

Seoul

CCIDA16 |  SEOUL Organizational Systems Vaccination PLEASE CLICK THE BOX OF RIGHT TOP CORNER TO MAXIMIZE QUESTION WINDOW.

MEDIA PLAYER



**COVID-19
Comprehensive Report
-SEOUL-**

Countermeasures to Combat Infectious Diseases in Asia Project
16th Conference on Countermeasures to Combat Infectious Diseases in Asia

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-  ソウル 新型コロナウイルス感染症の総括報告
-  Seoul COVID-19 Comprehensive Report

Q.1

(Q) The slide shows GPS, CCTV, etc. are being used for contract tracing. How is the public health department getting and using that information?

(A)

1) When conducting epidemiological investigations, GPS is used when the confirmed person's trace is not accurate, the

Q.2

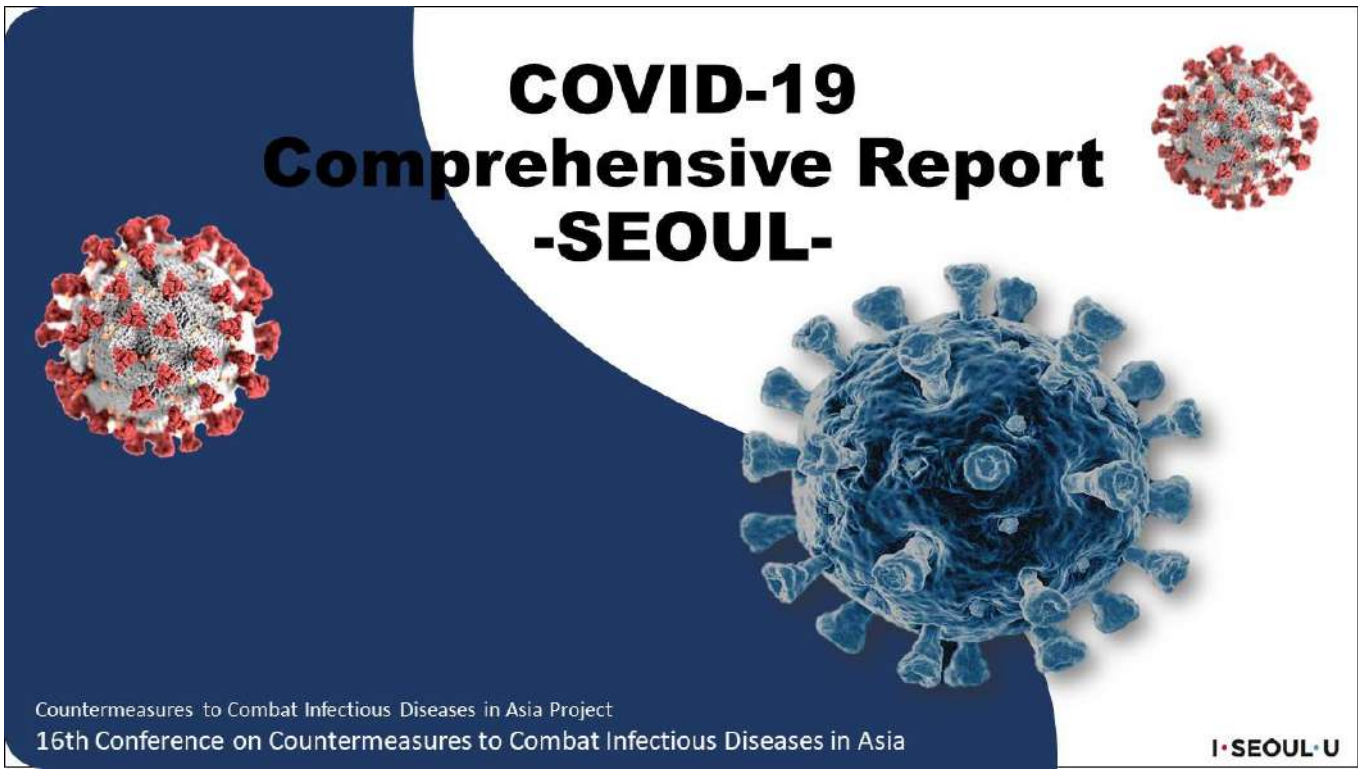
(Q) Please explain the difference between active monitoring and passive monitoring in further detail. Are we correct in assuming that active monitoring is the process in which the health center or quarantine station where a patient was confirmed to be positive makes a regular call to a person who had close contact with the patient to check on their health? And that passive monitoring is the process in which a

Q.3

(Q) The slide says you operate two types of home treatment: local government-led type and medical institution-led type. What are the different roles of local government and medical institutions for home treatment? How do they connect?

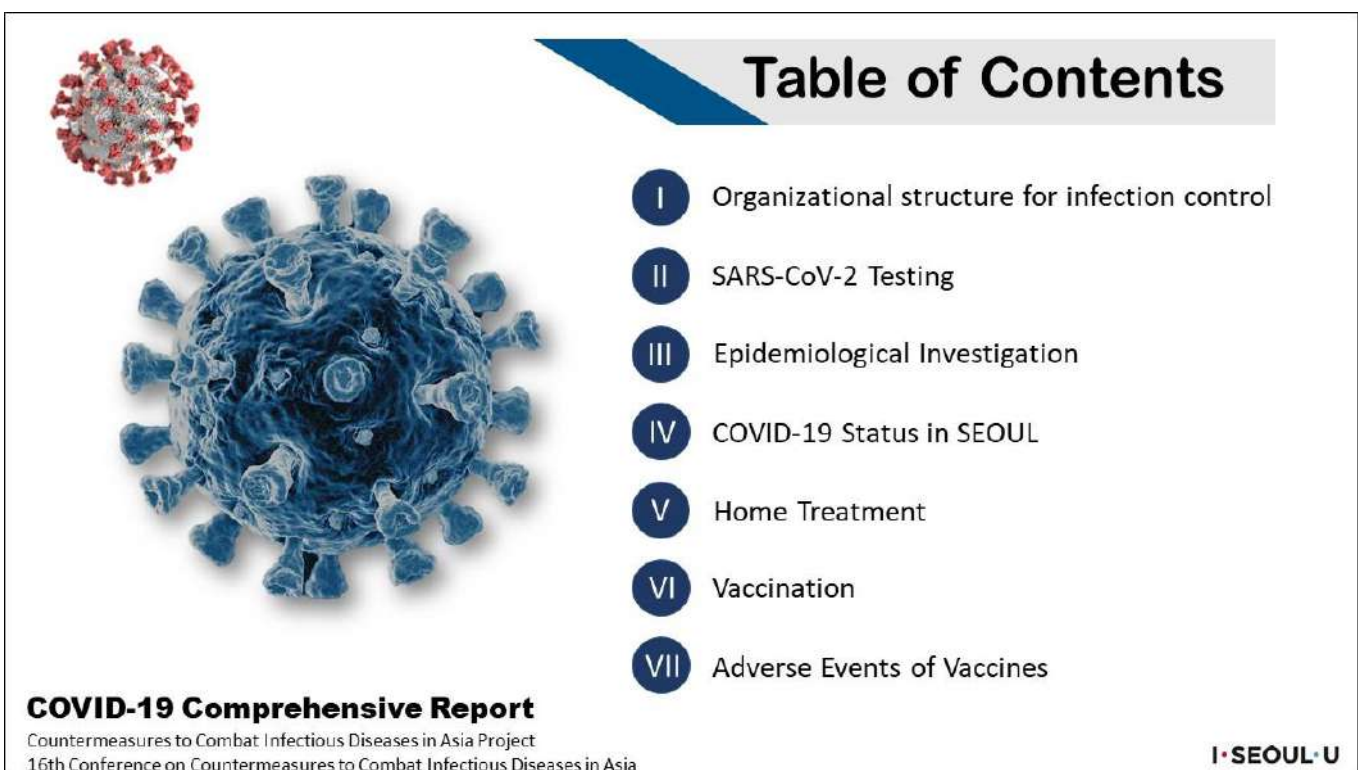
(A) Local -led type is a type of home treatment management when local residents are confirmed in each of the 25

“COVID-19 Comprehensive Report —SEOUL—”



Let me first express my deepest gratitude to Tokyo Metropolitan Government for inviting Seoul to participate in the 16th Conference on Countermeasures to Combat Infectious Diseases in Asia.

I am Seo Haesook, Head of the Infectious Diseases Research Center of Seoul. It is my great honor to present COVID-19 comprehensive report of Seoul today.



