
Current Status of Response to COVID-19 and Future Plans

March 9, 2020

**Central Disaster and Safety
Countermeasure Headquarters**

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I. Current Status of Outbreaks of Confirmed Cases

- ◆ From January 20 (first patient detected) to February 18 (31st patient - a Shincheonji Church member - detected), **confirmed cases were mainly inbound travelers from overseas and their contacts.**
- ◆ Following February 18, the number of confirmed cases surged within a short period of time mainly due to Shincheonji Church members in Daegu and the Gyeongsangbuk-do region (patients in this region accounting for 91% among total patients). We have been tracking confirmed cases by isolating high-risk groups and conducting intensive testing.

1 Overview

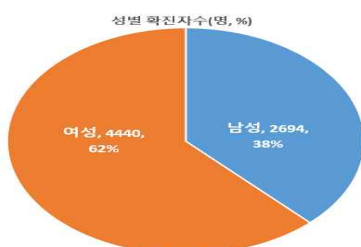
- (Current Status) As of March 8, the total number of confirmed cases stands at 7,134, which is concentrated mainly in Daegu and Gyeongsangbuk-do (91% of all confirmed cases). Their major infection sources (99.3%) are a specific religious sect (Shincheonji) and Daenam Hospital (excluding suspected cases under inspection).

Confirmed Cases by Region and Infection Source (as of March 8)

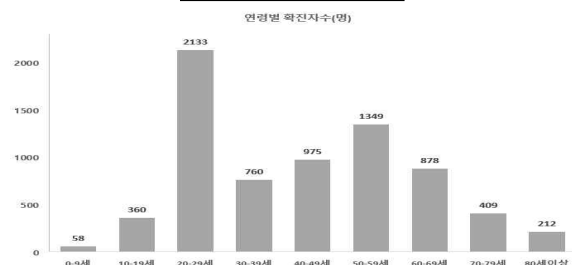
Region	Total	Under special control		Inbound travelers and contacts	Under inspection
		Shincheonji	Daenam Hospital in Cheongdo		
Total	7,134	4,482	122	33	2,497
Seoul	120	4	0	18	98
Busan	97	11	2	0	84
Daegu	5,381	3,882	2	0	1,497
Gyeonggi	141	22	0	11	108
Chungnam	98	0	0	0	98
Gyeongbuk	1,081	485	118	0	478
Gyeongnam	83	29	0	0	54
Others	133	49	0	4	80

- (By gender and age) Among all confirmed cases, 62% are females and 38% are males. The highest number of confirmed cases is being seen among those in their 20s, followed by those in their 50s, 40s, and 60s.

Gender Distribution



Age Distribution



- **(Deaths)** The total number of deaths linked to the virus stands at 50, with the fatality rate reaching 0.7%. Most of the deaths were found to be among the elderly or those with underlying diseases.
 - * 86% were 60 or older (average age at 72.7).
 - * 28 patients with mental disorder (7), chronic renal failure and renal transplant (3), chronic liver disorder (1), chronic disease (6), brain disease (3), cancer (4), heart disease (2), respiratory disease (2)

2 Analysis of the Situation and Outlook

- COVID-19 is highly infectious from the early stage and spreads rapidly. However, the fatality rate is relatively low. Based on cases in other countries, approximately 80% are projected to be mild cases*.
 - * (China's CDC, *The Lancet*) Among 44,415 confirmed cases, 81% were mild cases, 14% were moderate cases, and 5% were severe cases (fatality rate at 2.3%).
- A substantial number of confirmed cases in Korea are also mild cases that medically do not require hospitalization, and most of the deaths have been among the elderly and those with underlying diseases.
- The vast majority of new confirmed cases have been found among the members of Shincheonji Church in Daegu and the Gyeongsangbuk-do region, and, although the speed of the nationwide spread has been reduced, it is imperative that we make full preparations.
- It is important to effectively allocate medical resources to prevent mild cases (over 80%) from developing more severe conditions and leading to death.
- Although it is hard to make accurate projections due to the uncertainties surrounding this novel virus, we need to prepare for the possibility of development into a global pandemic for a prolonged period of time.

II. Korea's Competence in the Fight Against COVID-19

- Korea's central and local governments are working in close collaboration with civil society to promptly and systematically respond to the global spread of COVID-19.

① Information is shared in a transparent and prompt manner.

- We transparently provide timely information on the **current status, government response, and the whereabouts of confirmed cases** through briefings given twice a day.
- Through the provision of **detailed and necessary information** to the public, **citizens can trust the government and actively cooperate in the prevention of COVID-19 for the community.**

② Citizens voluntarily participates in a democratic manner with a community spirit.

- We have effectively responded to the outbreak based on **participation of the citizens** (personal hygiene measures, social distancing, etc.) **without the need to take lockdown measures.** This help secured **social openness and avoided compulsory measures that may significantly affect the lives of the public.**
- The government **minimizes the economic burden on individuals** by providing costs for diagnostic testing, medical treatment, and basic livelihood. Losses and damage of medical institutions that strive to contain the virus are also **compensated by the government.**

③ Creative approach is taken, especially taking advantage of technology.

- We have adopted **highly effective and creative new measures** including **special immigration procedures** which prevent the inflow of the virus

without compromising the freedom of travel; **living and treatment support centers** for mild cases, and **drive-thru testing facilities** for safe and efficient test specimen collection.

- For infection control, we are capitalizing on ICT systems (**self-diagnosis app, self-isolation app, etc.**), as well as **GPS, credit card records, CCTV footage analysis** for epidemiological investigations.

