All right. Kia ora. Good afternoon, everybody. Starting with the good news first. There are no positive cases in the community to report. Nearly 7,000 tests were processed yesterday, of which 2,100 or around about 2,100 were in the Wellington region. That's around five times the number of tests that were processed the day before that.

Yesterday was the fourth biggest day in the history of the Healthline service, with a very large number of calls to Healthline regarding COVID-19. So I'd like to send a particular shout out and a particular word of thanks to those people who are working at Healthline. They've been working very hard to scale up the number of people that they've got on the end of the phone so that those wait times can come down. They did have quite a high average wait time yesterday. They're working very, very hard to bring that wait time down. And I want to thank them for their ability and in the way they are adapting in these circumstances.

We do expect that there will be further high demand for testing today. Additional testing centers have been stood up in Wellington City, including Hataitai Park, Karori, and the Wellington Regional Hospital. There are also a number of testing centers operating throughout the region in Porirua, Johnsonville, Upper Hutt, Lower Hutt, Kapiti and at various medical centers, including an after hours clinic and of course in the Wairarapa.

I was advised coming down here that the current wait time across the testing system sits at around 10 to 15 minutes. Details of all of the testing sites are available via the local district health board. So Capital and coast, Hutt Valley, and the Wairarapa, and on the healthpoint website.

Many GPs also do COVID-19 testing. However, if you want to get a test through your GP practice, please ring them first. Most of those practices have particular places they want you to go and particular processes that they are following to keep themselves and to keep you safe. We do expect to do thousands more tests across the Wellington region today, and again tomorrow. If you can't get a test today, please stay home and isolate if you're in that category of people who needs to be getting a test. Stay home and isolate and get one tomorrow if you cannot arrange to get one today.

High demand for testing is a good thing. It is to be expected and we want to ensure that everyone who needs to get a test can get a test. So if you are not one of the people who was in the locations of interest and you are not showing symptoms, please make sure that that testing is available to those who are in those categories.

We're still waiting on the results of the genomic sequencing from Australia for the case. However, we've been advised that the partner of the case is asymptomatic and has returned a negative result. We are following developments in Sydney with interest as you can imagine, and we'll also be focused, of course, on managing our own response here.

So a quick reminder of the alert level 2 behaviors that are in place for Wellington, Wairarapa and the Kapiti Coast. Gatherings are limited to no more than 100 people. People should stay 2 meters away from others in public spaces, and at least a meter away in other places like workplaces, cafes, restaurants, and gyms. Face masks remain compulsory on public transport, and we encourage people to wear face masks when they are in an environment where social distancing is difficult.

Businesses can open, but they must follow public health rules, which includes physical distancing, record-keeping, and a cap on the number of people. So, no more than 100. In hospitality, people need to be seated, separated and have a single server. All schools and early learning services are open, and all children should attend unless they are sick. Early learning services, schools, and kura are familiar with the alert level requirements. They've dealt with those before, and they've responded very well to this change in alert levels from the feedback we have received so far.

A reminder, this is not a lockdown. These extra precautionary measures that we put in place at COVID-19 alert level 2 remain in place while we trace and test everybody that we need to. That helps to keep them and to keep everybody else in the community safe from COVID-19. What we've seen over the past 24 hours has been encouraging. We've seen high testing numbers so far. No positive test results. We expect the number of close contacts and casual contacts that we're asking to be tested to increase as the contact tracing if it continues.

And though the results of all of that work, including the testing results, will help to guide a decision when cabinet meets to review those alert levels, which we will do on Sunday morning. And we'll make further decisions. Then we'll keep you regularly updated between now and then. But we won't be making further decisions unless there is a need to escalate. I won't be making further decisions until Sunday.

So now hand over to Dr. Bloomfield with a bit more of the detail on the case investigations and then we will take questions.

Thank you, minister. Kiaora koutou. So, in addition to there being no COVID-19 cases in the community to report today, there are also no cases to report in managed isolation.