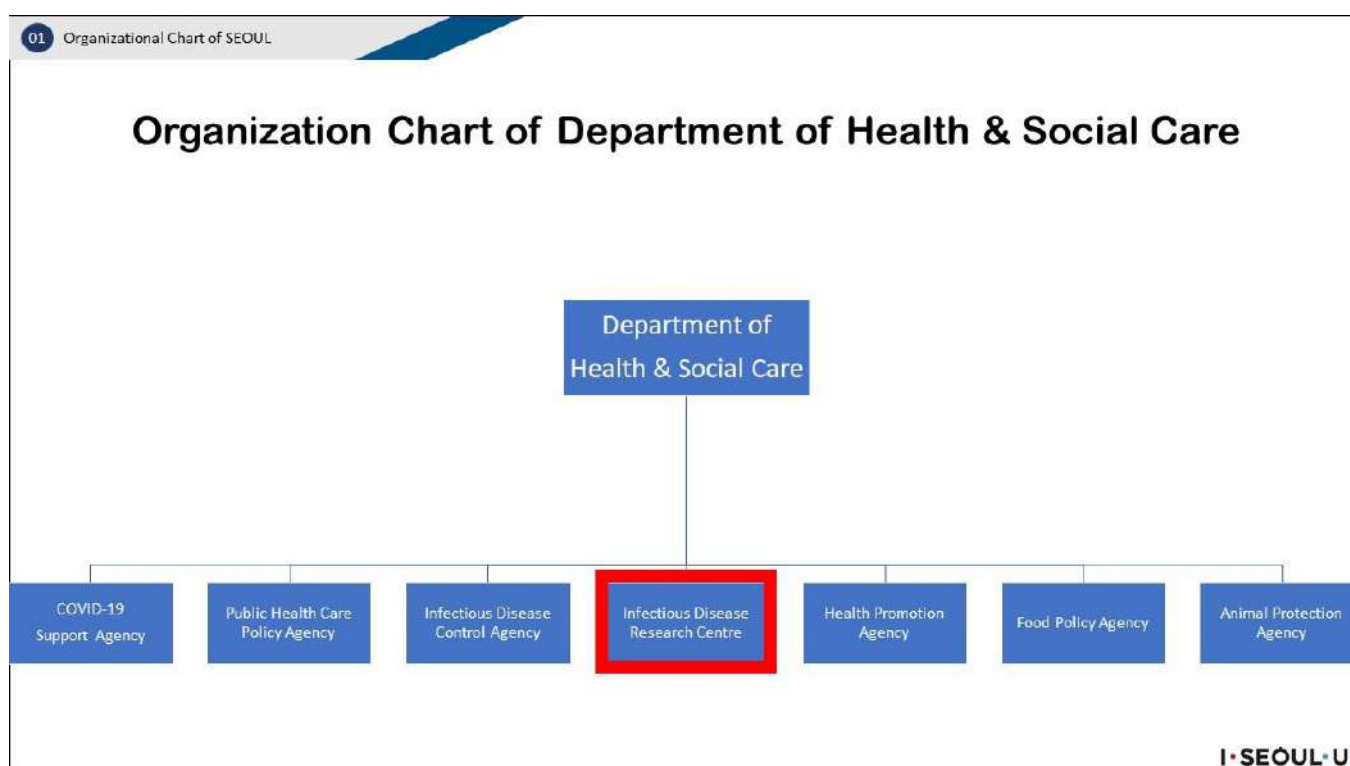
This presentation is structured as follows.



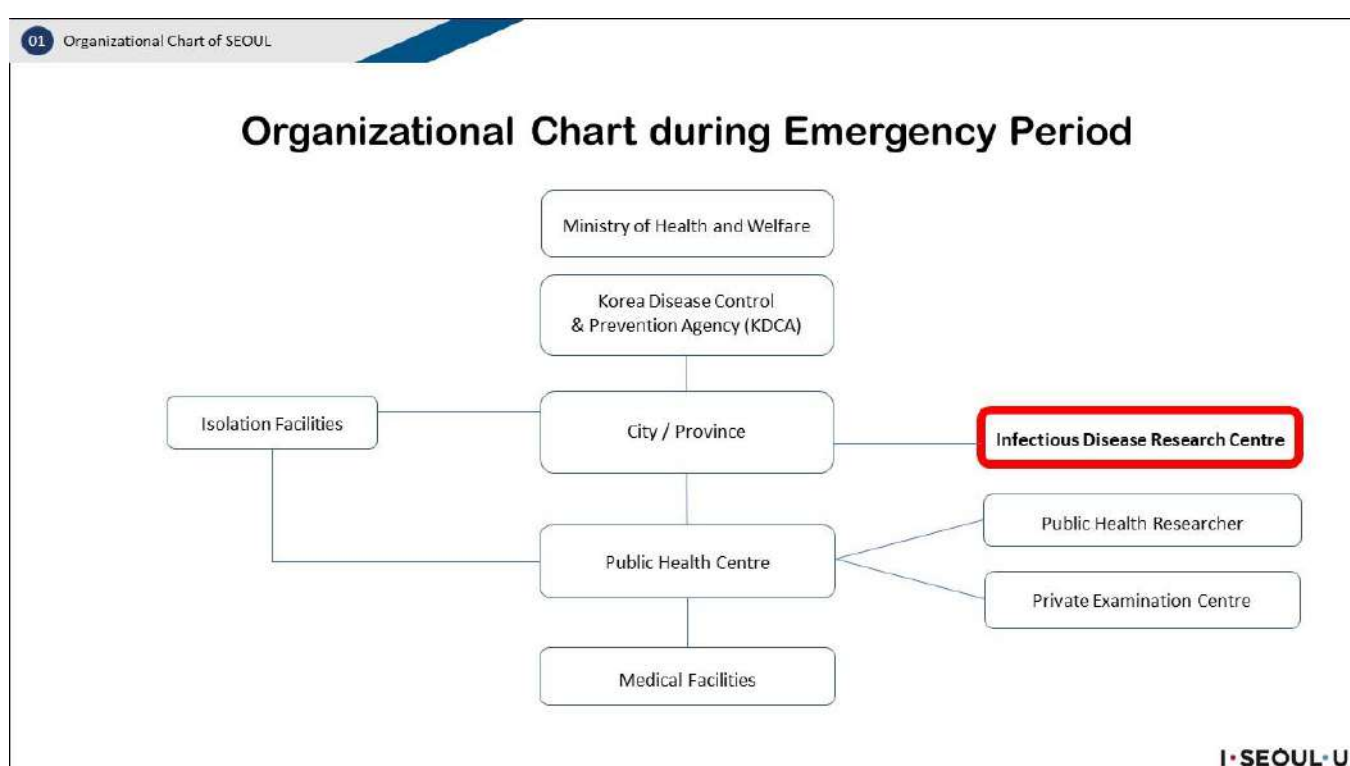
First of all, let me give you a brief overview of the organizational structure for infection control in Seoul.



This chart presents the organization of Seoul. Seoul City has two administration committees and one affairs committee. In State Administration Committee 1, there is Department of Health and Social Care, as you can see in this chart.



In the Department of Health and Social Care, there are seven different agencies including Infectious Disease Research Center.



This slide shows the organizational chart during the emergency period.