④ **Impressive speed and scale of diagnostic testing is conducted for early diagnosis.**

- The cumulative sum of diagnostic tests conducted stands at approximately **160,000** with **15,000** tests taken daily. Based on a physician's judgment, a diagnostic test may be conducted on any suspected cases of COVID-19 without charges.
- The massive-scale of diagnostic testing is essential to minimizing the damage and combating the outbreak through early diagnosis of the virus. The high number of confirmed cases in Korea is in fact a proof of the nation's effective response led by advanced testing capacity and thorough epidemiological investigation.

⑤ **Competent medical personnel and medical institutions are committed to patient treatment.**

- Korea has a well-trained, globally recognized pool of medical personnel and medical institutions that are dedicated to treating patients. Also, a host of doctors and nurses have **volunteered to serve in Daegu and Gyeongsangbuk-do.**
- The Korean government strives to support their heroic efforts and sacrifice. Korean citizens are also **expressing appreciation and providing support.**

III. Infection Control Activities and Measures

Current Response System

- Although **Daegu and Gyeongsangbuk-do** are seeing a spike in the number of confirmed cases, **mainly among the members of Shincheonji Church**, the speed of the spread of the virus to other parts of the nation has been reduced.
 - As such, we plan to continue with **the strategy to block the entry and spread of the virus by tracking and isolating confirmed cases through reinforced quarantines, diagnostic testing, and epidemiological investigations.**
- **Admittedly, it is necessary to implement a damage-minimization strategy in parallel** when considering the highly contagious nature of COVID-19 and the possibility of its community spread.
 - We will continually **step up our response system nationwide, realign the patient treatment and control system and healthcare institution use system, and take necessary measures to contain the spread of the virus.**
 - We will improve the healthcare institution use system to **more efficiently utilize beds and healthcare staff, provide more aggressive treatment options for high-risk patients, and prevent the infection of healthcare staff and citizens.**

Infection Control System

Entry Prevention <ul style="list-style-type: none"> • Entry ban on travelers from Hubei • Special immigration procedures • Travel restrictions • Provision of travel history to healthcare providers 	Response to Confirmed Cases <ul style="list-style-type: none"> • Epidemiological investigations • Disclosure of each patient's whereabouts • Self-isolation of all contacts • On-site quarantines 	Early Patient Detection <ul style="list-style-type: none"> • Expansion of diagnostic testing • Expansion of screening clinics • Specimen collection via drive-thru and mobile facilities and door-to-door visits • Diagnostic testing for patients with pneumonia, etc.
Treatment of COVID-19 Patients <ul style="list-style-type: none"> • Patient classification and bed allocation by severity • Supply management of empirical therapies • Clinical testing and R&D of therapies 	Treatment of Non-COVID-19 Patients <ul style="list-style-type: none"> • Operation of government-designated COVID-19 protection hospitals • Permission for receiving prescriptions by phone and by proxy 	Resource-Securing and Support <ul style="list-style-type: none"> • "Living and treatment support centers" and patient beds • Healthcare staff • Protective gear and supplies
⇕	⇕	⇕
<ul style="list-style-type: none"> • Seamless cooperation among the Central Disease Control Headquarters, Central Disaster and Safety Countermeasure Headquarters, and Local Disaster and Safety Countermeasure Headquarters • Disclosure of information in a prompt and transparent manner and provision of counseling for the public via 1339 and public health centers • Reinforcement of government measures such as the adherence to the code of conduct • Compensation for infection prevention efforts by those put under isolation, their employers, and healthcare institutions 		

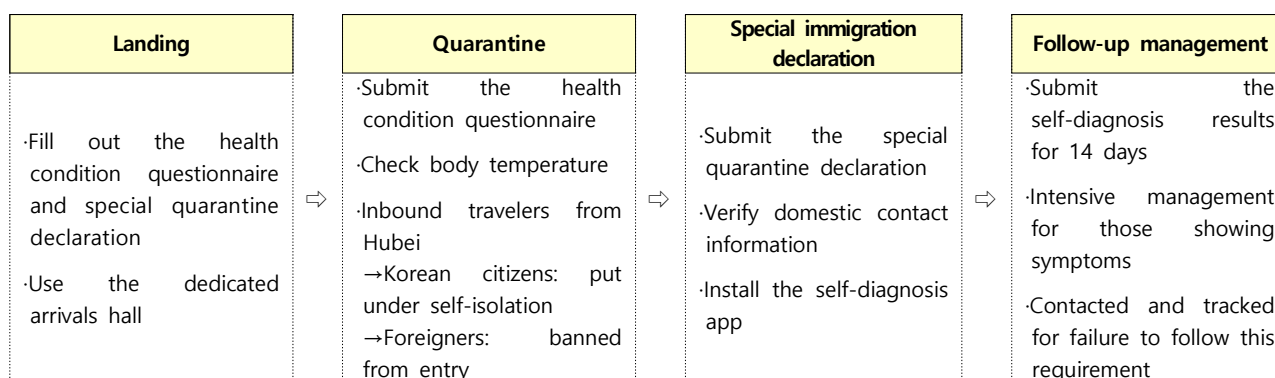
1

Prevention of Entry and Spread

1 Implementing measures to block the entry of the virus

- We are blocking the possibility of the entry of the virus by banning the entry of travelers from Hubei, reinforcing visa screening for travelers from China, and designating high-incidence regions (mainland China, Hong Kong, and Macao).
- We established the special immigration procedures (February 4) to thoroughly control inbound travelers from other regions for 14 days without the need to ban their entry.
- Arrivals halls dedicated to inbound travelers from China (including Hong Kong and Macao and excluding Taiwan) are being operated to check their body temperature and verify on-site whether their domestic contact information is genuine as well as confirm their location of residence and history of travel to Hubei using the health condition questionnaire and special quarantine declaration.
- All inbound travelers are required to submit their self-diagnosis results via the self-diagnosis app for 14 days and to be put under intensive management (Central Disease Control Headquarters and local governments) if they show symptoms. Those failing to submit their self-diagnosis results will be contacted and tracked.

