For foreign press organizations

Korea's Response to COVID-19 and Future Direction

May 7, 2020

Central Disaster and Safety Countermeasure Headquarters

Contents

I. Caseload Updates 1
II. Response of the Korean Government 3
III. Detailed Measures by Area5
1. Entry and Spread Containment6
2. Patient Treatment and Management
3. Utilization of Healthcare Institutions
4. Anti-Epidemic Social Measures 12
5. Pan–Governmental Cooperation and Public Communication · 14
IV. CONCIUSION

I . Caseload Updates

- Since the first confirmed case was reported on January 20, new cases continued to emerge mainly due to imported infections and their contacts for about a month. After the nation's 31st patient was reported in Daegu on February 18, an exponential outbreak began to occur, starting with cluster infections related to the Shincheonji Church and Cheongdo Daenam Hospital.
 - At that time, Korea was on the verge of facing a continued surge in the COVID-19 outbreak with new confirmed cases per day amounting to 909 and total cases under isolated treatment at 7,470. However, the situation has been successfully contained as of now with new confirmed cases per day reduced to about 10 and total cases under isolated treatment at 1,500.
- As of May 5, the number of total confirmed cases stands at 10,804, with the Ο largest cluster of infections detected in Daegu and Gyeongsangbuk-do (76.1%) the specific religious (Shincheonji Church) and sect as the main epidemiological link (48.2%). Out of all infected individuals, females account for 59.5% and males for 40.5%. The age distribution of infected individuals is "20s > 50s > 40s > 60s". The death toll has reached 255, putting the fatality rate at 2.36% with 92.2% of the deaths from the age group of 60 and older.
- It has been identified that, while COVID-19 is highly contagious, most of the infected individuals are mild cases who do not require hospitalization and that most of the deaths are elderly or those with underlying health conditions. Considering that COVID-19 still remains a pandemic and therapeutic agents and vaccines have yet to be developed, we view that the risk of cluster infections will continue to be present amidst small-scale and sporadic outbreaks.

< Caseload by Region and Epidemiological Link >

(Unit: persons, as of May 5)

Region	Total	Cases related to Shincheonji	Imported cases	Others
Total	10,804	5,212	1,260	4,332
Seoul	637	8	326	303
Busan	138	12	26	100
Daegu	6,856	4,510	25	2,321
Gyeonggi	681	29	230	422
Chungnam	143	0	14	129
Gyeongbuk	1,366	566	11	789
Gyeongnam	117	32	15	70
Others	305	55	97	198
Quarantine	464	0	464	0



여성 6,427명 (59.5%) 6,427 females (59.5%) / 남성 4,379명 (40.5%) 4,379 males (40.5%)

$\ensuremath{\mathbbmm{I}}$. Response of the Korean Government

- ☐ The central and local governments and the people of Korea are closely cooperating with one another to ensure a prompt and systematic response to the ongoing global spread of COVID-19.
 - We share relevant information transparently and promptly.
 - We provide situation updates and related response measures to the public through two regular briefings on a daily basis, while instantaneously revealing the routes of confirmed cases and tracing their contacts. We are striving to lead the public to follow guidelines and policies with trust and responsibly adhere to infection prevention/control measures at the community level by sharing necessary information in an open manner.
 - Citizens voluntarily adhere to infection prevention/control measures based on the principles of democracy and community spirit.
 - Korea has managed to achieve a remarkable turnaround in infection prevention/control without a lockdown thanks to the public's voluntary adherence to personal hygiene and social distancing, thereby avoiding the need for any coercive measures that may inflict greater damage on everyday life and restrict freedom.
 - In particular, no known infections arose from the April 15 national election although over 30 million voters, including 10,000 under self-isolation, went to polling stations, thanks to thorough infection prevention/control measures and voters' strict adherence to social distancing.
 - We also provide compensation for the economic burden of infected individuals by offering diagnostic testing expenses, treatment expenses, and living expenses, as well as that of healthcare institutions helping in the fight against COVID-19.