Overview of City SEOUL



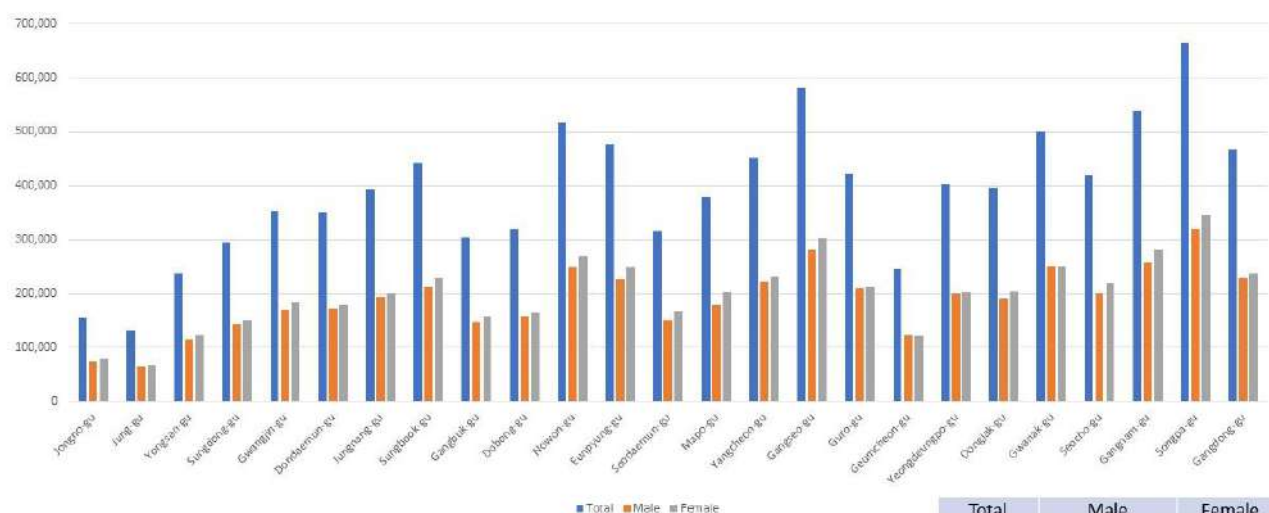
- Total Surface Area : 605.23km²
- Province : 25 Provinces
- Total Population : 9.8 million
- Total Population Density : 16,376/km²



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The total surface area of Seoul is more than 600 km², and around 10 million people live in the Seoul City. Seoul has 25 districts.

Population of 25 Provinces in Seoul



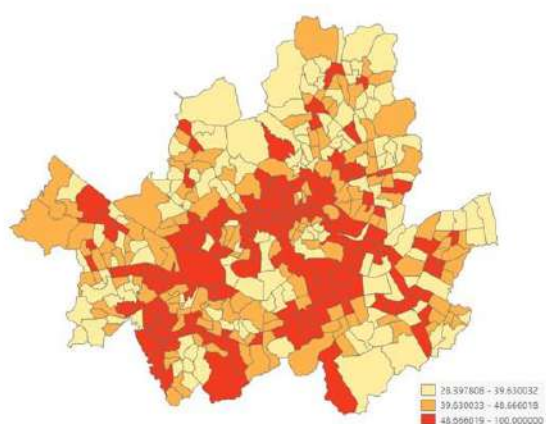
Total	Male	Female
9,765,869	4,739,972	5,025,897

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This graph shows the population distribution of 25 districts in Seoul. And Songpa district is the most populated among all districts.

Vulnerability Index of Provinces of Seoul

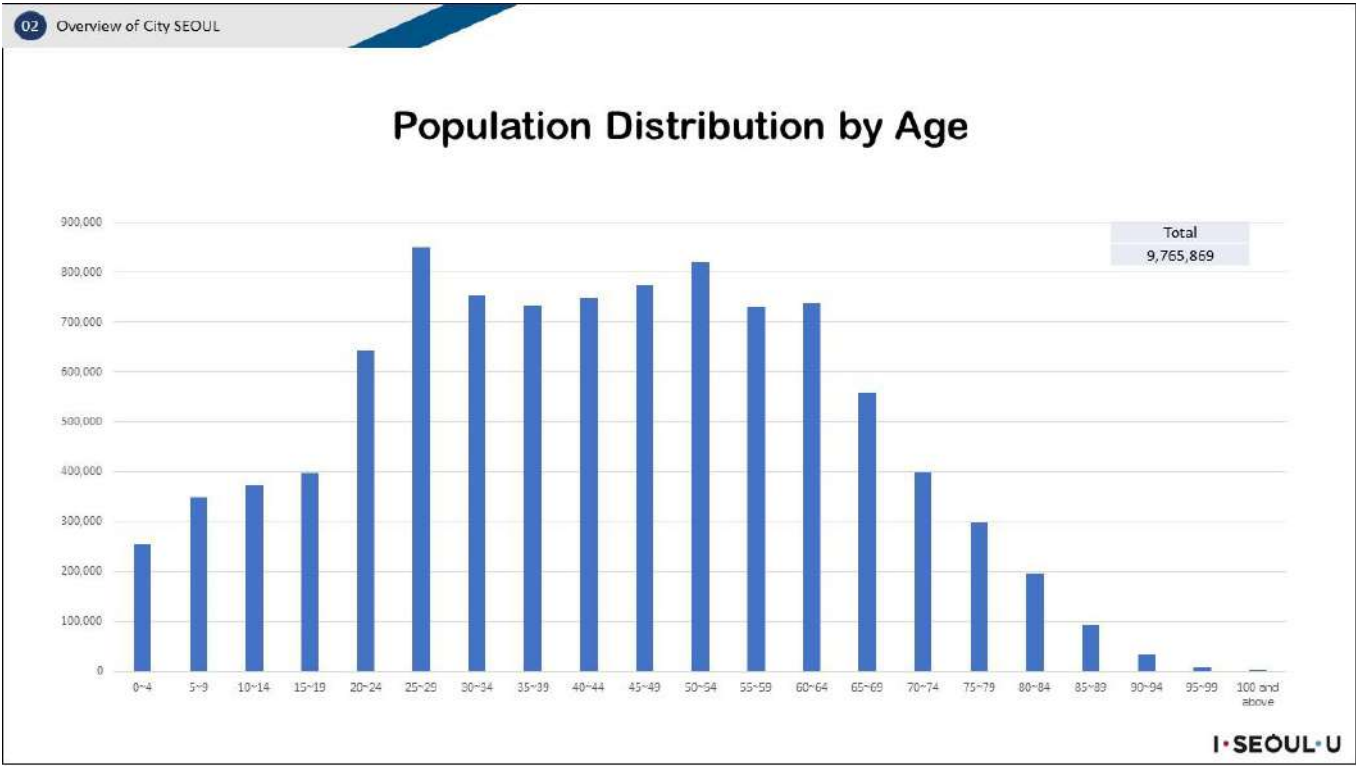
Spread Vulnerability



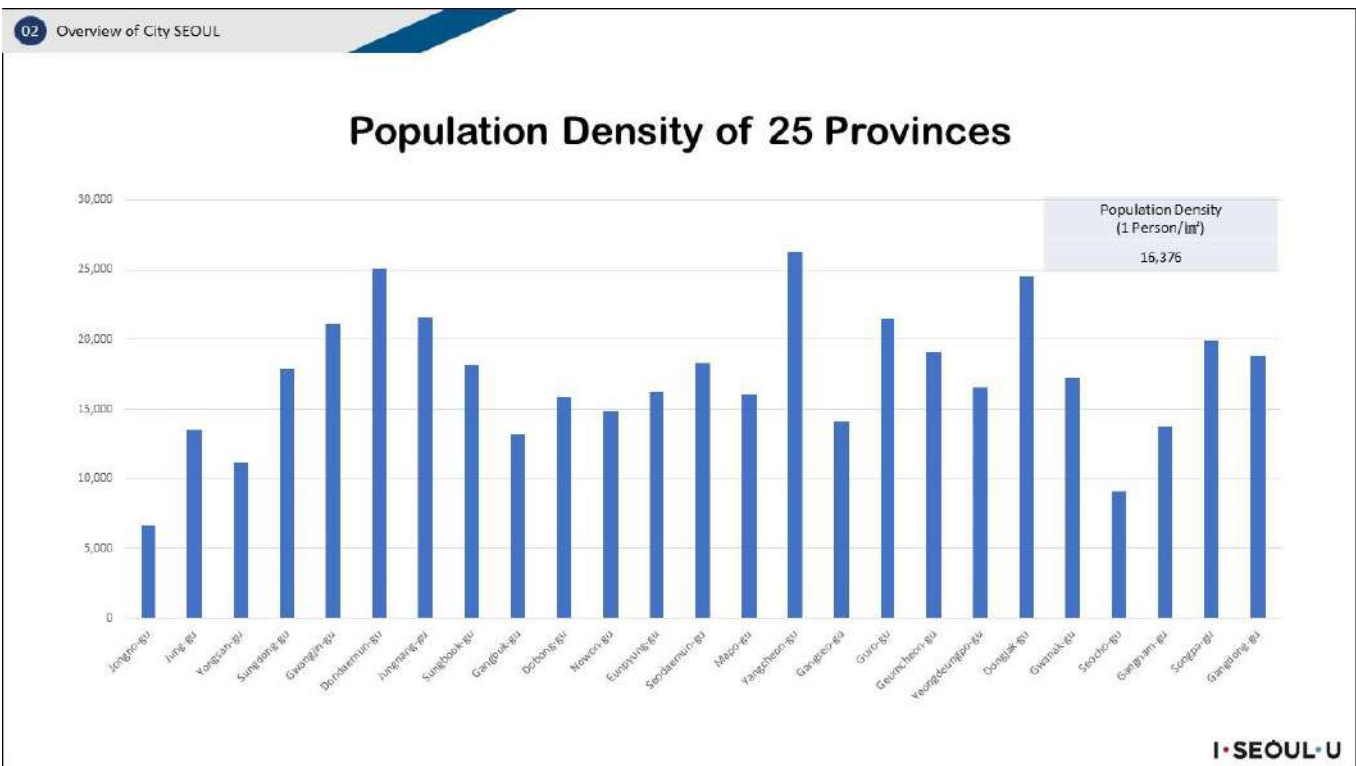
26,597,808 - 39,630,032
39,630,033 - 48,664,018
48,664,019 - 100,000,000

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The vulnerability index of Seoul is indicated this colored in this image.



