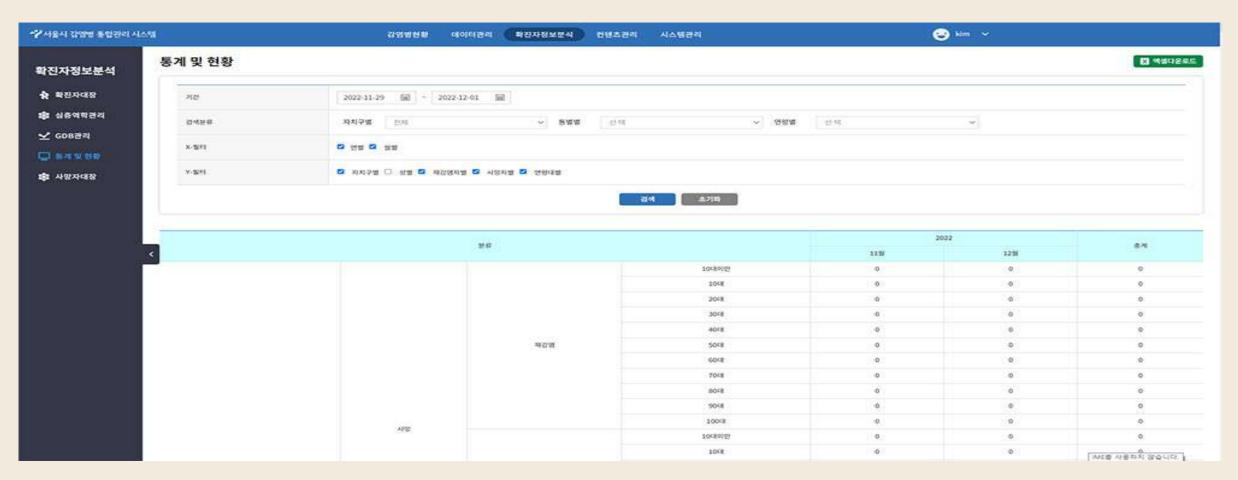


□ System Main Page (Detail)

[Statistical analysis] Data by 25 district, gender, and age can be provided when checking the number of confirmed patients, deaths, and re-infection within a specified period.







03



COVID-19 Response in Seoul

- Epidemiological investigation response system
- Home treatment



Organization chart of Epidemiological Investigation Response System

중앙 **National Level** 질병관리청 **Korea Disease Control** and Prevention Agency(KDCA) · Regional Center for Disease Control and Prevention 민간 Private Sector · Temporary EIOs: Advisory Groups: - Civilian FIOs - University and - City operated colleges - Research institutes hospitals

- Research institutes

hospitals





EIOs from 25 district around Seoul





COVID-19 Timeline and Response Strategy in Seoul

Jan. 2020 서우시 크리 Ho

서울시 코로나19 확진자 발생 First confirmed case in Seoul

2020

지역사회 전파(콜센터, 교회 등) Community-wide spread(call center, church, etc.)

Jun. 2021

델타 변이바이러스 우세 Delta variant identified as dominant strain

2021.11

가락시장 대응 Garak Market Response

Jan. 2022

오미크론 변이바이러스 우세 Omicron variant identified as dominant strain

2022

감염취약시설(요양병원, 시설) 대응 High-risk facility-centered Response(nursing homes and hospitals, etc.)

2020 2021 2022

Jan. 2020

"3T" Disease Prevention Strategy of Testing:

- Preemptive Testing
- Prompt Tracing
- Proper Treatment

Jul. 2020

서울시 감염병관리과 및 역학조사실 출범

Infectious Disease Control Division & Epidemiological Investigation Team established at Seoul Metropolitan Gov't

2021

지역사회 확산 대응 전략

Large-scale Infections Response
Strategy
감염경로 불명 사례조사
(investigation of unknown infection cases)
브리프캠, 히트맵 작성
(utilization of BriefCam, heat map, etc.)

2022

고위험 중심 대응 체계 전환

Infections Response Strategy Focused on High-risk groups 시설방역관리자 매뉴얼 (facility management manual) 자기기입식 역학조사 (self-reported survey & monitor)





Transition of Epidemiological Investigation Method

Prior Movement Tracking & Location Logs Method

- Community Health Center personnel
- Personal interviews via telephone
- Data collection:
- Baseline and in-depth interviews conducted **twice**
- Close contacts, quarantine/isolation
- * Contacts identified via: Patient interview, surveillance camera footage, electronic transaction data(QR codes, etc.)