- 3 We seek innovative infection prevention/control measures and take advantage of ICT.
 - We introduced various innovative infection prevention/control programs such as the Special Entry Procedures designed to block the entry and spread of the virus without the need for a lockdown or restrictions on movement, the Living and Treatment Centers dedicated to the treatment of mild cases, and the drive-thru screening stations for safe and efficient specimen collection, all of which proved to be effective in infection prevention/control.
 - We are utilizing ICT and state-of-the-art devices, including the Self-Diagnosis App, Self-Isolation Safety Protection App, and Epidemiological Investigation Support System designed to promptly track the routes of confirmed cases by analyzing cellular GPS data, credit card transactions, and CCTV recordings.
- Extensive diagnostic testing is performed rapidly for the early detection of confirmed cases.
 - Korea is capable of conducting over 23,000 diagnostic tests per day, and the cumulative total of diagnostic tests conducted so far is 630,000. Healthcare professionals are allowed to perform diagnostic testing on any individual suspected of having COVID-19 free of charge.
 - This extensive diagnostic testing capacity was the key to minimizing damage and containing the spread of the virus through the early detection of confirmed cases. The high number of confirmed cases in Korea testifies to the excellence in the nation's infection prevention/control competence through large-scale diagnostic testing and thorough epidemiological investigation.
- High-caliber healthcare professionals remain dedicated to the treatment of patients.
 - Our highly trained healthcare professionals and healthcare institutions are globally recognized for their capabilities and commitment to patients. Many healthcare professionals have gone to regions experiencing a surge in confirmed cases to volunteer in the fight against COVID-19. The government is providing extensive support for these healthcare professionals, and citizens across the nation have continued to openly express their gratitude for them, such as through the relay support and encouragement for healthcare workers campaign called #ThanksToYouChallenge.

${\rm I\hspace{-1.5mm}I}{\rm I}$. Detailed Measures by Area

<covid-19 and="" control="" infection="" medical="" prevention="" response="" system=""></covid-19>				
Blocking of Entry	Early Detection of Confirmed Cases	Response to Outbreak		
 Special Entry Procedures and at-airport testing of symptomatic inbound travelers 2-week isolation Provision of travel history to healthcare institutions 	 Operation of screening stations Expansion of diagnostic testing capacity 	 Epidemiological investigation Contact isolation On-site disinfection Disclosure of the routes of confirmed cases 		
Treatment of Confirmed Cases	Provision of Resources	Treatment of General Patients		
 Allocation of beds based on severity Provision of treatment facilities and equipment R&D of therapeutic agents 	 Designation of hospitals dedicated to COVID-19 and Living and Treatment Centers Provision of healthcare workers Provision of protective equipment and supplies 	 Operation of National Safe Hospitals Untact consultation via telephone and delivery of prescriptions by proxy allowed 		
î	î	Î		

- The Central Disease Control Headquarters, Central Disaster and Safety Countermeasure Headquarters, and Local Disaster and Safety Countermeasure Headquarters cooperating organically
- Sharing information transparently and promptly and providing efficient public consultation through the 1339 call center and public health centers
- \cdot Stepping up social measures such as adherence to the code of conduct for infection prevention
- Providing compensation for infection prevention efforts through funding living expenses of those under isolation and losses of healthcare institutions

1 Entry and Spread Containment

1 Reinforced Management of Inbound Travelers

- The Special Entry Procedures for inbound travelers from China were put into operation on February 4, instead of an entry ban, to ensure thorough follow-up management for 14 days. This program was applied to all inbound travelers from April 1 onwards as global outbreaks have continued to rise.
- All inbound travelers are required to self-isolate for 2 weeks at home or at related facilities. Those put under self-isolation are guided to install the Self-Diagnosis App and are thoroughly monitored by the Ministry of the Interior and Safety and local governments in charge.
- Symptomatic inbound travelers are required to undergo testing at the airport regardless of nationality, await the testing results at isolation facilities, and be put under isolated treatment at a hospital or a Living Treatment Center if confirmed as positive or carry out self-isolation for 14 days if confirmed as negative.
 - Asymptomatic Korean citizens are put under self-isolation for 14 days (required to undergo testing when symptoms show), while all inbound travelers from Europe and the US are required to undergo testing within 3 days from arrival.
 - Foreigners with long-term stay status from among asymptomatic inbound travelers are put under self-isolation for 14 days after at-airport testing (those from Europe), self-isolation for 14 days after testing within 3 days after arrival (those from the US), and self-isolation for 14 days with testing to be performed when symptoms show (those from other regions).
 - Foreigners with short-term stay status from among asymptomatic inbound travelers are put under isolation at related facilities for 14 days (required to undergo diagnostic testing when symptoms show). Those from Europe and the US are required to undergo testing at the airport prior to isolation.