Yesterday, health officials in New South Wales, as I described, confirmed their epidemiological link of the person who tested positive here and traveled over the weekend to Wellington, that epidemiological link to the Bondi cluster in Sydney.

This is reassuring. It confirms and fits the pattern of infection that the person was experiencing. And the test results pretty much confirming that link to the Sydney outbreak. The whole genome sequencing will of course, further provide evidence of that. We are confident. We are expecting that later today. And will, of course, give us the picture around the variant.

So saying, our response is the same regardless of the variant. As I said yesterday, The person is reporting they had a dose of the AstraZeneca vaccine about 10 weeks ago. And likewise, their partner has also received the first dose of a vaccine about three weeks ago.

Today does mark five days since the visitor was in Wellington, and the test results we get over today and tomorrow will help determine our response over coming days. As will waste-water testing, which is now being done daily in the Wellington region. I do have the results back from Monday this week the 21st. Those results were negative. The samples taken yesterday, we will have the results of those tomorrow.

In the meantime, what will help enormously is if all Wellingtonians observe alert level 2 restrictions. And, in particular, most importantly, if you are unwell, do not go out. Stay home and call up about getting a test.

As the minister outlined, there are over 50 testing sites across the Wellington region. Our general practices have stood up extra capacity as well as the existing community clinics and additional testing sites that have been put in place. There will be an additional central city testing site established either later today or tomorrow. And we will have more information about that available this afternoon. The current capacity is for about 3,500 tests today. And by tomorrow, that will be for another 4,500 tests that could be done in that single day.

As we have learned from the Auckland experience, it's very important that over these next couple of days, the people who need to be tested are the ones who are tested. And just on that, if you are a contact of someone-- or if you work with, or live with, or know, have spent time with someone who has been at a place of interest, a location of interest-- you do not need to isolate and be tested unless specifically instructed.

Moving on to contact tracing. As of 8:00 AM this morning, we had 420 contacts in our national contact tracing database. These are people who have been identified by either having called Healthline or having turned up to be tested and indicated that they had been at a location of interest. It also includes the 58 people who arrived on that Qantas flight early Saturday morning with the case and their partner. Of those 58 passengers, all but five have been spoken to. Seven of them have actually returned to Australia. We have ongoing efforts, of course, to reach those other five. All of those people on the flight are close contacts, so they will be in isolation for the full 14 day period with testing throughout that period.

I can also say that there is no one who flew on that outward flight, Air New Zealand flight, back to Sydney on Monday. No one has returned to New Zealand who was on that flight. So those people are either all in Australia or have traveled onwards.

The public health colleagues at regional public health are reporting that the case is extremely helpful, and there is regular communication happening with the person. We're very confident about the history we have now, backed up of course by the very regular use of the app. And it shows the value of the app in terms of us being able to get those push notifications out. Yesterday, I think there were 65 people who received a push notification. We saw yesterday an increased use of the app up by about 100,000 scans. I think we could grow that exponentially and encourage people to scan, scan, scan. You never know when it might be needed.

Two final things. Clarification about one of the locations of interest. Jack Hackett's and Four Kings Bar share the same QR code. Both are regarded as locations of interest. Some people may have called Healthline and been told if they were in Four Kings then they don't need to isolate and be tested. Our updated advice, and this will be reflected on our website, is that the people at both those bars-- I understand they are on different floors in the same building-- are considered to have been in locations of interest. And they should follow the advice on the website.

Finally, just to reiterate, there is a section 70 notice in place, signed by the Director of Public Health, Caroline McElnay, that actually places a legal requirement on people who were at locations of interest at the stated times to follow the instructions that are on the website. It's not optional. It is actually a legal requirement, and is enforceable. Thank you, minister.

Thank you. Jessica?

Minister, what do the zero cases tell us today? Did you breathe a sigh of relief? Or?

