people working with the Ministry of Health, but largely, that work has been done around the accuracy of data to ensure that we're providing the best data available to the BWTR to assist and ensure the workforce is widely understood.

[Reporter] Do you have an idea of how many people in the register who are not linked to the NHI number?

[Dr Ashley Bloomfield] It would be a small percentage, it would be people who have just recently been employed. Most people, as they come on, will have an NHI. If we find someone who we can't link to an NHI, there's a process to go through to make sure that all the information is accurate, that they haven't got a pre-existing NHI-- most people do. Or, if they don't, then they're assigned an NHI, and then they can be-- then, they can be matched up with laboratory databases and other health databases as well.

[Reporter] How has this taken eight months, since the public health order came in in August, came into effect in September? How has that taken eight months to get to the point that you're searching on the data?

[Dr Ashley Bloomfield] Well, in the first instance, the Border Worker Testing Register was not compulsory. And so some employers used it, because they get a requirement on them, which is the requirement to keep a record of testing status of their employees. It is now compulsory, and so there is a full functionality there. All employees in the over 350-- it's over 500 because there are number of-- there are a couple of hundred that are considered as one under MBE, those working at MIQ, all their employees have to be in the single register that's able to link to the database. So we can now quite accurately-- very accurately-- determine if someone's complying with the testing regime. Should I just say that this is-- there is complexity behind it. And so the teams were working as hard and as fast as possible to ensure that the database, the Border Worker Testing Register, and all the processes around that were able to support the intent of the order.

[Reporter] Then, under that public health order, the employer and employee who broke that public health order, will you be seeking consequences or trying them?

[Dr Ashley Bloomfield] Well, the employer was actually fulfilling their responsibility, to my understanding, because they were keeping a record as required. They were keeping a record of their employees' testing status. But it was wrong information. And we don't check.

[Reporter] Will we be pursuing consequences against the employee?

[Brigadier Jim Bliss] Yes, there is an investigation that's currently initiated with that employer at the moment. We're just expecting for them to be there, where that recommendation or any consequence would come from.

[Dr Ashley Bloomfield] I just want to check, before we finish, are there any other-- is there someone else who would—

[Reporter] I have some on behalf. I have some on behalf.

[Reporter] All right, well, let's have one more question. One more question, please.

The wristband system that determines who can go on the managed isolation walks, is that still in place, and is that working?

[Brigadier Jim Bliss] Yes, it is. We continue to refine it, but the most important thing is the process around the wristband, to make sure that the staff are inducted, and trained, and understand the protocols as to why we would remove or replace the wristband. So there's been quite a lot of effort put into production training, staff training, supervision, and in ensuring they have the tools to be able to manage that system.

[Reporter] So you're pretty confident that it's not going to happen again with the-- on the wristband?

[Brigadier Jim Bliss] I think we've also improved that system to make it stronger and that we can have a system of allowing people some freedoms whilst they're on MIQ to take exercise or to-- fresh air, which I think is very important, and it's proven to be a very effective system to do so.

[Reporter] Are you seeing capacity issues in the other MIQ hotels given that two of them are currently still empty, is that right?

[Brigadier Jim Bliss] So at the moment, I suppose, the benefit for us has been the quarantine-free travel and the cessation of the India flights, is that we not high on capacity at the moment. We are holding 500 rooms as a contingency as quarantine-free travel-- obviously, we work through the bugs of that. But we are not short on capacity at the moment, but do acknowledge that later on in the year, as we look to open up to other group arrivals or initiatives, that capacity will become, once again, more of a concern.

[Reporter] What's the time frame for opening those hotels having the ventilation all working?

[Brigadier Jim Bliss] Yeah, so I'd say-- so I wouldn't say "imminent," but mid-June is what we're looking at. The thing is with ventilation reviews, when you're doing remediation work, when you pull a panel off expecting to conduct what is a pretty simple task, sometimes you do find things, that other things need to be remediated. And we'll take that opportunity to do any remediation that we need to.