Quarantine and Special Immigration Procedure Flow



- We have been offering the travel history of individual patients to healthcare providers and pharmacies to help them screen suspected cases in advance.

- Travel history is offered based on **major regions of outbreaks*** in connection with immigration information.

* China, Singapore, Japan, Vietnam, Thailand, Malaysia, Iran, and Italy

2 Ensuring early patient detection through screening clinics and diagnostic testing

- We have been conducting **an impressive number of diagnostic tests within a short period of time to detect patients and block the spread of infection** as early as possible (cumulative sum of diagnostic testing cases at 158,456 as of March 6).

- We have **set up screening clinics*** at public health centers and healthcare institutions to **ensure easy access to diagnostic testing and block the spread of the virus** and have diversified their operating models **to more effectively respond to the increasing demand for diagnostic testing.**

* Screening clinics are dedicated to the diagnosis of those with suspected symptoms such as a cough and fever so as to eliminate the possibility of contaminating healthcare institutions.

- We are also collecting testing specimens through **drive-thru and mobile facilities and door-to-door visits** to ensure greater efficiency and safety.

* **(Specimen collection)** There are 628 screening clinics in operation, and testing specimens can be collected at 589 of them (93.8%).

(Testing) As many as 91 healthcare institutions and delegated agencies conduct up to 13,000 tests each day.

- We have continued to increase the number of **testing institutions and test kit manufacturers** and thereby successfully **raised the maximum daily testing capacity** from 3,000 (February 7) to 10,000 (February 20). We plan to expand this number to over 13,000 within March.

- The recent spike in confirmed cases in Korea is attributable to the nation's competence in **identifying confirmed cases through extensive and fast-track diagnostic testing.**

③ Conducting rigorous epidemiological investigations and management of contacts

- When cases are confirmed, the central and local governments promptly conduct epidemiological investigations to track infection sources and screen contacts.
- We thoroughly identify the whereabouts of confirmed cases based on their credit card use history, CCTV, and mobile phone location information and disclose the information transparently to prevent additional infections and help people learn whether they are contacts themselves.
- **Contacts** identified through epidemiological investigations **are all put under self-isolation and thoroughly managed on a one-on-one basis by the Ministry of the Interior and Safety and local governments (49,554 contacts as of March 6).**
- The central immediate response teams of the KCDC are dispatched to regions experiencing massive outbreaks and conduct epidemiological investigations jointly with each local government's team in charge.
 - * (Local governments) Upper-level local governments: 114 → 249, Lower-level local governments: 1,928 → 3,308 (as of March 1 compared to the end of January)
- Those put under self-isolation are banned from leaving the nation regardless of whether or not they develop symptoms. Those violating self-isolation will be imposed with a fine of KRW 10 million or less or imprisonment with labor of one year or less.

- To rapidly complete epidemiological investigations, the preliminary investigations of individual cases are conducted by local governments.
- For outbreaks within healthcare institutions and group facilities, the central immediate response teams are providing support to prevent further spread.

2

Establishment of Patient Management System

1 Establishing the treatment system based on severity

- To hospitalize patients with severe symptoms and provide appropriate treatment options to other confirmed cases, we are classifying patients based on severity and accommodating them at hospitals and living and treatment support centers accordingly.
- First, confirmed cases are diagnosed at public health centers, and healthcare specialists in city- and province-level patient management teams classify them based on severity (mild, moderate, severe, and extremely severe).
- Moderate, severe, and extremely severe cases are immediately hospitalized for treatment (national infectious disease hospitals and other government-designated institutions for hospitalized treatment).
 - * The National Medical Center (Patient Transfer Support Center) coordinates patient transfers between cities and provinces when patient beds are in short supply in certain regions.
- Mild cases are isolated at living and treatment support centers* and monitored by healthcare staff at least twice a day to be readily transferred to healthcare institutions if symptoms aggravate or be discharged based on relevant standards when symptoms are mitigated (about three weeks).

- * City and provincial governments designate **government-run facilities or lodgings** as living and treatment support centers and provide **a relief kit** (underwear, toiletries, masks, etc.) and **a hygiene kit** (a thermometer and medicine).

2 Securing beds for hospitalized treatment

- **Beds at government-designated institutions for hospitalized treatment, regional hub hospitals, and national infectious disease hospitals** are being allocated to confirmed cases. We are continually securing additional beds.
- The central and local governments have designated **60 infectious disease hospitals***. Existing inpatients at these institutions have been transferred to other hospitals to make wards available and exclusively accommodate COVID-19 patients.
 - * National Medical Center, Armed Forces Daejeon Hospital, COMWEL Daegu Hospital, Daegu Veterans Hospital, Armed Forces Daegu Hospital, Yeongju and Sangju Red Cross Hospitals, Masan National Tuberculosis Hospital, etc.
 - * We plan to increase the number of beds from 2,900 up to 6,800.
- We plan to secure more beds at over 100 qualified institutions including **general hospitals and university hospitals, in addition to those secured at existing government-designated institutions for hospitalized treatment** (198 beds at 29 hospitals).
 - * We create wards dedicated to COVID-19 patients by using mobile negative-pressure units, etc.; utilizing unused facilities; and evacuating existing wards by transferring non-COVID-19 patients.

3 Providing healthcare staff and protective gear

- **(Healthcare staff)** In order to **support patient care and infection control for different regions**, we are **aggressively recruiting healthcare specialists*** via a range of channels and methods and **stationing them at healthcare institutions in need****.