Look. Any day where there's no cases is a good day. However, having said that, it's still early days yet, so it doesn't tell us a lot at this point. Bearing in mind that we're only talking about five days-- well four days since the weekend.

And with the locations of interest, is that the full extent of those-- is that the comprehensive list?

At this point, my understanding is that that's the comprehensive list. If anything further comes to light, then of course, we will notify of it. Sometimes people remember additional things that they might have forgotten earlier. But based on what we know now, the list that's out there is that has the full list.

Helpful that both of those places had the same QR code?

Well, I think it's good they had a QR code, and it's good that people were using it. You will see this often, in fact, even if you look around places like parliament, often there's a generic QR code. But, of course, it's material where you were in the building. So it's helpful the QR code was there. The more specific a QR code can be, the better. And in fact there are QR codes for individual rooms in buildings. So I'd encourage those who do have QR codes to look and check. And if necessary, they can generate an updated QR code.

Not being at all familiar with that particular hospitality establishment, it is possible where some establishments share entrance ways, toilets, where there's some common spaces between them, that they will have one QR code that covers the area. Because it's quite often quite difficult to differentiate between them.

Was yesterday too early to be tested? Because it wasn't five days on from possible exposure?

We talked a bit about that this morning, actually. And it was for most people it was at least day three or day four. The key thing here is even for people who have been tested, if they return a negative result, the advice is very clear. Continue to monitor symptoms for that full 14 day period since the exposure. And if you have any symptoms, then isolate and be retested.

A number of people have raised concerns with us today about getting conflicting information from the Ministry website, Healthline, the people they are being tested by, the GP clinic, whoever they can get in touch with about what exactly is being asked of them. Have you made it more confusing with these-- bringing back and forth these close contact, casual plus, the contact categories?

Look. I want to defend the Ministry of Health here a little bit. They're trying to get information out there as quickly as possible based on the risk assessments. Now, they're under a lot of pressure to both release the information very quickly and then be quite specific about what we're expecting of people in those two locations. And that does create an enormous amount of pressure.

So when we released the locations of interest yesterday, that was accompanied by an analysis of what the risk was with those locations of interest and a clear expectation about what people needed to do. They work very hard to disseminate that information as far as possible to the front lines, particularly to Healthline, so that when people ring up and ask questions, Healthline actually have the information in front of them.

Getting that to absolutely every GP practice or everyone who might be conducting a test, creates a degree of challenge as well. But I know that the team worked very, very hard to do that. So, the most up-to-date information is available on the Ministry of Health website. It has a nice little table that lists every location of interest and what people in that location are being asked to do. That is the authoritative list of both the sites and also what the expectations are.

[INTERPOSING VOICES]

Can I just follow up on that? For a short period of time yesterday, when the sites were initially put up, it included the close or casual plus contact categorization. That is now not the case. And in fact, even in our meetings, internally, we are talking about the groups depending on what is being asked of them. There are people who have been asked to isolate for 14 days and be tested several times. The second group is the group who have been asked to isolate, be tested, and wait for that negative result. And of course, there are other people who may just be being asked to monitor for symptoms for 14 days. But we're not attaching labels to those groups of people.

[INTERPOSING VOICES]

The 320 contacts that have been contacted thus far, are you happy with that? Because it doesn't seem nearly enough.

Those are the people who we've so far loaded into our national contact tracing database. There are many more people who have been tested. As their results come through, there is a specific code that is being used that will attach them to this particular testing approach. And so they will then be included on that national contact tracing database. Just under half of those people are the ones who are required to isolate for 14 days. So those people are phoned every day to check on their well-being and, of course, to ensure that they are maintaining our standards.

We're at a point that our contact tracing system and our QR code scanning system relies on people coming forward. So they collect their information, they know whether they've been in the location of interest or not. We don't have that information. So their phone is the device that calculates out whether or not they get an exposure notification based on where they've scanned in. When they get that exposure notification, it will ask them to get in touch with us. There is a requirement for them to get in touch with us. And we do ask them to do that. Those are the best tools that we've got available to us.