When you look at the population distribution by age, the mid-20s age group is highest in Seoul.



The last graph of Section 1 indicates the population density and Yangcheon district has the highest population density in Seoul.






Next, we will focus on SARS-CoV-2 testing procedure in Korea.

Specimen Collection

1 Types of Specimen

Type	Container	Note
Upper respiratory tract (required)	Virus transport medium	Collected in the independent space
Lower respiratory tract (optional)	sterilized tube (50 ml)	- if available - Do NOT induce sputum

2 Specimen Packing

	Primary	Secondary	Tertiary
Containers			

Specimens are required to be collected from the upper respiratory tract. The collected samples are packaged in 3 steps as displayed, then transported.

Specimen Testing

1 Medical institutions : Able to independently test SARS-CoV-2

- Gene test
- Confirmatory testing
- Rapid screening
 - For asymptomatic patients visiting emergency room
- Rapid antigen detection test
 - For patients with respiratory symptoms

2 Public Health and Environment Research Institute

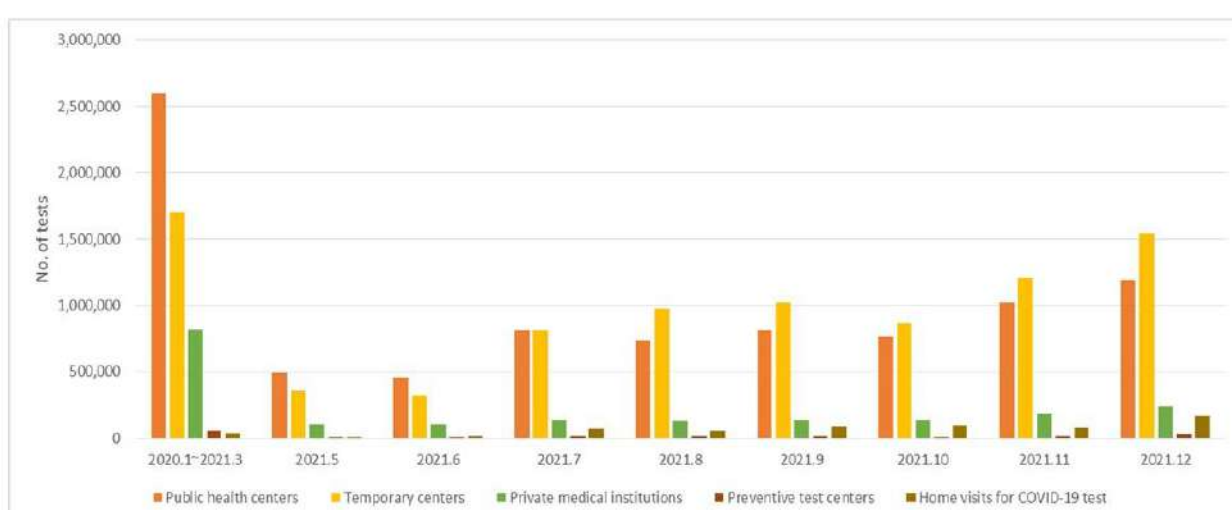
3 COVID-19 Regional Centre

4 Armed Forces Medical Research Institute

5 Home Test(Self-Collected Samples)

Specimen testing is performed at medical institutions, as mentioned on this slide, as well as at home.

COVID-19 Tests in Seoul



This graph shows the number of COVID-19 tests conducted in Seoul. The number of tests conducted by public health centers and temporary screening clinics is increasing during 2021.

Reporting Test Results

1 Medical institutions

- Confirmatory testing : report to COVID-19 Information Management System
- Rapid screening
 - (if positive) Report to COVID-19 Information Management System
 - (if positive) Additional confirmatory testing
- Rapid antigen detection test :
 - (if positive) Calling for reporting
 - (if positive) Report to COVID-19 Information Management System

2 Public Health and Environment Research Institute

- into COVID-19 Information Management System

3 COVID-19 Regional Centre

- (if positive) Report to KCDC within the same day

COVID-19 test results are reported to the COVID-19 Information Management System.
The test results must be reported on the same day.

III Epidemiological Investigation

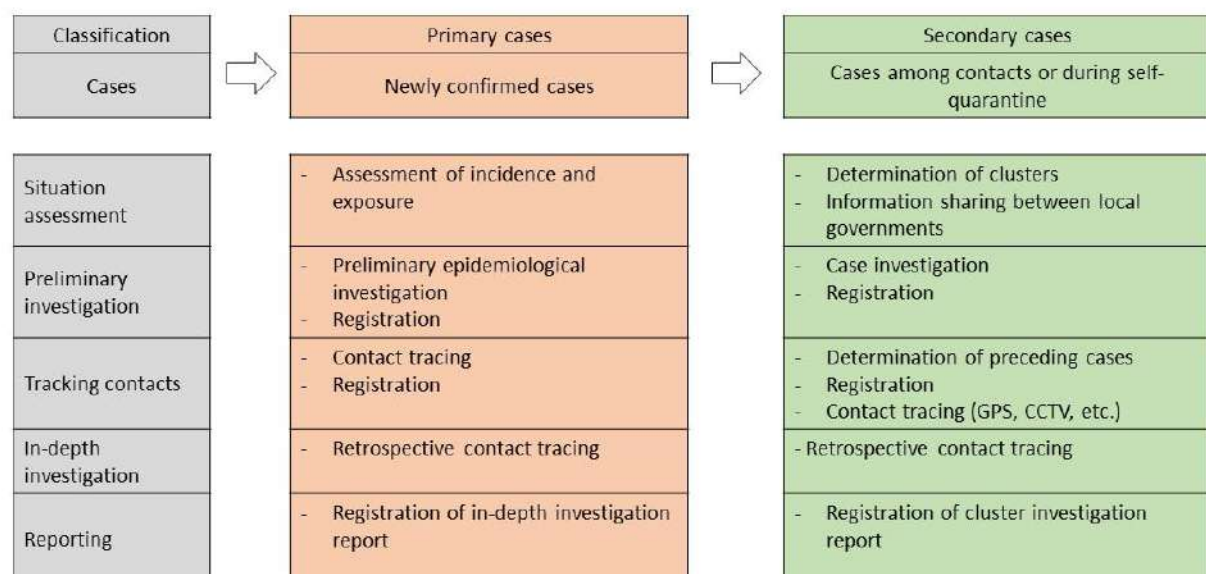


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Next, we will consider epidemiological investigation in Section 3.

Procedures for COVID-19 Patients



When a COVID-19 patient is confirmed positive, the following investigations are conducted immediately.

02 Tracing

Contact Tracing

- 1 **Contact Tracing**
 - By public health centre or quarantine stations that first detect confirmed cases
- 2 **Making a list/ Registration and Notification of Self-isolation**
 - Within 24 hours after confirmed cases are detected
 - Identification of contacts
 - Implementation of self-isolation
- 3 **Control of Contacts : Self-isolation or Active Monitoring**
- 4 **Control of Fully Vaccinated Contacts**
 - Passive monitoring of qualified vaccinated contacts with a negative PCR result for SARS-CoV-2

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Contact tracing is key to slowing the spread of COVID-19. When a primary case occurs, the contact tracing is conducted within 24 hours, along with the implementation of self-isolation.

02 Tracing

General Tracing

- 1 **KI-Pass**
 - KCDC QR code issuance connected to COVID-19 vaccine certificate
- 2 **Registration Call for Customers**

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Contact tracing in Korea is done by KI-Pass, which contains QR code. When people visit most facilities, such as restaurants and marts, KI-Pass is required to be shown.

