Kia ora koutou katoa. Good afternoon everybody. After a very quiet week on the COVID response front, and because everyone's currently talking about the weather, I'm particularly pleased to report today that the first 360 doses of the Pfizer vaccine were delivered to the Chatham Islands at 7:30 PM yesterday, in somewhat stormy weather conditions. The Chatham Islands is home to one of New Zealand's most isolated communities.

If COVID-19 was to make it there, the community could be severely compromised, placing significant pressure on the Canterbury DHB. They've identified the islands as a priority group, and people can expect to get their vaccinations on the Chatham Islands over the next few weeks. Around 560 residents on the Chatham and Pitt islands will be eligible to get their first doses of the vaccine. They'll be storing them very carefully as they get their campaign underway over there.

As of midnight last night, we have delivered 1 million-- 149,608 doses of the vaccine across New Zealand. That's an increase of more than 130,000 doses on last week. Within that, just over 705,000 New Zealanders have now received their first dose, and more than 444,000 have received their second dose, meaning they are fully vaccinated. Of those, 206,406 are in group three, or have had their first dose from group three, and 91,477 in group three have had their second dose.

Of the information going up on the Ministry of Health website right about now, we've added a bit of additional information to the dashboard this week. You'll see there's a bar chart indicating vaccinations by group by week, and a table that shows cumulative vaccinations for each of our groups. Overall, we continue to track ahead of plan-- it's about 8% ahead of plan-- mindful that we have some tight delivery schedules that we're working for, and we're managing supply very closely.

We've been clear for some time now that we could enter a period of tight supply relative to demand through June and early July. That's very much the position that we are in at the moment, as I outlined yesterday. But just to give you a little bit more detail on that, ahead of the large deliveries that we expect to receive from mid-July onwards-- we're expecting a million doses to be delivered across July-- we are finally calibrating the supply across our 20 district health boards.

By the time our weekly delivery of Pfizer arrives next week, we'll have less than a day's worth of vaccine left in our freezers. That is a deliberate decision. We've taken the decision that we would rather have vaccines in people's arms than waiting in fridges.

Transport management processes are now much, much more streamlined than they were in the beginning, meaning that D8-- we get underway dispatching vaccines to DHBs within a few hours. So vials can land by international air freight in the early hours of the morning, and be on the road by mid-morning. Stock levels at each DHB are being monitored very closely, and we're making sure that the deliveries that we give them over this next few days is very closely aligned to their bookings so that the stock is getting to the right places to match that demand.

In terms of group three, district health boards are continuing to contact everybody in group three to let them know that they will be receiving an invitation by the end of July. By the 23rd of July, everybody who is enrolled with a GP should have received an invitation to book their vaccine. Group three vaccinations do continue to increase.

In terms of the booking system, district health boards are in the final stages of transferring their existing booking data into the online system, Book My Vaccine. Book My Vaccine will be used to book appointments when our group four rollout begins, so therefore it will be available to the wider public to see from the end of July, around the 28th of July. I understand some of the people in the room here saw a demonstration of that last Friday.

It is a huge and complex system. Those going online today looking for it won't see it. It's only visible to those who are being invited at this point. But to successfully migrate all of the information into the system, the IT teams have been working well into the night-- overnight, in some cases. That work is unseen. Many people won't even know that it happened. But I do want to acknowledge those teams who are working incredibly hard, and send a shout out to them to thank them for the work that they've been doing.

We have had our questions in the last few days on other vaccine candidates, and the Janssen vaccine in particular. It is the next likely vaccine to be approved in New Zealand. The Medicines Assessment Advisory Committee met earlier this month to discuss their application, Janssen's application for their COVID-19 vaccine. And they're in the final stages of making a decision on whether to grant provisional approval for the Janssen vaccine to be used in New Zealand. And we should be able to provide a more comprehensive update on that next week. They're in the final stages of that decision-making process.

So in closing, we started today by focusing on our vaccine numbers, but before I hand over to the director general for his update, I do want to acknowledge a couple of other significant things. The ongoing intensity required around our COVID-19 response is reflected in the 10,097th test reported today. So a big thank you to those involved in testing across the country, and also a big thank you to those who have been coming forward to get tested. It's worth remembering that we have processed 2,288,000 tests so far during this pandemic. Having been the recipient of some of those tests, I do want to acknowledge particularly those who are being very frequently tested for COVID-19.