Self-reported Survey Method

- Confirmed patients
- Self-reported survey via mobile device
- Data collection:
- -Baseline and in-depth interviews conducted **once**
- Cohabitants, viral tests for cohabitants
- * Contacts not isolated; based on self-provided information





Self-reported Survey Method (1)





QR코드

(URL)

Pietpe://condst/Procketa.go.sar/phc/11/100048

선택진료소 방문 전! CR코드를 통해
전자은건료를 작성해 구세요.
(입역 유 24시간 아네 방문 / 신분용 지점)





전자문진표 작성 Complete online medical Q's

코로나 검사 COVID-19 PCR Test

- Visit screening facilities
 Public health centers
- Hospitals and clinics

- Connect via QR code
- Before visit or on-site



Notification of COVID-19(+)

- Notify confirmed patients
- Send survey URL via mobile phone



자기기입식 조사서 작성 Complete self-reported survey



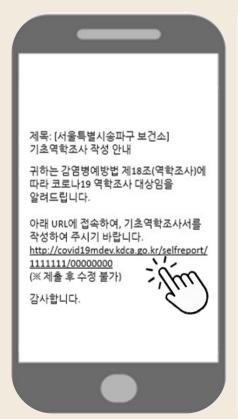


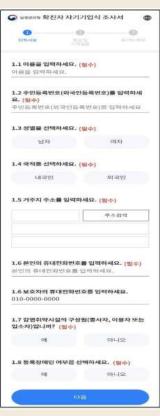
Self-reported Survey Method (2)

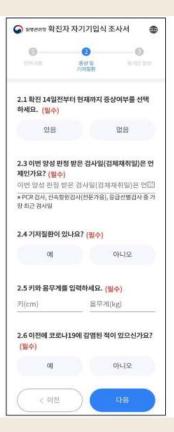
Self-reported survey data

Baseline characteristics (name, resident registration number, gender, address, etc.)

✓ COVID-19 symptoms, underlying medical conditions, cohabitants, vaccination date, etc.







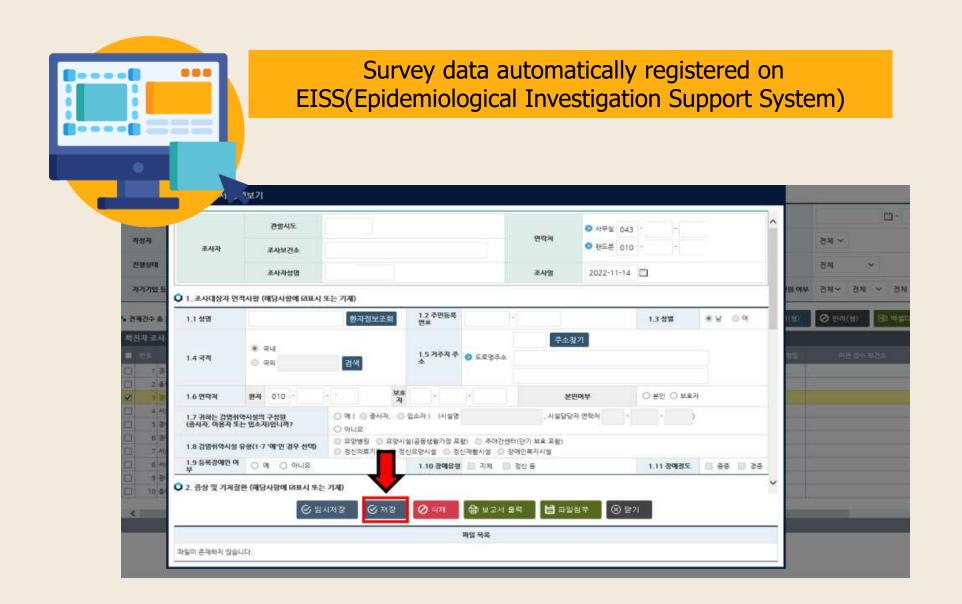








Self-reported Survey Method (3)