- * Staff recruited by requesting staff members from other institutions (public and military hospitals), stationing public health doctors, seeking cooperation from nurse/nurse's aide organizations, and issuing public notifications of the Ministry of Health and Welfare
 - ** 346 physicians and 728 nurses dispatched mainly to Daegu and Gyeongsangbuk-do (as of March 8)
- In order to protect healthcare staff, we are replacing them with new staff after two weeks, putting them under paid self-isolation, and providing infection control services as well as **financial compensation**.
 - * (Public-sector and military-sector) Physicians: KRW 120,000 per day / Nurses: KRW 70,000 per day
 - ** (Private-sector) Physicians: KRW 450,000–550,000 per day / Nurses: KRW 300,000 per day
 - To secure additional healthcare staff, **750 new public health doctors are to be appointed early and stationed (March 9)**, and nurses are being continually recruited(1,390 recruited as of March 8).
 - (Protective gear) We have distributed the government reserves of protective equipment, etc., to local governments and government-designated institutions for hospitalized treatment, with priority given to Daegu and Gyeongsangbuk-do.
 - * Level-D protective equipment, masks for specialists, disposable waterproof gowns, mobile negative-pressure units, etc.

5 Managing medicinal supplies and developing vaccines and therapies

- (Supply management) We are managing the supply of empirical therapies and securing additional imports as recommended by experts, while also sharing distributor information (Health Insurance Review and Assessment Service's healthcare institution portal system).
 - * Four major drugs including Kaletra Tab are available, and more will be imported (in March and May).

- **(R&D)** We are currently pushing ahead with **clinical testing*** and **R&D**** of **vaccines and therapies in collaboration with the private sector.**
 - * Clinical testing of an Ebola virus disease treatment (Remdesivir) on severe cases is being reviewed by the Ministry of Food and Drug Safety.
 - ** Additional research on diagnostic agents, therapies, clinical epidemiology, and vaccines (NIH; KRW 1 billion) to be conducted through the distribution of research resources (from February 2020 onwards), notification of research tasks (KRW 4.6 billion in February 2020), conducting of emergency response research (KRW 5 billion in 2020), and cooperation with the private sector

3

Realignment of Healthcare Institution Use System

1 Operating COVID-19 protection hospitals

- Many healthcare institutions are participating in our program for **COVID-19 protection hospitals***, which are aimed at ensuring **accessibility and safety for non-COVID-19 patients by separating the areas for respiratory patients and non-respiratory patients.**
 - * 302 designated as of March 8 (28 upper-level general hospitals, 197 general hospitals, and 77 hospitals)
 - * Type A hospitals (205 locations) provide separate outpatient services and Type B hospitals (97 locations) provide separate outpatient and inpatient services.
- The private-sector Korean Hospital Association receives applications for the designation, which are screened by the public-sector Health Insurance Review and Assessment Service. Financial aid is provided from **National Health Insurance fees.**
 - * The Health Insurance Review and Assessment Service and the Korean Hospital Association are scheduled to jointly review their operation status.

- Also, we have permitted non-respiratory patients to receive counseling by phone and prescriptions by phone and by proxy* to prevent infection within healthcare institutions.

* Implemented by ▲ 50% of upper-level general hospitals (21 out of 42), ▲ 56% of general hospitals and other hospitals (94 out of 169), and ▲ 61% of clinics (913 out of 1,492)

② Expanding diagnostic testing by healthcare institutions

- Pneumonia patients are put through diagnostic testing before being allowed to be hospitalized or enter an ICU to detect confirmed cases before they lead to infection within healthcare institutions.

* As a result of testing inpatients hospitalized for pneumonia of unidentified cause in Daegu, six out of 503 were confirmed as positive.

- Suspected cases are required to undergo testing in a separate area before being allowed to enter the emergency center.

③ Reinforcing infection control within healthcare institutions

- We are providing infection control guidelines to healthcare institutions and focusing on expanding cooperation and communication with the healthcare circles.

- Healthcare institutions are required to provide patients with guidance on hygiene, restrict the entry of visitors and visiting conditions, check each visitor's body temperature, and mandate the wearing of masks.

- Staff members are required to wear masks while on duty and immediately report to public health centers or 1339 if a patient falls into any of the predefined categories*.

* Confirmed cases, contacts of confirmed cases showing related symptoms, suspected cases based on medical opinions, etc.

- Staff members of healthcare institutions showing signs of illness such as a fever and cough are excused from work for 14 days.

- An infection control staff member is designated at each healthcare institution to ensure the application of infection prevention measures and reinforced monitoring.

4

Measures for Virus Spread Prevention

1 Reinforcing preventive measures such as the code of conduct for the public

- (Code of conduct for the public) We are guiding the public to refrain from attending social gatherings and coming into direct contact with others, eat nutritionally balanced meals, ventilate indoor spaces sufficiently, etc.
 - In particular, we are highlighting the importance of **washing hands with soap or hand sanitizer and refraining from touching the face with unwashed hands** to prevent infection through the mucous membranes of eyes, nose, or mouth.
 - If any signs of a cold are detected, the public is asked to observe their symptoms for three to four days and inquire with a public health center or the KCDC call center. If the need arises, they should visit a screening clinic (do not use public transportation). They should go to a COVID-19 protection hospital for respiratory symptoms and use phone counseling service for non-respiratory diseases.
- (Group events) We advise the public to cancel or postpone any event that is not urgent, is likely to lead to the spread of the virus, or is attended by those especially vulnerable to infection.
 - * It is advised to cancel or postpone non-urgent, one-time events, events taking place in confined spaces, and events that are likely to involve physical contact.
- (Group facilities and facilities frequented by large groups of people) Employees at these facilities who show symptoms and have a history

of travel to regions of outbreaks are excused from work. The entry of visitors is also restricted.