I also want to acknowledge that we're about to hit another significant milestone in our managed isolation facilities. 150,000 New Zealanders will have passed through our managed isolation facilities within the next few days since the pandemic began. And we've seen very few incidents of COVID-19 passing out into the community. It has been an incredibly successful system, and that is the result of the hard work and dedication of those who are working at our border to make sure that, when COVID-19 does land in New Zealand, it stays at the border and doesn't make it out into the community. So to all those frontline workers, wherever they are, whether they're at the border or in our MIQ, I think the entire country owes them a great big thank you for their work. I'll now hand over to the Director-General.

Thank you, Minister. Tēnā koutou katoa. So pleased to report today, as the Minister has mentioned, no community cases. And we have one new case of COVID-19 in a recent returnee in our managed isolation facility. All our other numbers will be reported through today's statement from the ministry.

With regards to the situation in Australia, members of the ministry's public health team are continuing to closely monitor the situation there. Currently, more than 12 million Australians, close to half the population, are covered by lockdown-type restrictions there. And just to summarize what the situation is regarding quarantine-free travel and what is intended to happen over the coming days, currently, quarantine-free travel flights from all of Australia are paused until Sunday the 4th of July at 11:59 PM. After that time, quarantine-free travel flights from Melbourne, Canberra, Adelaide, and Hobart will resume, unless there are developments in the interim that change the risk profile for any of those places. And all passengers traveling from those places must present evidence of a negative pre-departure test taken within 72 hours of boarding. And that test must be a PCR test.

The quarantine-free travel pause remains in place for New South Wales, Queensland, Western Australia, and Northern Territories until 11:59 PM Tuesday the 6th of July. And a review of the pause will occur on Monday the 5th of July. And officials are currently looking at options, as the minister mentioned yesterday, to help return people home to New Zealand from pause-affected states or territories if the pause is extended there beyond 11:59 on Tuesday the 6th. A reminder, though, to anyone, wherever they are in Australia, that if you were at a location of interest at the time specified, you are not able to travel to New Zealand from anywhere in Australia for 14 days after that exposure event.

Regarding pre-departure testing, travelers wanting to think about future travel back from Australia can look on the Unite Against COVID website to just get clarity around what is required. And local health officials, wherever you are in Australia, will have information on where you can be tested. That testing is done privately, and the cost is generally between $120 and $180 per test.

On board of worker vaccinations, just a quick update on a vaccination among that workforce, particularly those who don't work and manage the isolation facilities. The latter group of course is required to be fully vaccinated. There are more than 200 businesses operating at a range of borders around the country, both airports and ports. This includes everyone from airport shop workers to truck drivers who are attending ports.

You can appreciate also there is turnover of staff and that many of these people are only at these sites fleetingly as part of their work. The latest figures we have show that 83% of workers recorded as active in the border worker testing register have received their second dose of the vaccine so they are considered fully vaccinated. While another 3% have received at least their first dose.

The remaining 14% have either not yet been vaccinated, are exempt, or had not been able to be matched to the vaccination record. That's a small number. But only some of these workers, of course, currently fall under the current vaccine order that requires them to be vaccinated.

However, as the minister mentioned yesterday, there has been work on the next iteration of that border order and it will be coming shortly, which will extend the mandatory requirement for vaccination to a much bigger group of people working at the border. The Ministry right from the start has worked closely with DHBs and their colleagues cross government and in the private sector around that vaccine rollout to this group of workers.

That's included providing information in multiple languages, holding face to face sessions with workers, where they have had the opportunity to ask questions of health experts. And I myself have done some of those over Zoom. I'm confident these workers have access to good information, and with between 150 and 200 vaccination sites open most days around them or two, they have had and continue to have good access to vaccination. Thank you, Minister.

You used the language, managing supply and tight supply, but we're running out of vaccines. Is that acceptable?

We're getting vaccines in as fast as we can. So we were very clear back in January when we made the decision to switch to a Pfizer campaign rather than using multiple different vaccines at that time. So that would mean we would be waiting until the second half of the year to get the bulk of our vaccine deliveries in. Pfizer have been very good to work with in terms of we may indicate that they're going to deliver a quantity at a given time.