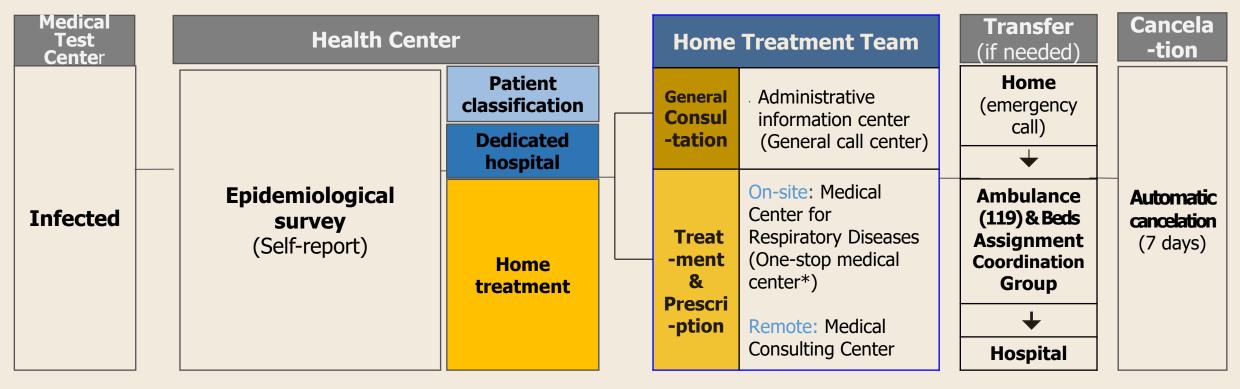


Maintaining a Rapid and Appropriate Treatment System in Response to COVID-19 (Home Treatment)



- Propagation of home treatment in districts and cities
- Rapid response to emergency situations 24 hours a day through establishing an emergency response system

[Home treatment of patients in Seoul]





Maintaining a Rapid and Appropriate Treatment System in Response to COVID-19 (Home Treatment)



Major achievements

Home treatment status: 4,989,257 people (as of Dec. 2022)

 Medical infrastructure for on-site treatment:- Increase in the number of one-stop medical centers: 2,179 centers (Dec. 13, 2022)

 Continuous operation of medical consulting centers for home treatment in Seoul (2 centers, Dec. 26, 2022)

24/7 medical consultations, medication prescription, help in emergency situations and hospitalization if needed

- Operation of administrative information center / general call center for home treatment patients
- Health monitoring for those aged 60 years and older who live alone (operation of a district-specific monitoring team for the elderly residents living alone)
- Emergent home treatment patient transfer to reduce transfer time with simplified procedure of patient transfer



One-stop medical center



Family Safe Homes in Seoul



Initiative background

- Prevention of COVID-19 infection among family members through the operation of an accommodation where family members other than the guardians of COVID-19 patients can temporarily live separately
- Family safe homes is the first case of fee free accommodation provided for family members of home treatment patients in order to reduce anxiety over possibility of infection and help families to live safely.

Propagation outline

Period: Jan. 10 – May 23, 2022

Target: vaccinated family members other than the guardians who want to

live separately (only those who are older than 19)

Period of stay: Up to 7 days (isolation period for home treatment patients)

Fee: free of charge

Place of stay: 2 hotels, 143 rooms (managed by Yanolja)

Booking method: Access the Seoul Metropolitan Government Reservation

System and receive approval after the screening process

https://yeyak.seoul.go.kr/web/main.do



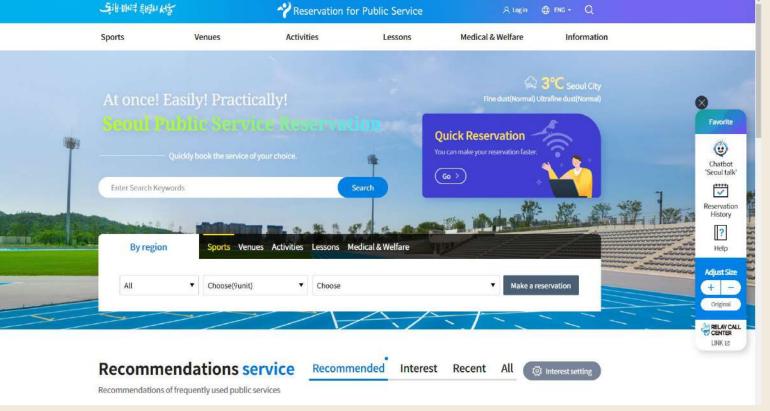


Operation of safe accommodations for close-contact families (Family Safe Homes) in Seoul