② Providing infection control services for group facilities for children and the elderly and for vulnerable groups

- Daycare centers for children will be closed through March 22, while preschools and elementary, middle, and high schools have postponed their opening date to March 23 from March 2.
- Employees at senior care facilities, etc., are excused from work for 14 days if they show respiratory symptoms such as a cough and fever or have a history of travel to countries of COVID-19 outbreaks. The entry of visitors is also restricted.
- We are providing aid for the purchase of masks and hand sanitizers for daycare centers for children, senior citizen centers, etc.
- Services directly related to the daily lives of vulnerable groups, such as lunch for children of low-income households and activity assistance for those with disabilities, continue to be offered even when related offline social welfare facilities are closed.

③ Providing aid and compensation for losses linked to the virus

- We are providing aid and compensation to further encourage the public to actively participate in infection prevention and minimize possible losses inflicted by the virus outbreak.
- Hospitalization and treatment expenses of confirmed cases and diagnostic testing expenses of suspected cases are entirely covered by National Health Insurance or government expenditure.
- We are providing aid for living expenses for those put under self-isolation and awaiting hospitalization and paid leave expenses for their employers*.

We are also providing aid for **funeral expenses**** for deaths.

* (Living expenses) KRW 1.23 million for four-person households; (Paid leave expenses) Based on daily wage (ceiling of KRW 130,000 per day)

* (Cremation and funeral expenses) KRW 13 million (KRW 3 million for cremation and KRW 10 million for funeral)

○ To elicit the **active participation of healthcare institutions**, we will **provide compensation for losses inflicted due to the shutdown order issued by the central and local governments.**

- We are working to come up with a loss compensation system before the virus outbreak is halted and provide compensation in estimated amounts to those healthcare institutions requiring immediate aid.

* The loss compensation committee was formed (February 17). / Compensation methods were discussed (first meeting on March 3). / Measures for the early payment of costs of healthcare benefits were taken (February 19) to come up with a loss compensation system before the virus outbreak is halted and provide compensation in estimated amounts.

5

Pan-Governmental Cooperation and Public Communication

① Taking all-out measures based on pan-governmental cooperation

○ (Central government) In order to ensure the most efficient and seamless response to the crisis, all infection control activities are implemented under the authority of the Central Disease Control Headquarters (led by the head of the KCDC).

- The Central Disaster and Safety Countermeasure Headquarters (led by the Prime Minister) was also set up to promptly provide full pan-governmental support.

- Vice Head 1 of the Central Disaster and Safety Countermeasure Headquarters and Head of the Central Disaster Management

Headquarters (Minister of Health and Welfare) supports infection control activities of the Central Disease Control Headquarters, while **Vice Head 2 of the Central Disaster and Safety Countermeasure Headquarters and Head of the Pan-Governmental Countermeasure and Support Headquarters** (Minister of the Interior and Safety) is in charge of assisting cooperation between central ministries and local governments.

- **(Local governments)** Local governments have formed **Local Disaster and Safety Countermeasure Headquarters** (each headed by the respective city mayor or governor) to deal with this crisis **with all infection control measures available**.
- Healthcare units at local governments are focused on infection control, and other units are tasked with providing administrative support for the management of those under self-isolation, etc.

② Focusing on public communication

- In order to resolve public anxiety and provide accurate information for infection prevention, we are striving to reach out to the public in an all-directional, effective manner.

① Sharing the latest information in a prompt and transparent manner

- Domestic law (Infectious Disease Control and Prevention Act) ensures **the public's right to be informed about the latest developments of and responses to outbreaks and infection control**. The government also mandates the disclosure of the whereabouts, **means of transportation, healthcare institutions visited, and contacts** of confirmed cases.
- **The government shares the latest information** (number of patients, number of those under isolation, number of diagnostic tests, whereabouts of confirmed cases, etc.) and **relevant measures** through

regular briefings that take place twice a day (by the Central Disaster and Safety Countermeasure Headquarters in the morning and the Central Disease Control Headquarters in the afternoon) and the frequent distribution of press releases, as well as via **websites, SNS channels, and portal sites.**

② **Promoting the code of conduct for infection prevention**

- We are distributing customized promotional materials for daycare centers, schools, healthcare institutions, pharmacies, etc., and delivering information through a range of easily accessible media (TV, radio, trains, buses, etc.). We are also actively using YouTube channels.
- We are offering counseling for and receiving reports from the public and healthcare institutions through public health centers and the KCDC call center (1339) (15,579 cases handled as of March 8).

③ **Stringently responding to fake news**

- We are stringently responding to fake news, which leads to excessive public anxiety and causes confusion in infection control, through the **pan-governmental cooperation system** that encompasses Korea Communications Commission, the National Police Agency, and the Ministry of Culture, Sports and Tourism.

Current Status of Daegu

- ▶ We are taking measures to resolve the issues Daegu is facing as confirmed cases drastically surged within a short period of time due to high-risk groups (Shincheonji Church members) and resulted in the shortage of beds and a rise in those awaiting hospitalization.
- ▶ We are continually conducting tests on both high-risk Shincheonji Church members with symptoms and non-Shincheonji citizens with symptoms to aggressively identify confirmed cases.