They meet their delivery schedule and so we're really appreciative about that. But we did make that decision to try and calibrate our vaccine supplies in the first half of the year so that we weren't leaving much left in the freezer while we still prepared for the big doses to arrive.

Why don't just say we're running out of vaccines, we just have to prepare for that?

Well, we know we've got more vaccines coming. So well, of course, but I mean that's always going to be the case. The goal is not to have a whole lot sitting in the freezer for a prolonged period of time. It's to get it out as quickly as we can as it gets into the country.

And this has gone out through the DHBs?

Well, Olly, if you could state just second.

And what's the holdup with the Janssen vaccine. Why hasn't that gotten Medsafe approval yet?

Look, it's still just going through the final stages of the Medsafe approval process. So often with the approvals processed, this discussion between the company and Medsafe just around any wording that goes, you know, it's a little the dotting the I's crossing the T's part of the process. And so that's the part of the process I believe that they are in at the moment.

New research out today shows we need about 97% of all New Zealanders including children to be vaccinated with Pfizer to protect against the Delta variant. Is herd immunity effectively impossible in New Zealand?

Look, I've always said, and this is a useful contribution to the discussion. And it is a model, what is-- and so we should see that as a model. But I've always said really clearly, I'm not going to settle for any target list than everybody being offered the chance to get the vaccine. And everybody taking up the chance to get the vaccine unless there's a really good reason not to such as a medical reason not to.

It is a safe vaccine. It is the way we can all keep each other safe. And so I'm not going to set a target that's anything below saying everyone should get it.

Minister, I just wonder if I could make a couple of supplementary comments that speak to the question you have asked. First of all, the research which is helpful, the modeling is helpful, what it does show is that to achieve immunity and protect New Zealanders just with the vaccine would require a very high level of coverage. However, there is considerable benefit even at lower rates of vaccination coverage except that we have to have quite strong public health measures in place. The higher our vaccination rates, the less those additional measures have to be in place and the less likely we are to have to use lockdown type situations to manage outbreaks.

The second comment I would make is that there is a good emerging evidence that the Pfizer vaccine provides a high level of protection against the Delta variant, which is encouraging. And the third comment is and this carries on from the comment I've just made, is that if you look in the United Kingdom, where they have got quite high rates of vaccination for vaccination and still quite high rates of infection, so the equivalent in New Zealand or quite high numbers of infection equivalent in New Zealand of over a thousands cases a day.

Virtually all the people being admitted to hospital or dying from COVID are unvaccinated. And virtually all the infections there now are Delta variant. So this shows the effectiveness of vaccination in protecting individuals and of helping prevent that wider population morbidity and mortality and impact on our health system.

Realistically, if we can't achieve herd immunity, do we just have to have these controls in New Zealand indefinitely?

Look, I think we've always said that there's not going to be some magical moment where we are all of the controls just suddenly disappear. Our reopening to the world is likely to be a progressive exercise in terms of the higher levels of vaccination. Yes, it will have an impact on the types of control measures that we use where we see outbreaks in the community. But there's still a lot of water to flow under the bridge yet. And of course, international vaccination rates play a really important role here in New Zealand as well.

I've used the phrase nobody's safe until everybody's safe actually, as the virus to spread around the rest of the world. And that's still a concern for us here in New Zealand. That still increases the risk to us here in New Zealand.

Is it even possible that we can get to 97% vaccination rates?

I think as the Director General has commented on, focusing only on herd immunity at this point isn't particularly helpful. There's a lot of aspects of this that we need to focus on. And the more New Zealanders who get vaccinated, the better we are going to be across a whole range of different measures.

Do you have the numbers on the fringe group, and do you have any news that would get to websites as well because those piece that we have from February or March.

Oh you mean, the numbers of people of doses in each group? Yes, I do.

Our adjuster has probably got those numbers but as he said, we're actually showing now a new graph on the website that shows the number of vaccines given each week by group. So we will be making that available with a new graph. And of course, as we move into the new-- as the new deliveries arrive to assure our supply and the numbers go up each week, you will see the number of group three people being vaccinated increasing considerably week on week and in group four as that comes on online too.