Usage: A total of 1,523 users (947 in Gangbuk-gu district, 576 in Gangnam-gu district)

In accordance with the gradual reduction of home treatment, such as the downgrading of the COVID-19 infectious disease rating (Grade $1 \rightarrow$ Grade 2), early termination on May 23



Family Safe Homes Reservation System



Propulsion progress

Initial stage: Voluntary participation of medical institutions, assignment and management of hospital beds in private and public hospitals increase in number of hospital beds

 Escalation stage: Executive order to secure the number of hospital beds designated for infected patients









Propulsion progress

<Increase in hospital bed capacity>

Bed capacity number for COVID-19 patients as of the end of December, 2022

Category	Biggest increase in capacity (Mar. 25, 2022)	After reduction (May 30, 2022)	New increase in capacity (Jul. 26, 2022)	After reduction (Oct. 7, 2022)	7th wave	Current hospital beds amount (Dec. 5, 2022)
Total	6,169	590	1,001	800	87	887
Severe symptoms	705	127	264	264	△2	214
Moderate symptoms	669	195	469	469	104	420
Critical symptoms	4,795	268	268	268	△15	253

^{*} general isolation hospital beds in 42 facilities, 737 beds

Increase in special hospital beds (Dec. 5, 2022)

		esignated hospita	ls	Hospital beds in general hospitals			
Total	Pregnant women	Children	Special patients	Pregnant women	Children	Special patients	
202	48	74	41	3	11	15	





□ Propulsion progress

<Managing beds allocation>

- Beds allocation:
 - **severe cases** → designated hospital for infectious diseases
 - mild cases → general medical facility, separated bed from other patients
- **Efficiency improvement**: efficiency improvement by inducing transfer and discharge of long-term patients taken to a designated hospital bed



☐ Major achievements

- **Establishing of a treatment system:** focused on severe symptoms patients and special patients, support for general isolation beds for mild cases, etc.
- Minimizing amount of severely ill patients and deaths: focused on protecting high-risk groups through precision quarantine for patients with underlying diseases and the elderly
- **Resolving medical blind spots:** operation of 202 special hospital beds for pregnant women, children, and special patients (as of December 5)
- Preparation for pandemic: secure hospital beds to preserve hospital bed capacity





☐ Future plans

- Strengthening Preparation for Emergency Situations in Advance: in order to prepare for a new wave of infection during winter, a system will be set up for maintaining hospital beds and medical equipment capacity
- Building A Medical Equipment Application System: Strengthening the management of COVID-19 medical equipment and shared use of medical equipment among medical institutions
- Return To The General Medical System: When the number of infected patients goes down, the number of beds for infected patients in the general medical system will be reduced to manage only confirmed cases



Health Task Forces Operating in Elderly Nursing Homes

* Based on 'Healthcare comes to you' initiative in nursing homes to prevent severe illness and death from COVID-19

□ Program description (procedures etc.)

- Operation area: 1-3 medical institutions per district are designated to form a health task force(29 teams from 24 institutions from 21 districts)
- Health Task Force: 1 doctor and 1 nurse (can be replaced by nurse's aide)
- Operation period: until Jan. 31, 2023(can be extended depending on the infection rate)
- Treatment: in-person treatment and medicine prescription for residents infected in nursing homes, bed allocation
- Treatment place: nursing homes that applied for in-person treatment for infected patients within a health task force's operating area
- Other: possible to visit a nursing facility for vaccination against COVID-19 after consultation with a public health center

* 602 Health Task Forces were mobilized & 2,146 patients were treated (among them 691 were hospitalized, 890 were prescribed medication)

(Revision necessary as of December 2022)



Infection Control Education for Vulnerable Facilities Such as Nursing Facilities



☐ Background

Due to the prolonged COVID-19 situation, infectious disease prevention training is provided to strengthen infection control capabilities for nursing care providers in various occupations, including nursing care workers and social workers at Nursing hospitals and facilities in Seoul, and for homeless persons on the street, in order to minimize infection among the elderly, a high-risk group with a high critical illness and fatality rate.