03 Group Facilities / Medical Institutions

Group Facilities / Medical Institutions

	Family/Friends	Multiplex facilities	Medical institutions /nursing facilities
Cluster	Family/Friends	Multiplex facilities	Medical institutions /nursing facilities
Cases	Family/friends party	Schools, workplaces, churches, department stores, etc.	General hospitals, care hospitals, etc.
Epidemiological investigation	<ul style="list-style-type: none"> - Situation assessment - Details/status by area, facility - Facility/testing status - Facility risk 	<ul style="list-style-type: none"> - Situation assessment - Details/status by area, facility - Facility/testing status - Facility risk 	<ul style="list-style-type: none"> - Situation assessment - Details/status by area, facility - Facility/testing status - Facility risk
Actions	<ul style="list-style-type: none"> - Planning for the exposed * self-isolation 	<ul style="list-style-type: none"> - Planning for the exposed * self-isolation * decision of monitoring type * partial or full closure 	<ul style="list-style-type: none"> - Planning for the exposed * hospital isolation / facility isolation * complete test / preventive test * partial or full closure
Reporting	<ul style="list-style-type: none"> - Registration of cluster investigation report 	<ul style="list-style-type: none"> - Registration of cluster investigation report 	<ul style="list-style-type: none"> - Registration of cluster investigation report

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Classification of COVID-19 clusters is divided into three groups. Tests on the clusters with situation assessment and risk assessment are conducted. Self-isolation must be implemented, while the facility closes partially or fully, according to the situation.

04 Self-isolation

Operation of Self-isolation

- 1 **Procedure**
 - Issue of isolation note
 - Health education
 - Supply of a kit for self-isolation
- 2 **Self-isolation Period**
 - 10 days from the last day of contact or the first day of entry from abroad
- 3 **Methods**
 - alone in the independent space (except the disabled, infants, etc.)
- 4 **Release from Self-isolation**
 - After 10 days from the last day of contact or the first day of entry from abroad (only if there are no symptoms)
 - Negative PCR result for SARS-CoV-2 just before release

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The 10-day self-isolation requirement is counted from the last day of contact or the first day after entering Korea. Survival kits are supplied to self-isolating people and negative PCR result must be confirmed before their release.

05 Data Management

Epidemiological Investigation Data Management

	Basic investigation report	In-depth investigation report	Cluster investigation report
Data input	Public health centers	Public health centers / Cities and provinces	Public health centers / Cities and provinces
Registration			
Management	-	Cities and provinces	Cities and provinces / COVID-19 regional centers
Evaluation/Feedback/Support	-	COVID-19 regional centers / KCDC	COVID-19 regional centers / KCDC

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Epidemiological investigation data is input by public health centers, and managed and evaluated by COVID-19 regional centers.