So just quickly running through those in group one, 55,648 first dose, 50,917 second dose. Group two, 389,721 first dose, 282,167 second dose. Group three, 206,406 first dose, and 91,477 second dose. Group four, 453,287 first dose, and 19,985 second dose.

Openly in group two, are you competent group two, us people in group two have had a dose and they're fully vaccinated. That they've been offered the vaccine, they just haven't had a chance to sign up yet.

Yes. They will have been. And obviously, it's voluntary for group two but we'd certainly encourage them to take up the ability to be vaccinated early.

Would you decide-- on the onset, would you consider at all using Janssen if you rule out using this part of the next set size and rollout, obviously there's a lot of advantages at this stages and without taking off you're getting to Pfizer until October and then it has been rolled out. Janssen we've got this big order people who already paid money for it. Means that we're probably going get them in a few weeks. That's basically the understanding. A lot of people are probably fine with a slightly low intakes and a slightly higher rate of blood clots from Janssen Could you consider using it as part of the vaccine rollout people who want it?

Oh, look we're continuing to go through the approvals process with it so that we have it there as an option. I wouldn't rule it in or out though. But at the moment, plan A is still to offer everybody the chance to get the Pfizer vaccine by the end of the year.

So do you mean people who actually need it because they are allergic to something in the Pfizer vaccine or you actually thinking everyone had someone to call up next month and say, I want Janssen ride it out, even if they're 25.

Certainly, I think for a small group of people, it may well be an option if they can't have the Pfizer vaccine. But in terms of making it available, we're not working on a choice-based campaign here, we are working on a Pfizer based campaign. That's our intention to continue down that road.

And actually, most other countries who are using multiple different vaccines don't provide people with a choice. They basically get told which vaccine they're going to have.

Does it mean that the Janssen vaccine will sit-in storage in the eventuality that we need it?

Certainly, delivery schedules have not been confirmed with them yet. So there's two step-- multiple stages to this process. Approval is one big part of the stage. Decision to use and the conditions in which we would use it as another stage and then of course delivery, confirming a delivery schedule is another. So the approvals process is just one of those.

Yes, just two comments follow up what the minister said. First of all, our COVID vaccination technical advisory group has already looked at the circumstances and their advice to myself and through to cabinet about when the Johnson vaccine might be used. And as the minister said, there may be some people who, for whatever reason can't receive the Pfizer vaccine for whom it would be indicated.

But their advice, also preliminary advice to me, is that given we have the Pfizer vaccine, which is a highly effective vaccine and has got a very good safety profile and showing very good effectiveness against the new variants, their advice would be to maintain our Pfizer based program. The Johnson vaccine can be stored in the freezers for up to two years. And of course then, there is the option either of using it here should it be indicated for example, if there was a very big disruption to the supply of Pfizer.

Or indeed it could then become-- it could then be considered for donation to other countries. And that would be a separate decision obviously for cabinet.

And the requirement for mandatory vaccination among board workers, who was that going to be extended to cover and what proportion of the workforce will then that be?

Look, it will be a more significant part of the workforce than it is now. We've made-- I've made some decisions about that. We're still in the process of working through all of the finer details of that. We're not far from being able to share that information though. So I just can't share that today.

The statements that we will run to a point where we have about one day's doses left, is that based on us returning to that 100% of plan and not being at 107%?

That's right. So in DHBs, you'll see that whilst they've still-- the overall average is still maintained ahead of plan, they have been getting bit closer to plan. Some of them there's still a little bit of over in there in the system. But look, I think we are-- it's finely balanced, it would be fair to say.

So we're still at 107% of our plan, same as last week, down from the week before because of the nurses' strike. And do you really think we're going to get back down to a hundred in two weeks time?

Can I comment, Minister? The reason we will even at the end of our current supply and before that next big shipment comes, we will stay above 100% and probably land at around 106% and 107% is because in many places the vaccinators have been able to get 7 doses out of the six dose vials. And the plans were, based 100% of plan was based on six doses per vial. So we will maintain that in a sense delivering ahead of what the plan was right through to next week when doing the drop arrives.

Can I jump on that. So I think you said on Monday that you had less than 30,000 doses left. And the supply was around 50,000 you received this week. So am I right in thinking that you will only administer about 80,000 doses this week?