Infection Control Education for Vulnerable Facilities Such as Nursing Facilities



□ Project overview

		Details	Period	Targets
	Factual survey	83 locations surveyed	July –	
Nursing			August	105 locations
hospital	Result analysis	Analysis of factual investigation results	September – December	
Nursing	Online training	Epidemiological characteristics and response to COVID-19, response in the event of a confirmed case of COVID-19 in a nursing facility, basic infection control guidelines in nursing facilities, etc.	August	422 locations 813 persons
facilities	On-site training	Practical hand washing training, Level-D dressing/undressing training, actual measurement of ATP contamination, O/X quiz regarding infectious diseases, etc.	August – October	32 locations
Jjokbang (tiny single room) villages	On-site training	Practical hand washing training, actual measurement of ATP contamination, O/X quiz regarding infectious diseases, etc. *Targets: Residents of Jjokbang villages, counseling center visitors, caregivers, etc.	September - November	2 location



COVID 19 Mental Health Support



☐ Introduction

- Purpose: Prevention of depression from COVID-19, Organization of mentality support system
- Target: Seoul citizen with depression, stress, anxiety from COVID-19
- Method: Association with Mental health care center (medical institution)

		Organization	of (COVID-19 mentality	y sı	ipport system		
Recipient Information Identification		Mental Support Guide		Evaluation and Counseling		Screening High-risk group		Post- Monitoring
Mentality support Recipient contact details	-	Send a text message about mentality support guide Information leaflet, goods	→	Offering psychosocial counseling Provision of the necessary intervention based on the condition and requirements of the patient through counseling, evaluation, etc. In-person (in-office or visit) / digitally mediated counseling	→	Connection for high-risk group Case control Connection with medical institute Provision of own program or linkage to recovery program at trauma center	-	Monitoring periodically (e.g. 1, 3, 6 months) Continual counseling or connection (if required)



Public health center

Confirmed

Confirmed patients [and family]
Cured patients [and family]
Deceased patients
[bereaved family]

Provision of information for targets

Close contact

Quarantined patient
Quarantine completed
Cured patient [and family]

Provision of information for targets

Ministry of Health and Welfare

National Center for Disaster and Trauma

- Operation of 24-hour hotline (02-2204-0001)
- Confirmed patient/cured patient/family (bereaved)
- Telephone consultation or inperson consultation
- Local transfer-out
- Professional counseling, etc. (if necessary)

Psychological Support Center

- Comprehensive psychological assistance in the jurisdiction
- Psychological recovery support
- Connecting with specialized institutions such as hospitals (if necessary)
- Daily psychological support performance reports, etc.

SMG

SMG COVID-19 Integrated Psychological

Seoul Mental Health Welfare

- Administration of operational support for psychological support
- Psychological support for confirmed patients in quarantine (life treatment center)
- Collection/management/reporting of daily psychological support results

Psychological Support

- General psychological support for quarantined patients in the district
- Telephone/in-person mental health assessment
- Local transfer-in
- Connection with intervention for high-risk groups
- Case management related to targets of linkage
- Daily psychological support performance reports, etc.

Psychological Support

- Operation of 24-hour hotline (1577-0199)
- Publicity and dissemination of information concerning psychological support for citizens affected by COVID-19
- Daily psychological support performance reports, etc.

Online platform for psychological support service

- Development and distribution of digital content such as carousels, videos, and campaigns
- Develop online psychological quarantine platform [Modooda]





Psychological support for Seoul Life Treatment Center residents confirmed to have mild COVID

☐ Introduction

- Depending on the results of smartphone-based self-assessment, mental health professionals provide psychological counseling, information, and psychological support commodities.
- Linkage with treatment at Boramae Medical Center when provision of professional psychological services is required, and linkage with Basic Psychological Health and Welfare Center when a high-risk individual is discharged



Psychological support for Seoul Life Treatment Center residents confirmed to have mild COVID