Taking so long to get the genomic testing results?

Look, ultimately, they haven't been supplied to us by Australia. I know that the results are being processed in Australia. We've had a reassurance that as soon as they get them, they will share them with us.

Can you set aside with how Australia is managing this? Are they being cooperative?

Absolutely. They're being very cooperative. We've got a good, strong working relationship. All the feedback that I've had from our team is that the flow of information is fast, efficient, and very comprehensive both ways. We're sharing information with them as they are sharing information with us.

Delays, though, around getting the results of the partner's test, and now genomic testing is taking longer than it has here in the past, for example.

Look, I'll ask the director general to comment on that, but I do just want to underline the point. They are dealing with this case as part of quite a significant what is a growing outbreak in Sydney. But they are working very closely with us.

Yeah, just to say our first notification about this case actually was a call from the chief medical officer in New South Wales, Kerry Chant, on Tuesday evening to our director of public health, Caroline McElnay, to give her a heads up. We got formal notification not long after that. Thorough and regular contact. And, in fact, our public health team continues to participate in the daily Australian-- the health protection principal committee meetings. There's another one of those at 2:30, and it's at those meetings that we usually get most of the information, including the results of genomic sequencing, testing, numbers of cases and so on. And we then will give an update later on once we have anything, if there is new information.

OK. Jason and then Mark.

Is there any scenario under which if the numbers look good tomorrow, that the level 2 restrictions will end early?

No. I indicated in my introductory remarks, we won't be considering any change. Unless there's a reason to escalate, we won't be considering any change until Sunday. We do want to go through that full testing cycle and we want to make sure that we've got as much information as possible before we made any decisions to lower alert levels. Mark.

Do you have any indication about-- with so many people in the Wellington region seeking a test, how many people are seeking a test because they are symptomatic or because they are supposed to be seeking a test because they were in a location of interest?

We tend to get that information in retrospect rather than prospectively. So when the test results come in, we tend to get a bit more of analysis of who's been tested and why, rather than who's being tested.

We're just collating that information. So what we do get is a picture of which location of interest and we then tabulate the number of people, the number of test results we've had back and the ones we're waiting on. And we also get an idea of whether people are symptomatic or not, and we prioritize the processing of the test results in the follow up of those people who are symptomatic. So far, quite a number of people have identified as symptomatic, but we have we've only had negative test results back so far.

For you, Doctor Bloomfield. In Fiji, they're having a COVID outbreak. They're getting, I think, more than 100 cases a day, which is higher than we've ever had in New Zealand. And it's often been taking the whole resources of the country in order to put COVID back in its box in New Zealand. Can Fiji realistically re-eliminate COVID-19, given where it's at right now.

I don't think that's for me to say. What I would say is we are in daily or very regular contact with our Fijian counterparts. And I know our mission there is working closely, and we've offered additional support this week. I had a text exchange yesterday with Doctor James Fong, my counterpart there, to extend again our offer of any help we can provide. I think it will be a challenge for them. A big focus of their response now, of course, is vaccination. And we are working as fast as possible to ensure that our approval of AstraZeneca goes through and we're expecting that over the coming weeks. We're able to then get the deliveries of AstraZeneca vaccine into the country and able to on donate them to Fiji and other countries that might have requested them and need them.

I'd just also note that our prime minister has been working with the prime minister of Australia to ensure that while we go through the approvals process for AstraZeneca in New Zealand, Australia are helping to continue to supply doses to Fiji in that interim period so that they can keep their vaccination campaign going. Jessica.

How concerned are you about the situation that's going on over there?

In Fiji?

In Fiji.

Oh, look. I mean, I know it must be very challenging for them. And of course we've found here in New Zealand where we had large numbers of cases that actually it did require a significant response. The full sort of alert level 4 response. So I think it's a clearly a big challenge for them. That's why we are in regular contact to see what support we can provide.