No, because that was what we hold. The people who were doing the vaccinations hold vaccines as well. So there's already vaccines out there in distribution bearing in mind now that there's a much longer shelf life. So when we started this, we were working on the basis that we had to keep pumping it out for no more than five days. So now they can be stored for longer. So there is more vaccine out there sitting in freezers around the country, which is why the combination of the-- I don't have that exact figure, but the combination of that number plus what we've got on store is what's going to get us through to next Tuesday.

Do you expect the similar amount of vaccines to be missed this week as last week to around 140,000?

Yes. But yes.

And with respect point it arrives on Tuesday, but when are we out of the woods, when do we have that very big, when's that very big.

Speaking around that, give or take, 150,000 to arrive next week. So that's obviously more than we have been doing on a weekly basis at this point. So that helps to start us build up a little bit more of a buffer there. And then the following week hopefully, we'll be able to build up a little bit more of a buffer again. And then from mid-month onwards, we start getting bigger deliveries which will mean that we then start to ramp up again.

Well, as I've indicated, we're going to get a million doses over the July over the month of July. Jessica, I'll point at you.

Right. Can we get a breakdown of the vaccination rates and how concerned are you about those numbers.

So it sits at about 10% overall. At the moment, I think 10% of the first doses have gone to Maori and about 9% of second doses. So that is below the population for Maori proportionately. I think if you look across particularly group two, which is our biggest, one of our biggest-- what is our biggest group so far, our health workforce for example, we know unfortunately,

Maori disproportionately underrepresented in our health workforce. That's something that I think as a country we need to focus on. We need to deal with it. That's not something vaccination is going to deal with. But we do need to see those numbers increasing for Maori. And that will certainly be a focus as we get into groups three and four.

Because it's a drop in the percentage rate, how concerned are you about that?

Look, I think it does highlight that as we get into groups three and four. We're going to need to really focus there on our equity challenges, making sure that for Maori particularly, but also for Pacific communities and for lower socioeconomic areas that we're making sure we're getting good population coverage there in line with the share of the population if you like.

Looking at the DHB by DHB numbers. So if you look at Northland, Tirupati, Auckland, high concentrations of Maori, they're doing slightly better which is reassuring. But that doesn't mean there's any room for complacency. We have to do better in that regard.

To clarify, on extending the mandatory vaccination order order, so it could be that sort of all front line border workers, whether they're in public or private [INAUDIBLE] we have to get vaccinated. Look, we'll have more detail on that soon. But certainly, the vast majority of people who need to be tested because they're at more risk are likely to end up needing to be vaccinated.

And have you considered the potential negative knock on effects of people moving out of that and sort of their potentially being skilled shortages because of people not wanting to get vaccinated. so they're leaving?

Absolutely. And that's one of the things that we worked through with industry. What we have found, and I don't want to-- I don't want to name and shame, any particular groups here. So I'll speak in generalizations. But we found that where we've discovered pockets of hesitancy amongst that workforce. And we've worked more intensively with those workers to make sure they're getting good impartial information.

So it's often been sitting them down with a medical professional for 10, 15 minutes to actually talk through the ins and outs of what their reservations may be. We generally found that sort of 90% plus of them then say, well, let's get on with it and let's have this vaccine. So yeah.

Have you considered sort of the groups eligible sort of for example the courts to sort of make more people eligible at the ports, so people who they share their lunchroom breaks with they have more of their peers who are vaccinated to sort of assure people.

We'll get more options in that space as we move into broader groups of the population being vaccinated.

Do you data on genomic testing on recent cases detected at the border and how many of those cases have had the Delta variant?

I don't have the latest tally but--

We do have those data and we get a report every week from ESS, so I'm happy to provide that information.

And do you believe that it;s a Delta variant?

Off the top of my head, no. But we can give the proportions of which variants we're finding at the border.

That's just because that kind of reflects the news model from TPM that Emilio was talking about earlier. The PM had started the year talking about the need to transition from the border to a kind of personal armor around each other. And that language was really based off of the sort of original COVID. Does the prevalence of the Delta variant overseas make that kind of, I guess language impossible going forward?

I'm not really sure what your question was there. Sorry?