<Seoul life care center service procedure and contents>

Information about mental health	Admission	Mental health self-check	Early stage Counseling	Continuous Counseling	Discharge
 Provision of psychological support commodities Sending admission-related texts Guidance on self-examination Provision of mental health-related information 	 Psychological support information Confirmation of consent Encouraging self-examination 	 Depression (PHQ2) Generalized Anxiety Disorder (GAD) Post Traumatic Stress Disorder (PD-PTSD) Suicidal Thoughts (P4) 	 Self- examination results Normal group, caution group high-risk group screening Results-related guidance Phone-based assessment of non-respondents and assessment of psychological high-risk factors 	 Continuous monitoring Provision of psychological support based on the resident's main complaints and service requirements If necessary, linkage with psychological treatment and medical support group 	 Sending discharge-related texts Guidance on local community resources Linkage with local center when necessary



Online/Offline program operation for stress relief of COVID-19 response team



- **Target**: COVID-19 response team, life care center, infectious disease medical center
- Contents: Provision of tea/refreshments, massage, nail art, professional consulting, etc., as well as delivery
 of uplifting and supportive messages and psychological support; operation of uplifting parties and healing
 concerts via YouTube and Zoom during Chuseok holiday

□ Running Mental Support Bus

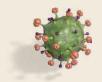
- **Target**: COVID-19 response team, welfare center in vulnerable area
- **Contents**: Evaluation of mental health with psychological counseling, stress control

□ Current Status (Feb. 1, 2020 – Nov. 30, 2022)

Seoul COVID-19 Integrated Psychological Support Group Psychological Support Performance

		med patients & nily	Patients d	ischarged	Pu	blic	Treatment Connection	
	Counseling	Information	Counseling Message		Counseling	Information	Connection	
Result (cases)	116,656	1,005,086	10,414	177,683	60,487	127,627	18,235	





□ Online platforms to provide psychological support

		D-19 Psycho ort Group w	•	Modooda	Nuguna Chatbot	Mental Hea	Mental Health Fair		
	Content	No. of visitors	YouTube views	No. of visitors	No. of visitors	Live streaming	Open chat counseling	Views	
Perfor mance (cases)	187	401,383	39,821	82,642	8,026	6 times 1,274 persons	8 times 58 persons	2,785	

☐ Achievements

- Formation of the Seoul Integrated Psychological Support Group in response to large-scale social disasters
- Operation of online and offline psychological support by stage in the life cycle, including confirmed
 COVID-19 patients, as well as on-site psychological support for vulnerable persons in blind spots
- Production and dissemination of guidelines for psychological support at living treatment centers for confirmed mild COVID patients as a means of preemptive psychological support by district life treatment centers
- Development of digitally mediated case management content for case managers to help alleviate anxiety and promote community recovery when managing cases of patients with severe mental illness



☐ Visiting psychological assistance service



 It provides on-site close-up services that visit places where mental counseling is needed by bus and provide counseling in personally

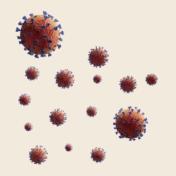








04



Compensation of Adverse

Events after COVID-19

Vaccination







- Purpose: To encourage vaccination rates, to minimize criticality or death from COVID-19 infection
- **Method**: Compensation will be divided into two categories depending on whether the amount paid after visiting a medical institution for treatment of adverse reactions after COVID-19 vaccination is less than 300,000 won or more.
- If the compensation is rejected, two objections may be reported
- The most frequently reported symptoms are general symptoms such as fever, muscle pain, and headache, etc.
- Among the recent reports of severe adverse reactions, myocarditis/pericarditis are the most common.

Promotion of safe vaccination via rapid epidemiological investigation and causality evaluation in case of (severe) adverse reactions following COVID-19 vaccination

Report	→	Awareness of Occurrence		System report	→	Epidemiological investigation & System report		Causality Evaluation	-	Final Evaluation & Results Repot
Hospital Guardian		Public Health C	en	tre		Rapid response sys	ste	m/team		KDCA





Compensation for damages resulting from adverse reaction (at least KRW 300,000)

	Compensation application	Public health center	Compensation application	Si/Do	Compensatio n application	Korea Disease Control and Prevention	Request for deliberation	Damage Compensation Expert
Compensation	→	center	→		→	Agency	→	Committee
applicants	Applicants Recei application of results		→	Basic damage investigation,	→	In-depth damage investigation,	→	Judgment of causality for
			Notification of results	review of causality	Notification of results	assessment of causality	Report results	compensation

Payment of compensation

- Compensation for damages of KRW 300,000 or more is supervised by the KCDC.
- On average, reports of damage compensation are most often reported after 6~7 months from the date of vaccination
- The most frequently reported age groups are those in their 60s and 20s, and women report 1.5 times more than men
- The most frequently reported symptoms are headache, chest pain, and dizziness, etc.
- Recently, reports of abnormal uterine bleeding, Guillain-Barre syndrome, facial paralysis, etc. have been increasing, and these adverse reactions do not recognize causality, but medical expenses can be supported if the criteria are met.