1 Managing mild cases at living and treatment support centers

- To date, all confirmed cases have been hospitalized. However, approximately 80% of these cases are projected to be those without any symptoms and mild cases who do not require hospitalized treatment based on both international and domestic cases.
- As such, Daegu has introduced living and treatment support centers dedicated to the management of mild cases for the first time in the nation.
- (Patient classification and allocation) Once public health centers or city- and province-level patient management teams classify patients based on severity* (mild, moderate, severe, and extremely severe), all cases excluding mild cases are immediately hospitalized, and mild cases are transferred to living and treatment support centers.
- (Services) Healthcare staff conducts monitoring of mild cases at least twice a day. If symptoms aggravate, they are immediately transferred to healthcare institutions. When symptoms are mitigated, they are discharged based on relevant standards (about three weeks).
- * A relief kit (underwear, toiletries, masks, etc.) and a hygiene kit (a thermometer and medicine) provided

- The living and treatment support centers that first opened in early March will be further expanded step-by-step to accommodate as many as 4,000 mild cases diagnosed in Daegu. The pan-governmental support team will provide the required healthcare and administrative staff and supplies.
- We are also operating the around-the-clock counseling system for confirmed cases awaiting hospitalization, which provides phone counseling and supplies necessary medication.
- We check if patients awaiting hospitalization have any underlying health issues based on the data of public institutions, promptly classify them based on severity, and determine their hospitalization status.

2 Conducting aggressive inspections of high-risk groups of Shincheonji Church members

- High-risk groups of Shincheonji Church members were all put under self-isolation and are being thoroughly monitored by local governments and local police agencies.
- Mobile specimen collection teams made door-to-door visits to conduct diagnostic tests targeting those showing symptoms with priority. Those without symptoms are discharged from self-isolation after three weeks or if they are confirmed as testing negative.
- The list of Shincheonji Church members nationwide was provided to all local governments including Daegu to identify confirmed cases and rapidly conduct tests on those with symptoms.
- In order to prevent any Daegu residents from being disadvantaged by the testing of Shincheonji Church members, those with symptoms are guided to undergo diagnostic tests at screening clinics. We are making door-to-door visits to conduct diagnostic testing for seniors and those with underlying health issues.

③ Securing beds and healthcare staff


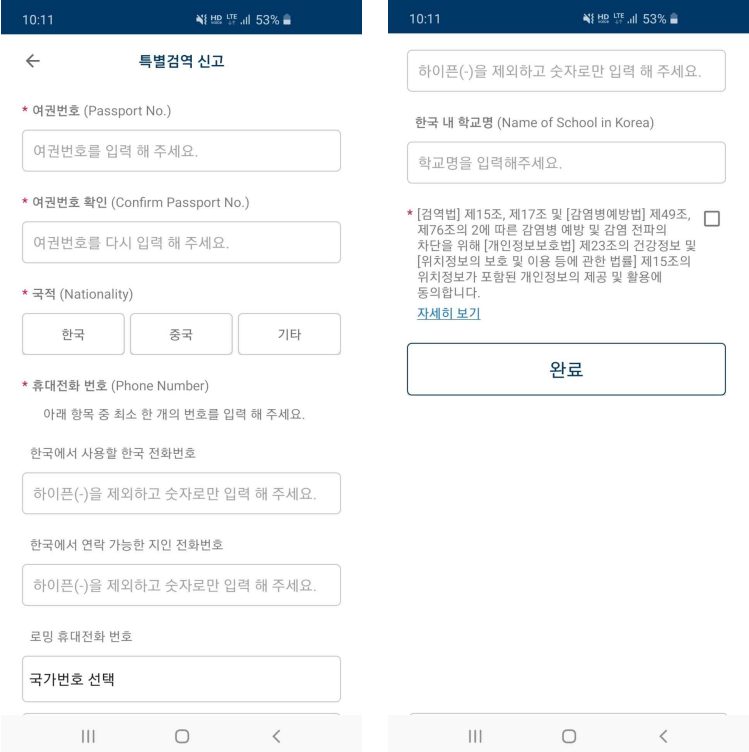

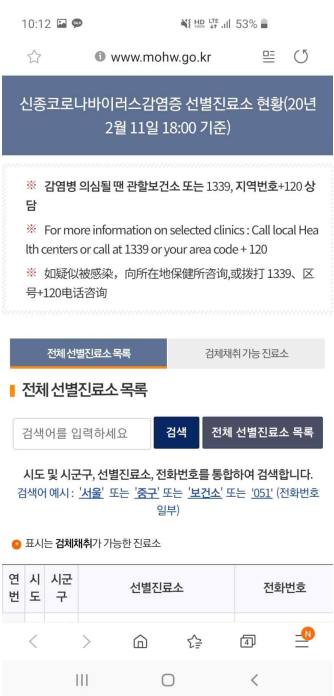
- (Beds) Considering the rising number of patients in Daegu, we are identifying available beds in other cities and provinces to be allocated to patients from Daegu requiring hospitalized treatment.
 - * (Daegu) Currently, 2,042 beds are in use and 481 more will be sourced (to secure the target number of 2,523).
- (Healthcare staff) Physicians and nurses are being recruited from public hospitals, etc., and dispatched to Daegu on a continual basis.
 - * (Daegu) 324 physicians and 548 nurses dispatched with recruitment notices for more staff being posted

IV. Conclusion


- The **prevention and response measures** taken to date are being proven to be effective, and the Korean government is **confident** that it will successfully overcome the outbreak.
- COVID-19 is **highly infectious from its early stage** and **spreads rapidly** with cold-like symptoms.
 - This means that the traditional infectious disease response system, which focuses on lockdown and quarantine of confirmed cases, **is not as effective**. In fact, the traditional system may postpone the inflow of the virus but cannot effectively contain the spread.
- To overcome the crisis, we aim to secure a **transparent and open society** while **building a response system that utilizes voluntary citizen participation and creative approach based on cutting-edge technology**.
- Korea is building a **system optimized for COVID-19 response** and we hope our experience can **help other nations take effective measures against COVID-19**.