• Those exempt from isolation (A1 and A2 visa holders, isolation exemption certificate holders, flight attendants, and sailors) are required to undergo testing at the airport and, if confirmed as negative, to install the Self-Diagnosis App for active monitoring^{*}.

* Monitoring through the Self-Diagnosis App and phone calls by the call center of the Central Disaster Management Headquarters

2 Early Detection of Confirmed Cases through Screening Stations and Diagnostic Testing

- We perform extensive diagnostic testing within the shortest period of time to ensure the early detection of patients and thereby minimize the spread of the virus (cumulative total of tests standing at 633,921 as of May 4).
 - We set up screening stations^{*} at public health centers and healthcare institutions to ensure easier access to diagnostic testing and effectively control infection and have diversified their operating models to better respond to increasing testing demands. One of the leading examples is the drive-thru screening station capable of safe and efficient specimen collection.
 - Screening stations are set up to test those suspected of infection due to the onset of symptoms such as coughing and a fever before entering any healthcare institutions. A total of 638 screening stations are in operation (605 capable of specimen collection).
- As a result of our efforts to increase testing institutions and diagnostic reagent manufacturers, the nation's daily testing capacity rose from 3,000 per day as of February 7 to the current 23,000 per day. This drastic increase in testing capacity enabled us to rapidly test suspected cases and block the community spread of the virus.

3 Thorough Epidemiological Investigations of Outbreaks and Contact Tracing

• Epidemiological investigations on infections are conducted by the central and local governments in a prompt manner to trace infection sources and isolate contacts.

- We identify and share the routes of confirmed cases using their cellular GPS data, credit card transactions, and CCTV recordings to prevent additional infections and help the public trace any possible contact with confirmed cases.
- All contacts identified through epidemiological investigations are put under self-isolation and are monitored on a one-on-one basis by the Ministry of the Interior and Safety and local governments (cumulative total of those put under self-isolation standing at 101,200 as of May 4).
- To ensure promptness, the primary epidemiological investigations for individual cases are performed by local governments. For outbreaks within healthcare institutions and group facilities, the Emergency Response Team of KCDC is dispatched to perform the epidemiological investigations in collaboration with the epidemiological investigation bureau of each local government in charge.

4 Reinforced Self-Isolation Monitoring Using ICT

- Those who violate the self-isolation guidelines by leaving their place of isolation without authorization, etc., are reported to the police and may be punished with a fine of KRW 10 million or less or imprisonment with labor for 1 year or less pursuant to the Infectious Disease Control and Prevention Act.
 - We stepped up the monitoring of those who violate the self-isolation guidelines by using ICT, such as the location identification band worn with their consent. Those who do not agree to wear the band are isolated at a temporary living facility.

2 Patient Treatment and Management

1 Establishment of the Treatment System Based on Severity

• We allocate beds to severe cases who require hospitalized treatment in a timely manner and place confirmed cases who do not require hospitalization in the Living and Treatment Centers for proper treatment based on severity.

- First, public health centers identify confirmed cases, and these confirmed cases are classified into mild, moderate, severe, and extremely severe cases by the healthcare staff of the Patient Management Bureau of each special or metropolitan city or province. Moderate, severe, and extremely severe cases are promptly allocated beds for hospitalized treatment. If beds for these cases are in short supply within the respective region, the Transfer Support Center at the National Medical Center arranges patient transfers to another city or province.
- Mild cases are isolated at Living and Treatment Centers^{*} and monitored by each center's healthcare staff at least twice a day. If symptoms aggravate, patients are transported to connected healthcare institutions. When symptoms improve, they are discharged based on the isolation release standards.
 - * Government-run facilities, lodging facilities, etc., are designated as Living and Treatment Centers by the governments of special and metropolitan cities and provinces. A relief kit (containing underwear, toiletries, masks, etc.) and hygiene kit (containing a thermometer and medication) are provided to each patient.