64





Compensation process in response to applications for less than KRW 300,000 due to adverse reaction to COVID vaccination

Compensation	Compensation application	Public health	Compensation application	Si/Do	Report results	Korea Disease Control and	
	\Rightarrow	center	\Rightarrow	31,50	\Rightarrow	Prevention Agency	
applicants	—	Receipt of	—	Basic damage	1	In-depth damage investigation, assessment of causality	
	Notification of results	application for compensation	Notification of results	investigation, review of causality	Request for results		

- In the case of less than KRW 300,000, the Seoul Metropolitan Government will supervise the COVID-19 vaccine compensation from 2022
 - In the case of treatment costs less than KRW 300,000 won, the rate of compensation by reviewing the causal relationship is about 33%.
 - The most frequently reported age groups are those in their 60s and 20s, and women report more than twice as much as men.
 - On average, reports of damage compensation are most often reported after 5 months from the date of vaccination

The Seoul Metropolitan Government organizes a committee to determine the causality between vaccines and adverse reactions for compensation of less than KRW 300,000 from 2022

- Establishment of Seoul's Expert Review Committee (Feb. Dec. 2022)
- Composition: 6 experts (Director of Infectious Disease Research Center, professors of the Department of Preventive Medicine and Pulmonary Medicine, Director of Internal Medicine, medical lawyers, etc.)
- Operation Status: Held once or twice a month, with an emphasis on cases where causality is difficult to determine.
- Background of promotion: Upon deliberation and resolution by the SMG's expert deliberation committee, a prompt compensation decision is made if causality can be established

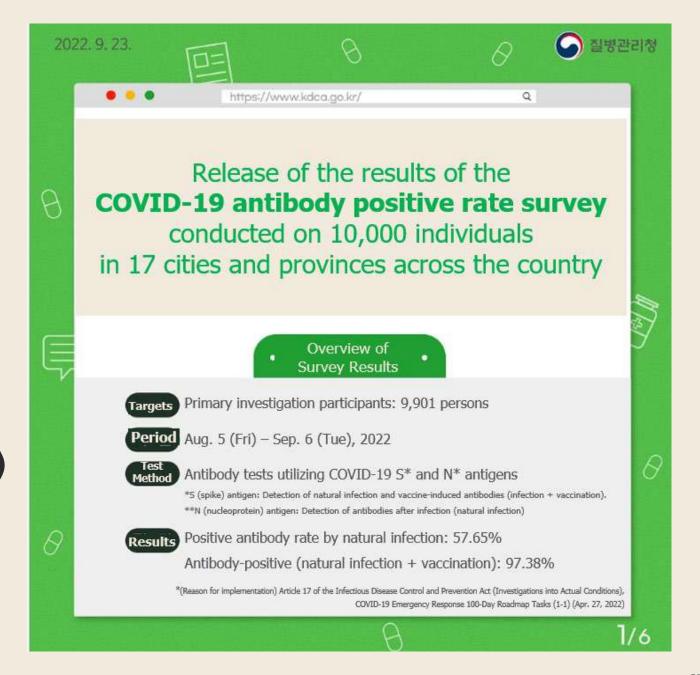
The Seoul Metropolitan Government is operating a counseling center to inform for vaccination-related adverse reaction

- Implementation (Apr. Dec. 2022)
 - Seoul citizens can ask what to do when an adverse reaction occurs after vaccination, and if they inquire about the progress of their epidemiological investigation after reporting the adverse reaction, the counseling center is responding kindly.
- **Operating hours:** Mon–Fri, 9 AM 6 PM,
- Counseling staff: Doctor, Nurses, social worker, etc.





Publication of COVID-19
Antibody Prevalence
Survey Results (Sep. 2022)





न्धाः भाव इसि भड़