About our vaccine bookings. Why aren't people able to do group bookings? Because doctors are coming out and saying particularly vulnerable groups like Pacific communities would like to book as a mass or a group. Why can't that be done?

So our approach to groups, where it makes sense to vaccinate groups, is to actually offer and provide-- and this has happened in Auckland in particular, but also elsewhere-- more bespoke events. So actually it's done-- a special arrangement is made. The site is set up to deliver to a group. The system itself does not allow group bookings. Our new booking system does allow you to book on behalf of someone else, but you need to know all the information about each individual. You can't just say, well, I want to book 50 vaccinations. It doesn't mean that these sorts of events can't be accommodated. They have been and they will continue to be.

Neighbors, for example. Four or five people. Would you look at allowing the system to book for a few people.

There is certainly provision for currently and there will be ongoing provision for whanau-based vaccination. And in that case, though, we would expect if people were in the same household or whanau they would be making a booking for each member. But also, our vaccinators know that if people turn up with other members of the family, everything should be and is done to vaccinate the whole group.

We'll come up the back, here.

We've been told that by a location of interest, that they say that they understand the case was there for four hours. But they are actually the case is probably only there for like, half an hour. Why is the time frame so large? And would you consider providing those locations of interest with maybe some more information about what the case perhaps looked like to perhaps help them kind of narrow down when the case was actually there?

The time frame that's set out and the advice will be based on risk assessment of when the risk was present. And people may not necessarily be physically present when the risk is there, but I'll ask the director general to comment in more detail.

So, two comments there. First of all, of course, the information from the app tells us when a person arrived, and we usually have a little bit-- we allow some room at either end. It doesn't tell us when someone departed. But also, and particularly if we are considering the airborne nature of the virus, and we're thinking about those closed spaces like a bar, there were definitely-- we would add on some time at the end when there still may be residual risk. Even once a person might have left.

So there's a lot of thought gone into the times that have been put up to ensure that we are being, I guess we're being inclusive about capturing anyone who could be at risk of being infected.

[INTERPOSING VOICES]

Some medical centers we've spoken to have said they didn't get an email about the Sydney case until 11 o'clock yesterday morning, which obviously several hours after the information went out to the public. They had people lining up earlier for tests, and they were really frustrated they didn't hear from Public Health earlier. Could that communication have been better?

Look, communication is always a big challenge. When you're moving at speed, trying to get information out publicly, as quickly as you can, sometimes things won't happen in a nice, orderly, sequence. So, happy to look at that. Can't comment on that in great detail, given that I don't have an exact chain of who told what when. But, publicly, information was available from 6 AM or just after 6 AM that there was a case. Locations of interest were out just before 9 AM.

Minister! Minister!

Should medical centers have to be relying on the news to get that information?

Well, ultimately, if we were to say, we're not going to share that information with the news media until everybody else who needs to know has it, we'd get criticized for that as well. Yeah?

Any clarity on--

Sorry, on the back.

Have you had the bubble review that was supposed to happen today yet, and are you considering any restrictions on Sydney travelers? Victoria's had restrictions since June, I believe. And now we're thinking about testing people who are here, or making them isolate?

We haven't considered what to do with the pause. But I think at this point, based on what we're seeing out of Sydney at the moment, I think it's unlikely that we'd be lifting the pause today. But we'll make further announcements on that later on in the day.

What about Sydney travelers who are here right now? What's going on with them?

So, two things. First, anyone who's traveled from Sydney to New Zealand who has been at a place of interest, right from the start, as required and there are section 70 notices in place that are updated each day-- they are required to isolate and be tested and stay isolated until they've returned a negative test. So that's if people had traveled here. Of course, if they have been at a location of interest and they are now unable to travel to New Zealand and can't travel for 14 days.

The second thing is as we relook at the pause with New South Wales this afternoon, we're also going to look at our posture around other states. Because if we think about this person flew to Wellington for a weekend and then went back. It's possible that people flew from Sydney to other parts of Australia then returned. So we are going to look at whether or not there is any indication at this point as to whether other measures might need to be put in place for travel from other states. We have seen states like WA and South Australia have put in a ban of travel for people from New South Wales, as well. But we will look at that as part of the assessment.