IV COVID-19 Status in Seoul

01

Confirmed Cases

02

Deaths

03

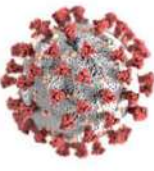
Testing

04

Infection Routes

05

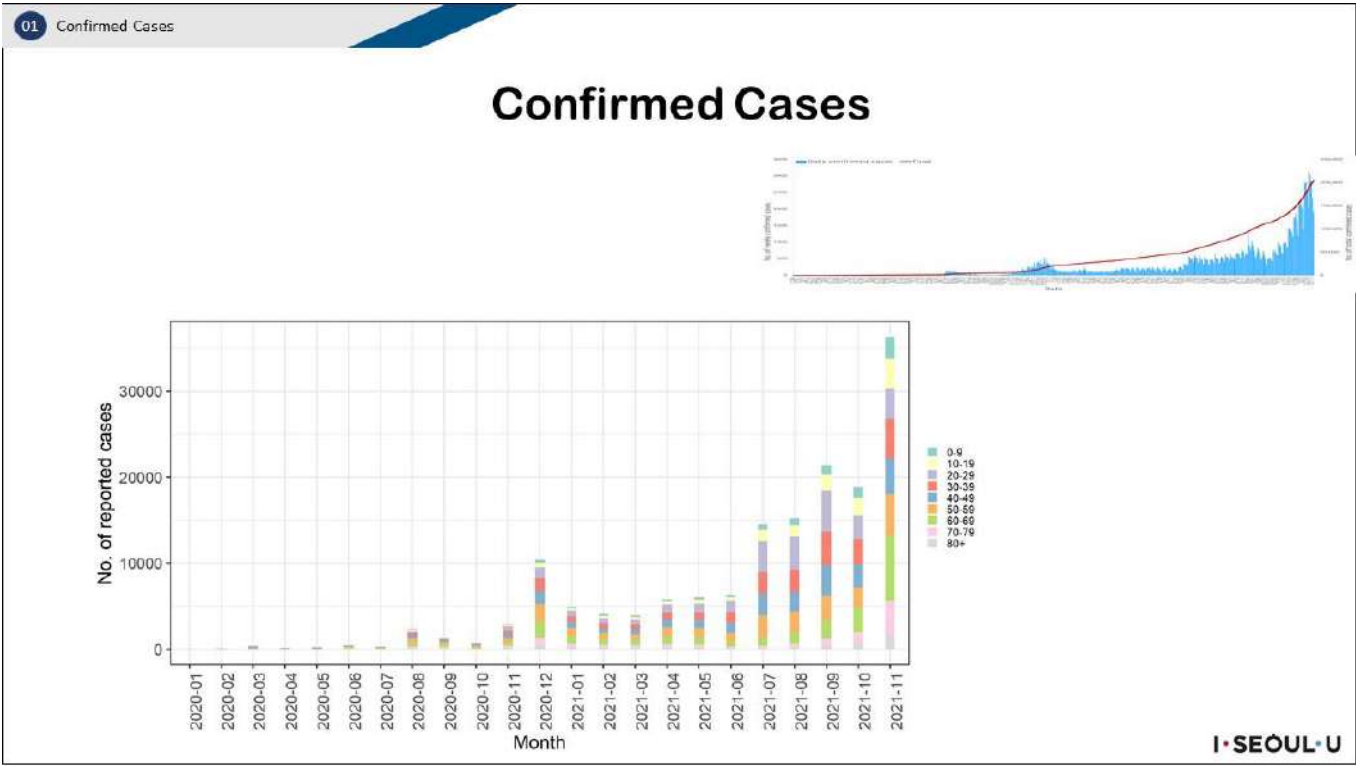
Imported Cases



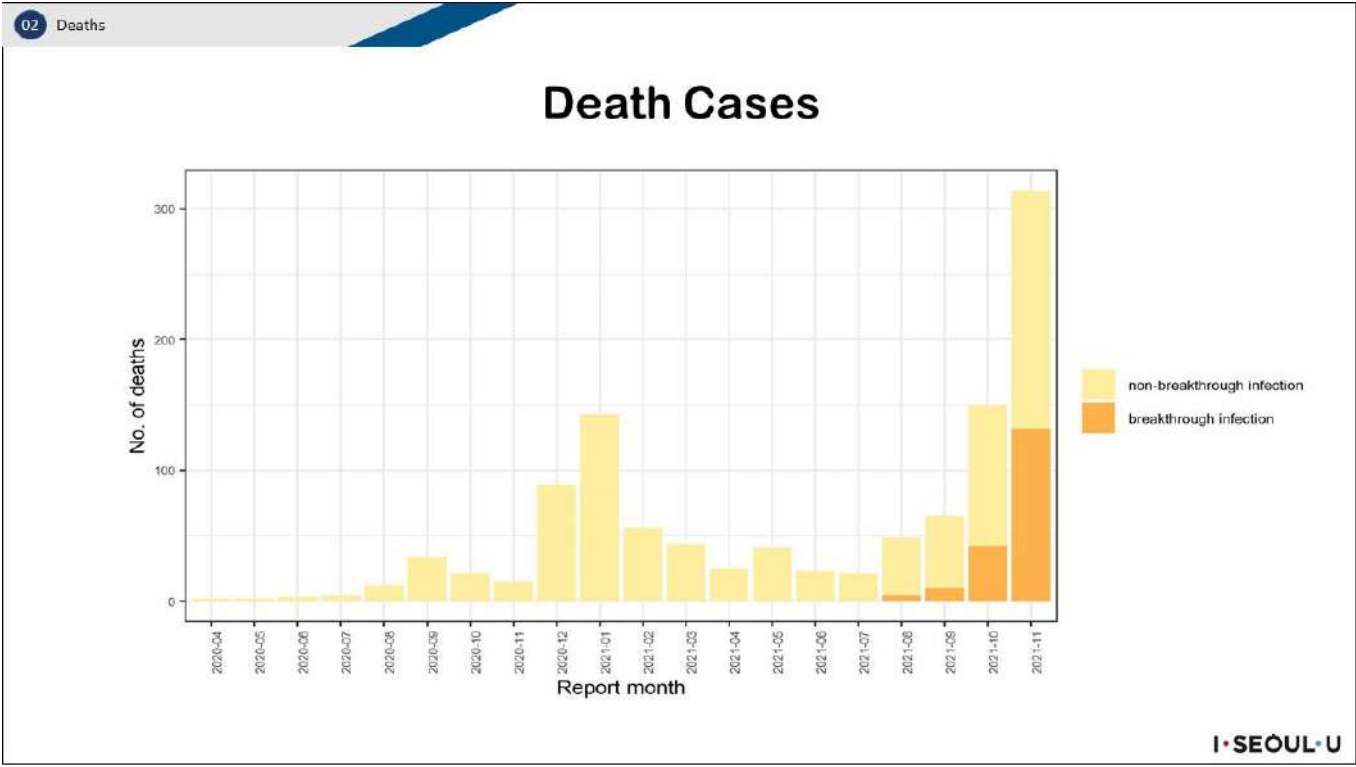
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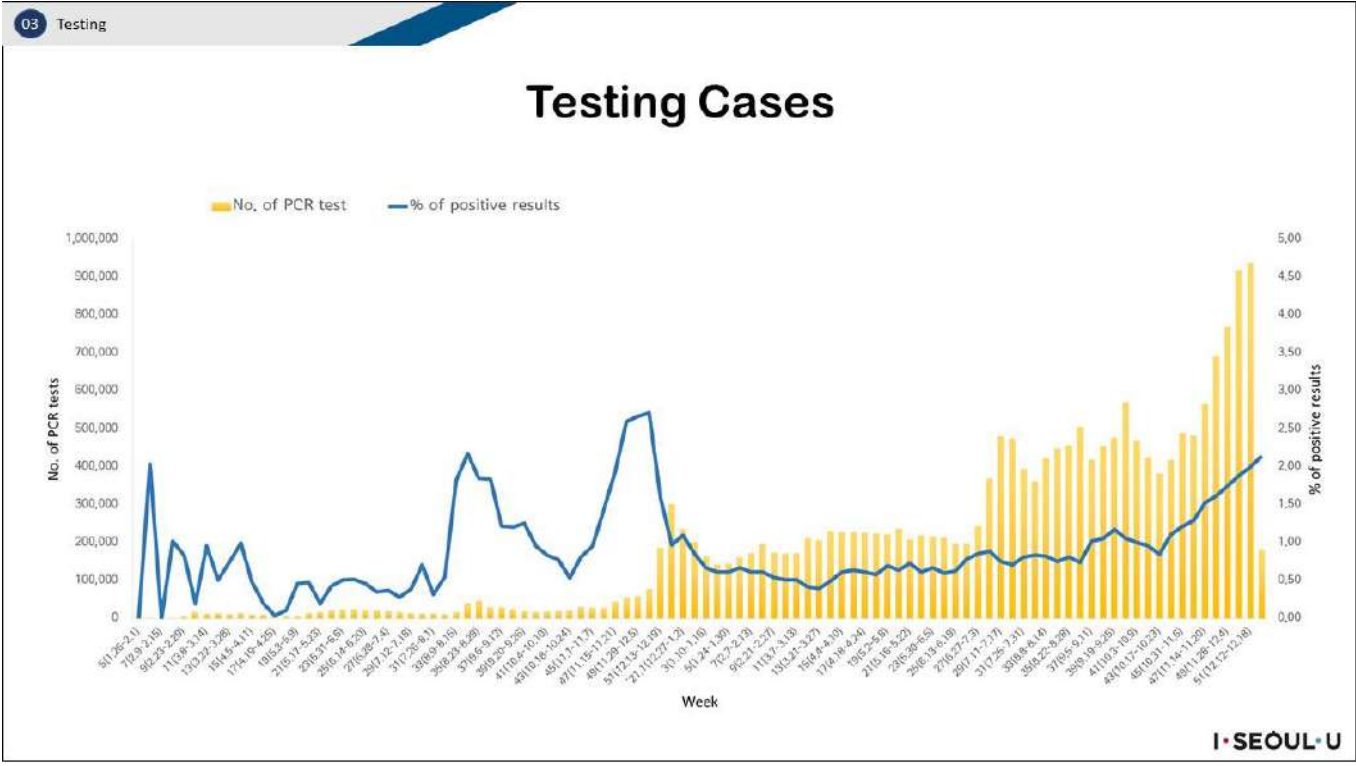
In the next section, the current situation of COVID-19 outbreak in Seoul will be presented.



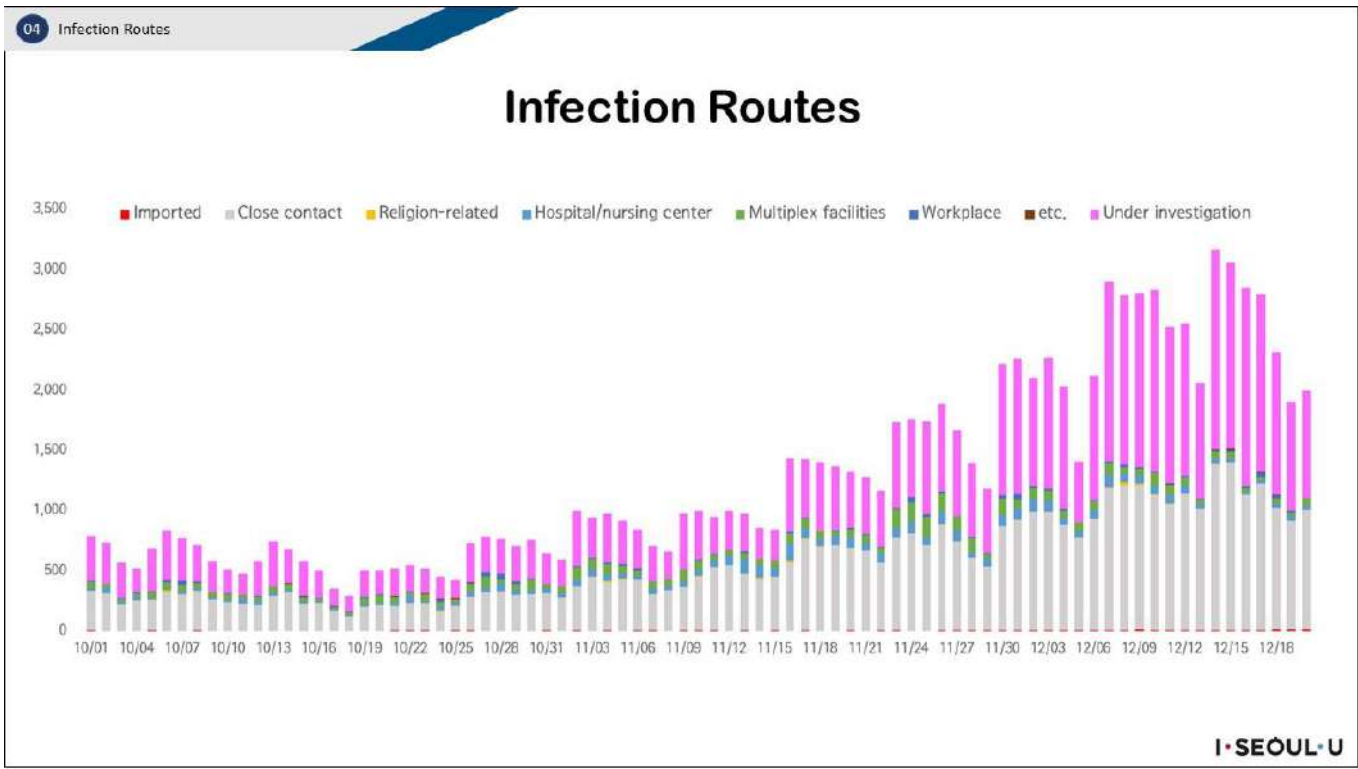
The graph shows the number of confirmed patients per month by age group, from January 2020 to November 2021.



In the death case chart, the number of breakthrough infections is increased significantly.