2 Securing of Beds for Hospitalized Treatment

- As many as 74 hospitals have been designated as hospitals dedicated to COVID-19 and over 7,500 beds in total have been operated in preparation for a surge in cases. As the number of confirmed cases continues to decrease, we are pushing ahead with stage-by-stage bed reduction to ultimately operate 1,500-2,300 beds, viewed as the lower limit for emergencies.
 - Outpatient services for general patients may be resumed to the extent deemed necessary when reducing the number of beds for COVID-19 patients. However, we plan to keep temporary facilities in operation and maintain a level of readiness in which the bed management and reactivation plan can be instantly implemented in the event of an emergency.

3 Provision of Healthcare Professionals and Protective Equipment

- In order to support patient care and infection prevention/control activities, we actively recruit healthcare professionals and station them at healthcare institutions in need^{*}. We newly recruited and stationed 750 public health doctors and 96 army doctor candidates, while continuing to recruit nurses.
 - * 1,748 physicians and 1,542 nurses dispatched mainly to Daegu and Gyeongsangbuk-do as of May 5

- We encourage the domestic production of infection prevention/control supplies^{*} such as protective suits and distribute them to local governments and healthcare institutions.
 - * Full-body protection suits (Level-D), masks for infection prevention/control professionals, disposable water-resistant gowns, mobile negative-pressure units, etc.

4 Establishment of the Information Management System

- Healthcare institutions provide the status of beds for general patients, beds for critically ill patients, and negative-pressure beds available each day through the COVID-19 Medical Resource Monitoring System. This helps identify available beds in different regions and rapidly allocate medical resources based on severity. The severity of individual patients and the healthcare institutions and facilities accommodating them can be checked through the Patient Information Management System.
- The detailed statement of a COVID-19 testing and treatment expense bill for an anonymous patient was created and revealed by the Health Insurance Review & Assessment Service as a reference for researchers around the world. The database of clinical records of confirmed cases will also be shared after its completion.

Supply of Medication and Development of Vaccines and Therapeutic Agents

- We manage the supply and import of medication for empirically tested therapies recommended by experts and share their distributor data via the healthcare institution portal site of the Health Insurance Review & Assessment Service.
- We also formed the pan-governmental support unit for the development of COVID-19 therapeutic agents and vaccines to resolve frontline difficulties related to clinical tests and R&D and readily provide support through strong government-private partnership.

3 Utilization of Healthcare Institutions

1 Operation of National Safe Hospitals

- We are operating a series of National Safe Hospitals^{*} designed to ensure the safety of general patients and provide services for non-respiratory patients separated from those for respiratory patients.
 - * 347 hospitals (29 upper-level general hospitals, 218 general hospitals, and 98 hospitals) designated as National Safe Hospitals as of April 27
 - * 245 hospitals offering separated outpatient services exclusive for respiratory patients and 202 hospitals equipped with both separated outpatient services and inpatient wards for respiratory patients
- We allow general patients to consult physicians via telephone and receive prescriptions by proxy to prevent infection within healthcare institutions.

2 Reinforced Infection Control for Healthcare Institutions

- We perform diagnostic testing on pneumonia patients who are newly hospitalized and allocated to ICUs for the early detection of confirmed cases and infection prevention within healthcare institutions. Emergency patients suspected as COVID-19 cases are required to undergo testing in a separate space before entering the emergency center.
- We provide infection control guidance to healthcare institutions and encourage them to step up their restrictions on the entry of visitors and strictly adhere to the guidelines for mandating body temperature checks and the wearing of masks for all visitors.
 - Healthcare professionals are required to wear a face mask in the course of their duties and instantly report to the local public health center or 1339 call center upon detecting a patient conforming to any of the case definitions^{*}. Employees of healthcare institutions are allowed to take a work leave for 14 days when showing a fever, coughing, etc. Each healthcare institution is required to appoint a staff member in charge of infection control to ensure effective infection prevention and monitoring.
 - * For confirmed cases, suspected cases, patients under investigation, etc.