Well, I guess has the Delta variant changed your plans?

No. I mean, ultimately our goal is still to get as many people vaccinated as possible. It is still to keep border protections in place to make sure that we are not allowing COVID-19 any quarter in New Zealand and to work really quickly to stamp out any incussions that might come up. That's still the broad plan and we're still sticking to that. Now, Derrick I'm worried your blood flow in your arm is decreasing, so.

Do you have any update? A few weeks ago you put out a call for the household of all the workers to come forward and get vaccinated. Do you have any update on how that's going. And from the numbers you said earlier, there seems to be at least 100,000 people in the group one. Now, that's obviously a lot more than we first anticipated. Although, I know we don't actually know what the denominator there is.

We don't know what the denominator there is, no. I think-- and I think you can have the first and second dose together. So it's 55,000 people overall who-- 55,600 people overall who have had at least one dose. The second dose is generally have had a first dose as well. So that's the total number.

At this point, yes.

Just like we know that I think you've said before Dr. Blomfield, that there's at least 27,000 auto workers in the system who have been vaccinated or roughly they're about to. That would indicate that only about 27,000 household members of those workers are actually vaccinated as well. Isn't that right?

As I've indicated before, some of those household members may have been vaccinated but may not count the group one, so they might have been recorded under group two or three. If you were-- if a border worker is living with a nurse for example, the nurse might be counted under group two. So they're not-- it's not perfect data but--

Just in the last week, for example, status going up week on week. So in the last seven days, 386 people in that household group for, so group 1B we call it, 386 had a first dose and 611 a second dose. So it's still increasing. And that is people in that group who are identified as being household members of border workers.

Jared.

[INTERPOSING VOICES]

--to get vaccinated for that group, so I mean is there anything else we can do. They all just seen like this--

We'll keep doing everything we're doing. I mean, it's providing really good information and access to the vaccine. And as I say, between 150 and 200 sites are open most days at the moment. From July that will scale up and through July and August to be up to 800 sites around the country. So there will be lots of opportunities for those people and others to be vaccinated.

Joy.

Just on the post card lottery nature of the vaccinations, unsurprisingly I'll use Taranaki as an example again. But the over 65s group, there's still no vaccinations happening yet, and it's not just the DHB, maybe it's quite a few. You talked some weeks ago that there was multiple reasons, resources, et cetera and that it was for the DHB to do that. But is any pressure actually going on from a government or a ministry of health level or as far as you're concerned, is it just a case of well, if everyone gets vaccinated by the end of the year, it's fine.

Look, there will be unders and overs between now and the end of the year. Absolutely And we want people to be vaccinated by the end of the year. But we do want people to be vaccinated broadly in line with the sequencing framework that we have set out. I accept that there'll be some unders and overs on that's side. I just mentioned the Chatham Islands at the beginning for example, doesn't make sense to send over just enough vaccines to do a few of hundred them when actually it makes sense to do all of them at the same time. So there will be some variation in there.

In terms of those district health wards that are slower to start group three or slower to get bigger numbers in group three, all have started group three. And we have been really clear with them that they need to let people know by the end of July-- well, they need to let people know as soon as possible that they will get an invitation by the end of July to have their opportunity to get into the vaccine program.

You've said in the past that you were going to have some, I think they were called vaccine champions. And there are basically people that would be going out into the community and demonstrating that the vaccine was safe. Where is cabinet or the government sitting now as to A, who those people will be and B, when they will be revealed?

Well, you will have already seen examples of this high profile public personalities going and getting their vaccinations. Whether it's the Governor General, the political leaders, you know, Kaumatua have been playing a lead role here, church ministers. Some of our sportspeople.

I saw the coverage of Dame Valerie getting her vaccination ahead of the Olympics and doing that live on camera, which I know only too well how that feels. And so you will see more of that, and particularly as we get into those bigger population groups. What we've tried to do, though, is make sure that we're arranging those photo opportunities for want of a better term broadly in line with when people fitting that description will be able to get their vaccination as well.

[INTERPOSING VOICES]

Sorry?

So for the Australian traveller in the weekend, were there any issues with contact tracing Australian tourists in Wellington and has cabinet considered any additional measures for Australian tourists who are going to come to New Zealand once the ports opens like an compulsory COVID tracing that on their part?