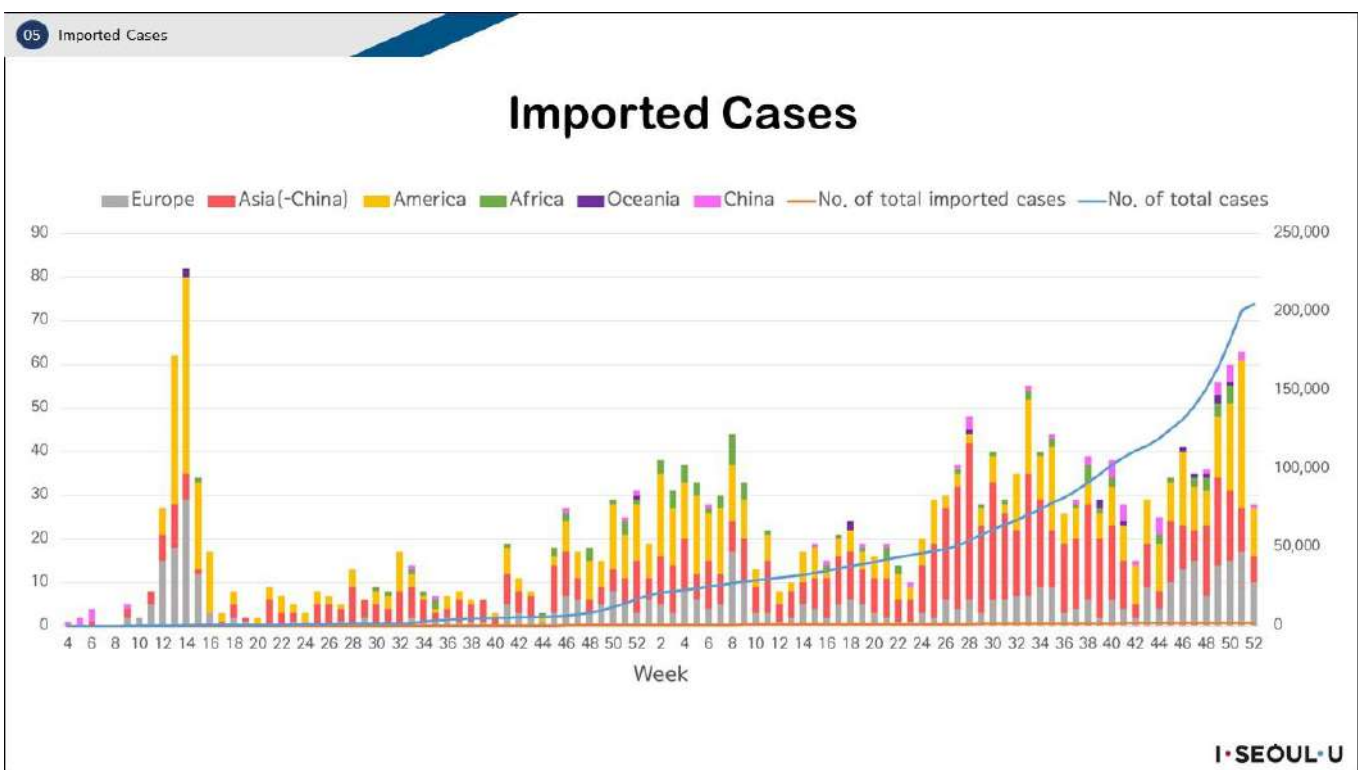


The number of PCR tests has been increasing since July along with positive test results.

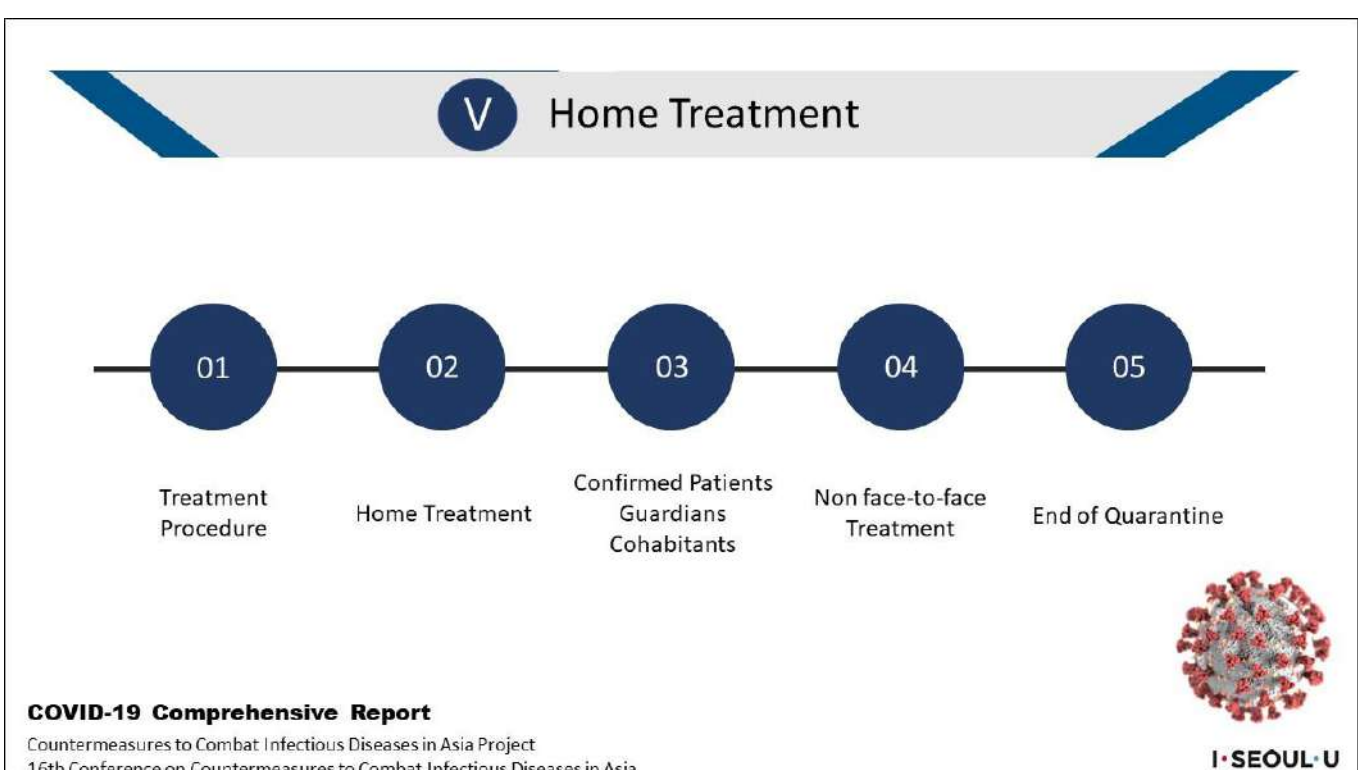


Close contacts is the highest in the infection routes.