[Reporter] Is it OK if I just get two on behalf, if you don't mind?

[Dr Ashley Bloomfield] Sure.

[Reporter] Apart from border workers in group 1A, do you have the current uptake of vaccines among other priority groups?

[Dr Ashley Bloomfield] Yes, and I think what we're seeing is ongoing increased uptake amongst priority groups, both in group two, as well as, of course, the roll-out in group three, which is now heading across with the attributes.

[Reporter] You keep saying we're on track or ahead of our own targets in terms of vaccines, but data we have shows that looking at specific groups, there's a lot of work to do. Do you think you're being as transparent as you could be with the vaccine uptake?

[Dr Ashley Bloomfield] Yes, we're being very transparent. We're publishing the data every week on the breakdown by DHB, also by ethnicity. And one of the things that it helps to say is remembering that when we first started the programme back in February, we anticipated it would be about 12,000 border workers, and their whanau, who were in that first group.

Actually, it transpired that group was around 24,000, 25,000, and so, obviously, that was a bigger group. So that, then, meant that there was a flow-on effect to the availability of vaccination slots for groups 2 and down to group 3. But overall, yes, we're running at 109% of what our plan was, and we'll continue to be transparent about the rates in different groups.

[Reporter] But if you're not measuring who's in which group, how are you measuring yourself against your own targets?

[Dr Ashley Bloomfield] Well, the key thing we're measuring ourselves against, of course, is our overall coverage for the eligible population group-- that is 16 and above in New Zealand. And the sequencing framework was designed specifically for that purpose, is to ensure that we sequence starting with those at highest risk. And it's the border worker group and, particularly, the MIQ worker group that is the most important in terms of another layer of protection. After that, of course, we're aiming to vaccinate as many people as possible in the population, and we're making good progress towards it.

[Reporter] Do you have an update on the households on the border with this. An update on vaccination on it?

[Dr Ashley Bloomfield] I can come back to you on that, as to what the numbers are for that. Again, that's one where it's very difficult for us to know the denominator, but we can give an update on it. So we'll have those before long, because that number of the updates was quite low. Initially, it was quite low, and we have been doing a lot of work with that group since.

Thank you very much. Before we finish, I'd just—

[Reporter] Can I just ask-- I mean, the bottom line in this report is, if someone isn't being tested and is, maybe, lying about it, or their employer, if it's a government employee or a private employer, isn't keeping the records even though they're legally required to do it, will we know?

[Dr Ashley Bloomfield] Yes, that is the point. That is the point now. Because everyone working in MIQ now has to be on the Border Working Testing Register. Their presence in the facility is now mandatory, and I should say—

[Reporter] I'm not just talking about the MIQ, though. I'm talking about across airports and—

[Dr Ashley Bloomfield] Yes, that's right, because we now have a Border Worker Testing Register that is compulsory for employers to use it, and there's an active process of following up if people who are required to be tested are not registering a test result in the Border Worker Testing Register and the team, and our team at Health works with employers to make sure they are getting that information and that they are, like us, following up the employees.

[Reporter] And sorry, just to clarify, so the Border Worker Testing Register, that also-- that catches the nasal swabs as well as the saliva testing?

[Dr Ashley Bloomfield] Yes, that's one of the processes we need to put in place to put into the saliva testing into operation, is to make sure those data are included in it. Just before we finished, I just wanted to say this is Professor-- "Professor." "Professor" Brigadier Jim Bliss's final media stand-up. It's his swan song. He's finished a campaign of a six-month term, and what is probably one of the toughest jobs in the Defence Force.

Probably you didn't sign up for this, Jim, but thank you very much for the work you've done. It's a tough gig, and I'm sure whatever comes next, even if it's somewhere on the front lines somewhere, will pale in comparison.

[LAUGHTER]

But it's been great with you, and thank you very much for your time.