The feedback I've had so far is that Australians coming to New Zealand too tend to be pretty active in the use of the QR code system, the COVID tracer app system. And the contact tracers haven't had any difficulty in that regard, bearing in mind that in this one case or two really if you count that person's partner. They were very diligent in keeping good records of where they've been. And they definitely helped their contact tracing teams.

So not looking at anything specifically there, we are of course, looking at the broader issue around how do we provide more accurate information faster to our contact tracing teams. We'll have more on that when it's particularly around the COVID traceroute, but we have more on that in due course. But in the meantime, my message to all kiwis is it is one of the best things you can do to keep COVID out of the community is to keep good records of where you've been.

So for our elderly community who don't want to use the QR code system, if they're keeping some kind of record we've got little booklets available where they can use those as a record instead. Please do that. It really does make a difference for a contact tracers.

We have 2,600 contacts. They're are still 83 that have been contact traced. Why is it taking so long to get to those ideal people?

I think I did-- sorry, I didn't bring that breakdown with me today. But my understanding was that some of them are not yet due. So there's a small group I think who are not yet through this. Actually, quite a small number that are being chased because they have an overdue test. So I don't know whether the Director General has the daily breakdown.

[INAUDIBLE] 83 that listed as chasing for contact tracing purposes?

Yes. They're still-- we're just chasing to either match the test if they've had one or to just confirm that they have had a test. If not we can rearrange for them to be tested. But we are up over now over 96% of tests back all negative.

[INTERPOSING VOICES]

--is it with those 83 people? Because it sounds like a lot.

In the scheme of things as we talked about yesterday given which we were following up over 2,600 people not concerning because we haven't seen any other signals from those other results we've had. And these people will be followed up and chased up.

It's worth recalling here that we've cast the net far wider than we have for any other COVID-19 case we've ever dealt with the viral report which sit out there you know the gold standard for contact tracing suggested you might have 20 to 30 contacts per case. We're talking about 2,600 for this one case. So the system has performed remarkably well in that environment. Ben, come back to you. We're coming to Ben, and then Emilia.

Yeah. Yeah. If we cast our minds back to the Papitoto High School, for example, it was the very people who didn't get tested who ended up having it. And that presented a whole slew of problems. So how are we-- do we keep running into the instances where we can't get in contact with all of these people and do we need to be sending out those mobile testing sites soon?

I mean, if I take the first part of your question first, I think there was a difference and proper territory in that we were dealing with spread of COVID-19. We were dealing with active cases. Here we were dealing with one person who's subsequently lived, so there is a bit of a difference there. And in the context of 2 and 1/2 thousand people traced and testing negative, that gives us some reassurance that the likelihood of those few remaining people being positive is very low.

In terms of that beta contact information though, there is an issue that we keep under review all of the time. We get good information at the border of people coming into the country. The very mere act of signing up for the COVID tracer A and sharing your contact details, helps us enormously because that means our contact tracing teams have a current phone number for you and a current email address for you for example. So just doing that one thing is actually a really important way of us being able to keep in touch with people.

Using the QR code system, monitoring for the alert notifications when they come up as well. Please don't just swipe it off the screen and forget about it. If you're getting an alert notification you're getting it for a reason. Please take the action that the alert notification asks you to take.

In your comments you said that you had or you were about to land on 150,000 New Zealanders throughout my queue. What's the data for international foreign nationalities going through quanintine?

I don't have that with me but I can certainly get you the breakdown of where they've come from. Obviously--

Especially for those people. Because you've obviously given exemptions to foreigners in lots of places.

So I'm not sure what the--

You've given exemptions to go through MIQ to non New Zealanders?

Yes.

So I'm wondering, what's the data. How many Australians have gone through. How many Canadians have you let through?

Yeah, I'm happy to get you a breakdown of the country of origin of all of those 150 if that's what you're asking for, yes.

It's not where they come from, the nationalities.

All right. Yeah, I see it. Yeah. But we can certainly do that.