Reference
1

Menu of the Mobile Self-Diagnosis App Included in the Special Immigration Procedures

Menu of the self-diagnosis app	"Proceed with special quarantine declaration"	
		
"Proceed with daily self-diagnosis"	"Check screening clinics"	"Connect to 1339"
		

Operation of Drive-Thru Screening Clinics

Institution	Procedures	Photo
Goyang-si Public Health Center (February 26, 2020 onwards)	<p>①Interview→②Checkup→③Specimen collection</p> <p>* ①-③: In a separately installed tent</p> <p>** Required time: No more than 10 minutes + a (wait time)</p>	
Yeungnam University Medical Center (February 26, 2020 onwards)	<p>①Reception→②Counseling→③Payment→④Specimen collection</p> <p>* ①-④: In separately installed containers</p> <p>** Required time: No more than 10 minutes + a (wait time)</p>	
Sejong-si Public Health Center (February 26, 2020 onwards)	<p>①Reservation verification→②Reception, counseling, and specimen collection</p> <p>* ①-②: In a separately installed tent</p> <p>** Required time: No more than 10 minutes (reservation required)</p> <p>※ Reservation: Via the public health center's hotline (5 lines operated)</p>	
Jinju-si Public Health Center (February 28, 2020 onwards)	<p>①Reception and counseling→②Specimen collection</p> <p>* ①: In a separately installed tent</p> <p>② In the vehicle without the need to get out</p> <p>** Required time: No more than 10 minutes + a (wait time)</p>	

Gyeongbuk-Daegu Living and Treatment Support Center 1

□ **(Current status)** Gyeongbuk-Daegu Living and Treatment Support Center 1 opened at **the Samsung Human Resources Development Institute** in Yeongdeok-gun, Gyeongsangbuk-do

□ **(Capacity)** 210 mild cases diagnosed in Daegu and Gyeongsangbuk-do

< Staff >

□ Healthcare and living support service provided through the pan-governmental support team

○ **(Healthcare staff)** 3 physicians, 6 nurses, and 9 nurse's aides

※ Discussions are in progress to station more healthcare workers.

○ **(Administrative staff)** Staff members from relevant ministries including the Ministry of Health and Welfare, Ministry of the Interior and Safety, and Ministry of National Defense

○ **(Medical supplies)** Medical supplies such as self-control hygiene kits and protective clothing* prepared

* 400 self-control hygiene kits, 780 N95 masks, 780 Level-D protective suits, 1,170 pairs of latex gloves, 1,500 masks for the public, 300 specimen collection kits, etc.

□ **(Healthcare service)** Patients are closely monitored and managed on a continual basis.

* Self-monitoring by patients (body temperature, respiratory symptoms, etc.) is conducted twice a day.

<Photos of Gyeongbuk-Daegu Living and Treatment Support Center 1>



Gyeongbuk-Daegu Living and Treatment Support Center 3

- ☐ **(Current status)** Gyeongbuk-Daegu Living and Treatment Support Center 3 opened at **the Seoul National University Hospital Training Institute** in Mungyeong, Gyeongsangbuk-do
- ☐ **(Capacity)** 99 mild cases diagnosed in Daegu and Gyeongsangbuk-do

< Staff >

- ☐ Healthcare and living support services provided through **the government-private joint support team**
 - **(Healthcare staff)** 3 physicians, 6 nurses, and 1 radiographer
 - * Seoul National University Hospital: 2 physicians, 4 nurses, and 1 radiographer dispatched and stationed on a permanent basis
 - * Ministry of Health and Welfare: 1 physician and 2 nurses newly recruited and stationed
 - **(Administrative staff)** The Ministry of Health and Welfare, Gyeongsangbuk-do, Mungyeong City, Ministry of National Defense, National Fire Agency, Seoul National University Hospital, etc.
 - **(Medical supplies)** Medical supplies such as self-control hygiene kits and protective clothing* prepared
 - * 110 self-control hygiene kits, 1,000 N95 masks, 50 Level-D protective suits, 1,500 pairs of latex gloves, 2,000 masks for the public, 150 specimen collection kits, etc.

- ☐ **(Healthcare service)** Patients are closely monitored and managed on a continual basis.
 - * Monitoring of patients (body temperature, respiratory symptoms, etc.) is conducted twice a day.
 - * If symptoms aggravate, it is reported to the local government in charge and patients are immediately transferred to connected healthcare institutions based on physicians' opinions.

<Photos of Gyeongbuk-Daegu Living and Treatment Support Center 3>



① (Number of applications by region) 272 applications submitted

No.	Region	New applications (March 3)	Total applications (cumulative sum)	No.	Region	New applications (March 3)	Total applications (cumulative sum)
	Total	18	272				
1	Seoul	3	44	9	Gangwon	0	4
2	Busan	1	28	10	Chungbuk	0	8
3	Incheon	1	19	11	Chungnam	0	11
4	Daegu	1	13	12	Jeonbuk	0	8
5	Daejeon	0	6	13	Jeonnam	1	11
6	Gwangju	1	3	14	Gyeongbuk	2	14
7	Ulsan	2	9	15	Gyeongnam	2	26
8	Gyeonggi	4	64	16	Jeju	0	4