Just on that very issue, during the last New South Wales lock down, the government was severely criticized for including places that were hundreds of kilometers away that used Brisbane, Gold Coast airports in northern New South Wales capturing them, not allowing them to travel to New Zealand, when, in reality, there's no basis in science for that decision. Would you look at that? Would you place regional restrictions around Sydney, rather than the entirety of New South Wales?

Well, I think if you look at what we did with Victoria in the Melbourne case, we did narrow down where the restrictions applied to, and allowed people from the greater Victoria area to travel to New Zealand. After a period of time, once we had a good handle on where the risk actually existed. So we have done that previously.

So you're open to doing that and making a change this time? Because Victoria has one major center. New South Wales has Queensland as the hub.

Obviously, we look at where the risk is. And we make decisions based on the risk.

Are you worried at all about the compliance of those people who are required to isolate for 14 days, but test negative at day five. They might even be in a place where we're back to level one. Level one, and they are still required to stay home.

But my message-- my message--

Are you worried that they will be going out and about?

My message to them is that we are asking them to stay home for 14 days for a reason. Because there is a degree of extra risk associated with the nature of their exposure. And so, please, do stay home. Healthline will be in regular contact with them to make sure that they are staying home, and to remind them of why we are asking them to stay home. The reality is, with COVID-19 we do rely on people doing what we ask them to do. And, by and large, New Zealanders have shown us over the last year, that they do want to do the right thing. They do want to stop the spread of the virus.

What's the status of the Cook Islands bubble?

The Cook Islands bubble is still open. My understanding is that there were a few people on a flight earlier today where the Cook Islands government asked that they be taken off the flight and not allowed to travel to Fiji based on information-- sorry, to Cook Islands-- based on the information that they had supplied in their declarations when they were boarding. Because they just wanted to interview them before they traveled up to the Cook Islands. But other than that, the travel bubble is still open at this point.

Finally, on-- yeah, was that appropriate?

Look, that's a decision for the Cook Islands government, ultimately.

You were comparing this to Victoria. One of the reasons Victoria was-- eventually, went when it was obvious that the pause was going to be in place for a long time, it was more like a suspension-- was allow some kiwis to fly home if they completed the pre-departure test. Are you looking at that option again for New South Wales?

Too soon to tell. We'll make decisions around the pause in due course, and then we'll communicate what we're doing around that.

The COVID case, himself. I just want to get a bit of timeline of when the case that visited, his workplace was identified, when that location of interest was identified, whether he had any symptoms whatsoever. And when those symptoms started showing up. Because he went to the pharmacy on Saturday when he got here. So was there any symptoms beforehand, and should he have traveled here?

Yes. So I can give you all the information I've got about that. Very clear, and I just spoke to Doctor McElnay about this this morning. That the health care facility where the case the traveled here worked, was not a location of interest. And the person who was subsequently identified as a case who visited that facility, who was probably the epidemiological link, I don't think that the diagnosis had been made at that time. So the place was not a location of interest. So there was nothing preventing this person from traveling here. And on this symptom onset, very clear that there was around 3:00 in the morning on Monday this week.

We'll come over here.

Just a couple of questions, because we've been told by some Maori health providers in Taranaki that they've been advised to scale back the amount of vaccinations that they're administering. Is that the kind of advice that DHB should be giving Maori health providers?

So they won't be given that advice in the context of what we're dealing with here in Wellington. What providers are being asked to do is stick to the allocation of vaccines that they have been given. Some providers have been going gangbusters and doing more vaccinations than we've been able to supply them vaccines to do. And so we are asking them for the next few weeks to only do the vaccinations that we know we can supply them vaccines for, which is basically what we've indicated to them we'll be able to supply them. That does mean that some providers, where they have booked more people than we had indicated that they would have vaccines for, we won't be able to supply them with extra vaccines to do those extra people. And so they may have to scale those back.