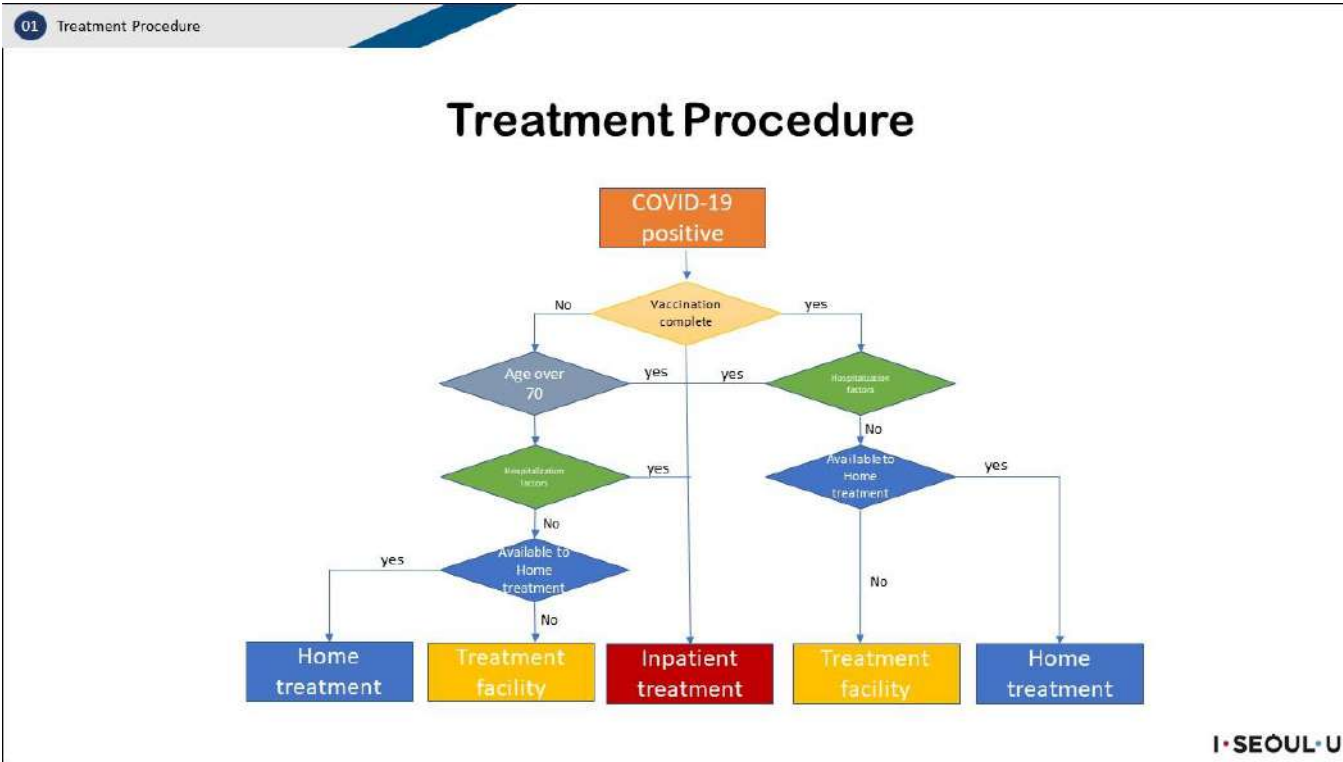
As the number of confirmed cases rises significantly, the number of cases under investigation also increases.



Most of the imported cases are from Asian countries and America.



Next, I would like to present about home treatment in the following order.



Treatment procedure is decided by the following order depending on completion of vaccination.

02 Home Treatment

Home Treatment

1 Background and purpose of Home Treatment

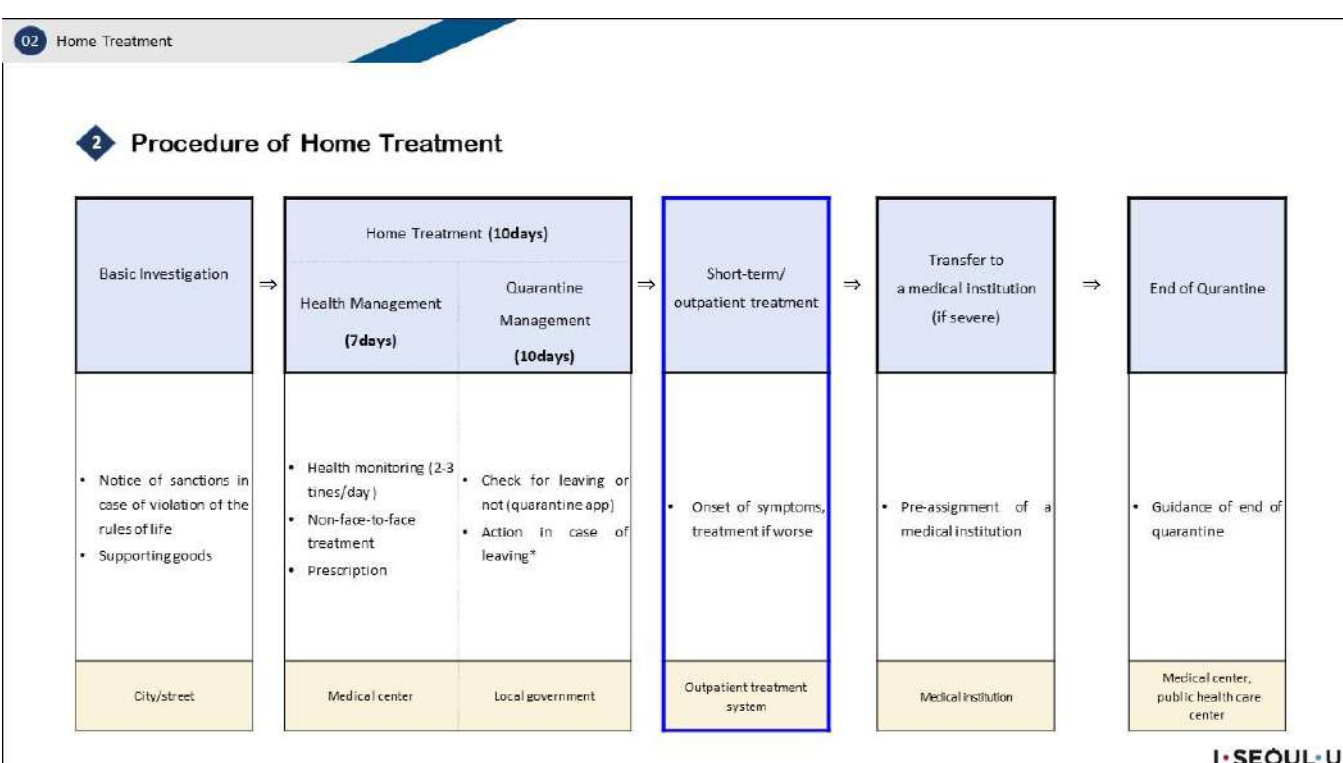
- The need to apply home treatment to patients with low clinical risk, need to live with a guardian, and emotional difficulties due to hospitalization and facility isolation treatment is constantly being raised.
- Therefore, we want to support patients with clinically good progress so that they can end the quarantine period for COVID-19 while maintaining emotional and psychological stability in a familiar environment.

2 Procedure of Home Treatment

- Home treatment (10 days): 7 days (health management + quarantine)* + 3 days (quarantine management)
 - ⇒ Health management is carried out only for the first 7 days
- However, the quarantine period can be extended at the decision of the medical staff

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We suggest patients with low clinical risk stay with guardians at home instead of hospitalization to maintain emotional and psychological health during the treatment.



The patient is treated at home for total of 10 days.

Home Treatment

3 Types of Health care and Home Treatment

Division		Local government -led type	Medical institution-led type
composition		<ul style="list-style-type: none"> local government health monitoring Team (employment of nurses) (open 24 hours) Private physicians at local cooperative medical institutions* ('Home Treatment Partners') 	<ul style="list-style-type: none"> Designated and operated a medical institution that can respond 24 hours a day as a 'home care management medical institution'
Healthcare	monitoring	Local government	Home treatment management medical institution
	treatment	home treatment cooperation doctor	

There are two types of home treatment, which are local government-led and medical institution-led.

Confirmed Patients, Guardians, Cohabitants

1 Confirmed Patients

- All confirmed cases are based on home treatment
- The following people are requested to allocate hospital beds (including covid19 treatment centres)
 - Persons with hospitalization factors (including those living with them)
 - Those in a residential environment vulnerable to infection (gosiwon, share house, homeless, etc.)
 - Children, disabled, over 70 years old, etc. who need care but cannot be quarantined together with a guardian
 - In addition, those who are recognized by the head of local government to be exceptionally difficult to receive treatment at home.

2 Guardians and Cohabitants that can be quarantined

- Guardians
 - There are no hospitalization factors
 - Possible to check and deliver the health status of the subject for home treatment
- Cohabitants
 - There are no hospitalization factors
 - Able to be quarantined jointly, subject to compliance with quarantine guidelines at home

As home treatment is performed at home, the following conditions must be met for the treatment by the guardians or cohabitants of the patient.

Non face-to-face Treatment

1 Registration and interview of subjects

- Immediately after receiving notification of the decision to treat at home, medical staff conducts a health questionnaire → Intensive monitoring or all medical institutions for high-risk groups

2 Health monitoring

- Monitor the patient's abnormal symptoms for 24 hours, and enter the results into the 'treatment support system' twice a day
- Intensive management group, such as those over 60, those with underlying diseases, and those in their 50s who are not vaccinated, are administered 3 times a day

3 Non face-to-face consultations and prescriptions

- Conducted by a home treatment partner doctor or a doctor at home treatment management medical institution using wired / wireless telephones and video communication

Home treatment is conducted by non-face-to-face consultation system.

Medical personnel monitors the patient's symptoms for 24 hours, and input the data into the system twice a day.

The emergency transportation can be managed if necessary after consultation.