② Application status

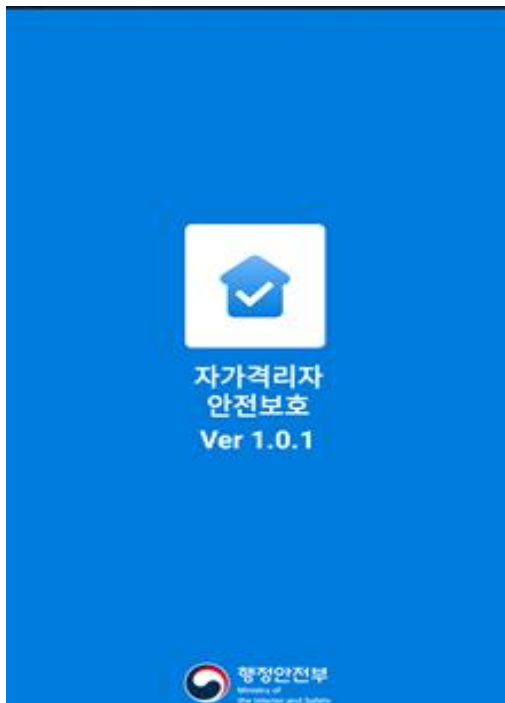
- (Cumulative sum) 272 institutions (27 upper-level general hospitals, 180 general hospitals, and 65 hospitals)
- (Newly added on March 1) 18 institutions (no upper-level general hospitals, 8 general hospitals, and 10 hospitals)
- (Number of applications by type) 182 for Type A and 90 for Type B

〈Current Status of COVID-19 Protection Hospitals〉

	Equipped with outpatient service exclusive for respiratory patients (basic condition)	Equipped with screening clinics capable of specimen collection	Providing separate inpatient service for respiratory patients
Total	272	192	103
Upper-level general hospitals	27	27	25
General hospitals	180	149	67
Hospitals	65	16	11

③ (Timeline) 244 operated as of March 4 with the rest to be put into operation as soon as they are ready

Operation start date	March 5	March 6	March 7 onwards
Number	17	4	7



<Opening page >

← 자가진단 하기

오늘 발생한 증상을 선택하세요.

열(37.5°C 이상) 또는 발열감

예
아니오

기침(Cough)

예
아니오

인후통(목아픔)(Sore Throat)

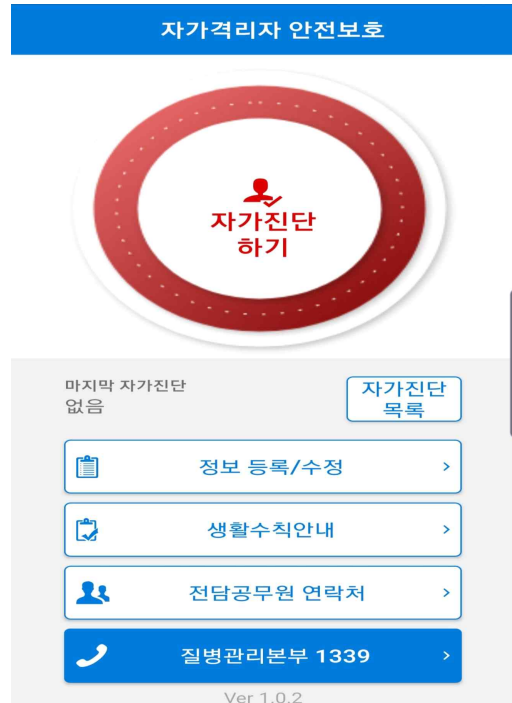
예
아니오

호흡곤란(숨가쁨)(Dyspnea)

예
아니오

마침

< Self-diagnosis page >



< Main page >

질병관리본부
KDCD

2020.3.2

자가격리대상자 생활수칙

✓ 감염 전파 방지를 위해 격리장소 외에 외출 금지

※ 자가격리대상자는 "감염관리법" 및 관련 법령에 따라 격리장소(집)에 머무르도록 권고되며, 격리장소(집)를 벗어날 경우 자가격리 해제 대상이 됩니다.

✓ 독립된 공간에서 혼자 생활하기

• 방문은 닫은 채 청문을 열어 자주 환기 시키기 • 식사는 혼자서 하기
• 가능한 혼자만 사용할 수 있는 화장실과 세면대가 있는 공간 사용하기
(공동으로 사용 시, 사용 후 반드시 소독제로 소독하기)

✓ 진료 등 외출이 불가피할 경우 반드시 관할 보건소(담당공무원)에 먼저 연락하기

✓ 가족 또는 동거인과 대화 등 접촉하지 않기

• 불가피할 경우, 얼굴을 맞대지 않고 마스크를 쓴 채 서로 2m 이상 거리 두기

✓ 개인물품(대안물 수건, 식기류, 휴대전화 등) 사용하기

• 의복 및 침구류 단독세탁 • 식기류 등 별도 분리하여 깨끗이 씻기 • 다른 사람 사용 금지

✓ 건강수칙 지키기

• 손씻기, 손소독 등 개인위생 철저히 준수 • 기침이 날 경우 반드시 마스크 착용
• 마스크가 없을 경우 옷소매로 입과 코를 가려 기침하기, 기침 후 손씻기/손소독하기

농동감시 기간 동안 관할 보건소(담당공무원)가 연락하여 증상 등을 확인할 예정입니다. 확진환자와 접촉 후 14일이 경과하는 날까지 자가 모니터링에 주시기를 바랍니다.

자가모니터링 방법

☑ 호흡기증상 등 감염 증상이 나타나지는지 스스로 건강상태 확인

☑ 매일 아침, 저녁으로 체온 측정하기 ☑ 보건소(담당공무원)에서 1일 1회 이상 연락 시, 감염 증상 알려주기

코로나바이러스감염증-19 주요 증상

☑ 발열(37.5°C 이상) ☑ 호흡기증상(기침, 인후통 등) ☑ 폐렴

< Self-Isolation guideline>