This is a temporary problem. It's a nice problem, to some extent, in the sense that we know that people are raring to go. And when we get bigger supplies into the country, they will be really ready to ramp up.

Given the clientele and the nature of Maori whanaus that use Maori health providers anyway, should the government not be finding a way to be able to look after what could be potentially whanau going to get vaccinated together.

Unfortunately, we just can't produce more vaccines out of nowhere. So we do have a relatively limited supply in the next two weeks, till we start getting big numbers in. So we'll get another small delivery early next week. We start getting a bigger delivery from the week after that. The big deliveries start to come in from mid July onwards. So we're doing everything we can to not slow down the vaccine rollout, but we can't speed it up until we get bigger numbers of vaccines into the country.

As it is, I just want to also be clear. We will run our vaccine stocks very, very, very low before big deliveries start to come in. To the point where there'll be a few sleepless nights in there for me, hoping that deliveries arrive exactly on time. Because we've made the conscious decision, we built up that-- if you like, stockpile-- so we wouldn't have to slow people down, that we'll get to pretty much zero by the time we start to get the big deliveries in. And so that means that those providers who are wanting to go faster, that is the reason why we're saying at this point you can't go faster. We would run out if they did that.

And just for the thought there, the prime minister's set to make a trip to Australia, soon. Do you envision giving her advice to stay home instead?

I think that, as the minister was asked the question, he said I don't think any decision has been taken about that trip as yet. If she asked me for advice, I will happily provide it in consultation with my colleagues.

Do you have some sympathy-- just following on from that question-- do you have some sympathy for the Bluff Medical Center, who were told that they would have enough vaccine supply to start rolling out to their group three vulnerable patients, particularly ones who don't have the ability to travel to Invercargill. And now are told that they won't be able to do that til the end of July? I mean, the auditor-general people in front of committee were saying that the communications could have been better, just in terms of the constrained supply and managing the expectation of when they would be able to open clinics like that.

Yeah, look, it's one of the great challenges of the health system that we have at the moment. Which has been well canvassed in other forums. Minister Little is engaging in a reform program around that. We indicate to the district health boards the quantity that they will be getting. The district health boards then work with the people who are actually doing the vaccinations to indicate how many they're going to get and when they're going to get those. It does make that-- it adds a layer of challenge for us, centrally, to get good, clear, consistent messages out there. It's the nature of the way our health system is currently compartmentalized in the way that it is.

Have they been told that that supply is uncertain more than four weeks out? Because they seemed to have had the very real impression that they would have that supply and be able to open that clinic to vaccinate the 100-year-old, the 90-year-old, and now they don't.

I mean, I guess what we could comment on, the director general and I, we can comment on what information has gone to district health boards. District health boards then communicate with people who are actually doing the vaccinations at the grassroots level. And we work with them to try and ensure that those messages are as clear and consistent as possible.

Did you say just 65 push alerts have been sent out on the app.

Yes. Let me just find the number and make sure I was giving you the correct number. I know it's in my notes. So I'll come back to you.

Does that mean that only 65 people checked in at locations of interest.

Ah. OK. Actually, I was underselling it. 250 people. More than 250 people who were at locations of interest. So what happens here is everybody, including all of us in this room, of course, who have the app turned on and use it, is sent a notification. It's the app that then determines whether or not in our data that is recorded on our phone, we have been at a location of interest at the said time, and then pops up a notification reminding us or asking us to ring Healthline. So more than 250 people have received a notification. And, as well, those who have had Bluetooth turned on may have also received a notification if there was a proximity indication.

Yeah, in the back.

[INTERPOSING VOICES]

Is it fair for people in the Wairarapa to be facing these restrictions, given how far away they are from all the locations of interest?