On the postcard Laurie-- I think Joe was just talking about-- obviously, there are areas of the country where there are over 65s who really can't get a vaccination card ever, and it's pretty bad, it's pretty much not available. There's also areas where clearly people are calling the number up during group 4, and they're getting vaccinated. 43,000 now, in group 4 have been vaccinated. Obviously some of them will be [INAUDIBLE] on contact and stuff, good reasons. But that's quite a high number, 43,000 is not a handful of people.

If you look at that as a proportion of the million doses that are being delivered, it's still reasonably small. As I've indicated before, I think there are a variety of reasons for that. One is we-- DHBs have been doing community by community vaccination for small communities where it just makes sense to do that. That will be a contributing factor.

There may also be a contributing factor where you've done a-- there have been a whole family for example, who have been vaccinated together, some of whom are in that higher risk category. And for convenience and for the purposes of getting them to have the vaccine, the family members may have been done at the same time.

And then of course, there was that small group of people who just got lucky, because when we were managing five day allocations at a time and doses were going to expire, we did say to teams just vaccinate people if you have got vaccines that are about to expire. That's less of a problem now because of that longer shelf life that we've got out of the vaccine.

Is it for anyone who's looking I could just call this number up and get a vaccine tomorrow even though I'm a 34-year-old who has no existing conditions.

My message is please don't do that. Please, let's just work our way through the sequencing framework so that we're vaccinating those at a higher risk first. And then we will work our way through. Once we get into group four, that becomes a demand management issue. And we'll be working to manage the demand. But look at this point, please just let those people groups one, groups two particularly, but then also into group three. Please, let them get their vaccinations first because we've prioritized them for a reason. Derrick.

You famously said other countries are sort of rolling out faster than we are because they have more vaccines that they're using and we've chosen to go with Pfizer. Is that decision to go with Pfizer is that affecting the timeline from inside the group of the other ones that we had set agreements before.

No, it isn't because Medsafe is-- first of all is-- the first point is Medsafe is reliant on the data being provided by the companies. And so there's not-- there's no sense that the companies, those companies have been on a go slow because we've chosen Pfizer. The second comment here is that the deliveries from those other companies to produce the other vaccines Johnson, AstraZeneca, were scheduled to come in from quarter 3 from my recollection anyway.

The decision was made back in February when the offer came for the additional Pfizer vaccines that were over and above what we had preordered, which we're coming to-- we're coming to the end of those we had preordered. In fact, we were able to bring some of the quarter 3 delivery forward into quarter 2. I think about 100,000 of those doses were brought forward.

We knew then that the balance of our vaccine would arrive in the second half of the year. And we made that-- we gave that advice and made that call because we felt a single vaccine program based on the Pfizer vaccine which even then had a very good effectiveness and safety profile and that's borne out. That was the way to go and we sort of stand by that advise.

So it means we'd not have gone any faster if we had decided to go with more vaccine as well?

The logistics around establishing the whole program around a single vaccine was much easier then, the logistics and the training and everything around a program that was based on more than one vaccine. That doesn't mean if there is an indication to use the second vaccine we won't be able to do that but a single vaccine based program was definitely logistically more simple.

The bell is about to toll. So last question out of the bag.

What do you mean?

[INTERPOSING VOICES]

--New Zealand's vaccine rollout to constrained by international suppliers. I mean, how satisfied are you with international rates of production and do you think things like the WTO IP waiver could assist the New Zealand situation?

Well, look, I think the pharmaceutical companies that have got vaccines that have been approved and that have gone through all their trials, they're working very hard to ramp up supply as fast as they can. And so full credits to them. They're playing their part in the global efforts. Of course, it's a massive undertaking to vaccinate the globe.

And as I've always said and you'll always hear us talking about this here too, we want to see high vaccination rates around the whole world, not just here in New Zealand because actually that's going to add a layer of protection to us here in New Zealand. We're not all going to be safe from COVID-19 until we are all safe from COVID-19.

[INTERPOSING VOICES]

Was it? It could help.

We'll finally sleep easy.

I think we might be a few more months of this to go. Look, COVID-19 throws up new challenges every day.

Are there day though that you'll know for sure that the next shipments arriving at the port that will they possibly utilize?

Oh, look, I'll be up overnight watching flight tracker to make sure that it actually gets here. Thanks, everybody. I think it's Tuesday morning, early Tuesday morning. So thanks, everybody.