Look, the nature of the Wellington region is that we have a lot of cross movement of people between Wellington, the Wairarapa, and the Kapiti coast, and up through the Kapiti coast. I'm aware, for example of schools further up the line who are having to find additional relief teachers because they had teachers who were in the locations of interest at the time. So these restrictions apply to that wider region for a reason. It's to limit risk. Sorry, to finish that?

Just on testing, you mentioned that people shouldn't be going to get a test if they don't have symptoms, or if they haven't been to a place of interest. I spoke to a guy today who got a test because he was a shuttle driver, despite not having symptoms or being in a place of interest. But then he was like, I'm going to go straight back to work now. What's your advice to people who are getting a test and then going straight to work?

Two things. First of all, please leave the testing capacity for the people we really need to test over this next 48 hours, because it's those test results that will help determine what we need to do next. And when we provide advice and an update on Sunday. The second is, yes, if someone isn't symptomatic or hasn't been a location of interest and is tested, there's no particular reason for them to isolate before they receive the test result. But, they should not really be going and getting a test in the first place. There is no need for asymptomatic people in the wider population to be tested at this point.

In the booking system, where we're kind of triaging people rather than having as many people show up for a test as possible, are you comfortable that we're getting as many people tested as we can in should be by using that system.

Look, the key thing is to get the right people tested. So it's not a question of the overall number. Obviously, a bigger number is a good number. But it's about making sure that the right people are getting tested.

Not receive any vaccines in the past week?

We have.

The Ministry of Health data shows that we have the same number of vaccines received in the past 7 days as we did in the previous 7 days.

I can answer that. Yes, so usually the delivery date is Tuesday, and that shows up when we do the update Wednesday. Last week, the delivery came in on Thursday. So that's why it didn't show up.

On that direction that went out a couple of weeks ago for DHBs to start scaling back and stop over performing, for two weeks in a row now it's been flat at 7% above plan, but it hasn't declined. It stopped increasing, but hasn't declined. Are DHBs following that instruction?

So DHBs are now sticking to plan. They were obviously ahead of plan, they are now sticking to plan, which is why it stayed at that 107% level. I do want to just reiterate the importance of what the director general just noted there. We are going to be living, for a couple of weeks, a pretty hand-to-mouth existence when it comes to vaccines arriving in and us pushing them out as quickly as we can.

That means if deliveries are delayed for some reason, that creates extra pressure on us, we have made the decision to run our vaccine stocks down to nothing so that we can keep the vaccine campaign going. But it does create quite a lot of pressure on the people who are doing it, and also a lot of-- some risk if vaccines for whatever reason if there was a delay in any of the shipments arriving. Last couple of questions.

I just had a follow up on Craig's question about the locations. We've spoken to someone that went to one of the locations that you need to isolate for 14 days and didn't get a notification on their phone for that, despite having scanned in. But then got a notification for one of the ones that you only need a day five test. A negative test. Why has that happened?

I couldn't say. Some technical reason there. But they got a notification. The key thing is, the instructions are really clear on the ministry website and the COVID-19 website, and so I'd point people to that about what is required of them. Healthline staff also have access to that information, and will be doing their very best I know to provide consistent information.

I would say that there is a bit of a wait on Healthline at the moment. So first of all, please be patient. But the two most common things people are asking is information about locations of interest, and what does alert level 2 mean. That information is on both the ministry website in the COVID-19 website. Please go there first.

You're the lucky last.

When you lost the quarantine, the travel free-- trans-tasman bubble, sorry. You had a traffic light system. It looks like we're on amber right now on pause. But the criteria you set out when you launched it, would seem to suggest that you should have been pausing last week. Just as a case of an unknown source the most likely [INAUDIBLE] We were [INAUDIBLE] case of unknown source in Sydney.

No. The cases-- up until two days ago-- the cases were all of known origin. So, yes, the number of them was getting bigger, but they were all linked to each other, and they were of known origin and they were known contacts. That started to change about 48 hours ago, which is why we implemented the pause.

Thanks, everybody.