4 Anti-Epidemic Social Measures

1 Reinforced Preventive Measures Such as Social Distancing

- We have taken "social distancing" measures since February 29 when the nation witnessed the onset of a surge in the outbreak, recommending the public to refrain from leaving home, taking part in mass gatherings, and meeting with multiple people in an enclosed space. We have also implemented "reinforced social distancing" over the period of a month. We recommended the public to stay home; issued an administrative order to religious facilities, indoor gyms, entertainment facilities, and private educational institutes to refrain from operation; and stepped up infection control for high-risk groups such as those at sanatoriums, mental hospitals, and churches.
 - Concerns were raised over the possibility of fatigue and economic stoppage due to social distancing. However, "reinforced social distancing" ultimately led to effective infection control as evidenced by the number of new confirmed cases per day decreasing from 100 to 10.
- Considering that it will take considerably more time to develop therapeutic agents and vaccines, we converted "social distancing" to "distancing in daily life" on May 6, through which the public is guided to engage in economic and social activities and infection prevention/control at the same time. We plan to come up with and announce basic and detailed guidelines to help citizens practice eased distancing in their daily lives.

2 Infection Control for Group Facilities and Vulnerable Groups Such as Children and Seniors

- Daycare centers for children have remained closed since February 27 as well as 15 types of social welfare facilities for vulnerable groups such as seniors and the disabled since February 28.
 - Employees at sanatoriums, etc., are allowed to take a work leave for 14 days if showing respiratory symptoms such as a fever and coughing or having a history of travel to any COVID-19 outbreak country. Visits by outsiders are also banned.

- We have provided infection control supplies such as masks and hand sanitizers to daycare centers for children, senior citizen centers, and other facilities for vulnerable groups.
- Although social welfare facilities are closed, we ensure that services critical for the livelihood protection of vulnerable groups, such as meals for children and activity assistance for the disabled, are offered on a continued basis.

3 Stabilization of the Supply of Masks

- We have explored diverse ways to balance the supply and demand of masks from the early stage of the COVID-19 outbreak, such as by increasing the production of masks, securing quantities to be distributed via public channels, and banning the export of masks. We also responded strictly to illegal acts and violations of public duties, such as cornering, hoarding, and smuggling masks out of the country.
- As the number of new confirmed cases sharply rose and masks continued to sell out at pharmacies and supermarkets from the mid-February onwards despite such efforts, the government announced the "mask supply stabilization measure". Through this measure, we secured 80% (8 million masks per day) of the nation's entire mask production capacity, distributed 2 million masks for medical and infection control purposes with priority, and supplied the rest (6 million masks) to pharmacies, post offices, and other public sales channels for the fair distribution to residents through the 5-day rotation system for mask distribution*.
 - * A program that allows the purchase of masks provided via public channels on the day corresponding to the last digit of each consumer's birth year
 - To minimize the incovenience and confusion of the public in purchasing masks (such as queuing in front of pharmacies for long hours), we established the purchase history checking system using the pharmacy computer network and enabled the identification of the mask inventory in real time via various apps. The supply of masks has been successfully stabilized as of now, and the ceiling amount of masks provided via public channels that can be purchased by each individual was raised to three masks per week from two masks.

4 Compensation for Damages and Losses of Individuals and Healthcare Institutions

- O In order to lead the public to actively participate in infection prevention /control and protect their livelihoods, confirmed cases are provided with hospitalization and treatment expenses and suspected cases with diagnostic testing expenses via the National Health Insurance and government expenditure. We provide living expenses to those put under isolation and hospitalized treatment and paid leave expenses^{*} to their employers, as well as funeral expenses^{**} for deaths due to COVID-19.
 - * (Living expenses) KRW 1.23 million for a four-person household, (paid leave expenses) in accordance with the daily rate (with a ceiling of KRW 130,000 per day)
 - ** (Body preparation expenses and funeral expenses) KRW 13 million (KRW 3 million for body preparation + KRW 10 million for funeral)
- We plan to provide compensation for losses of healthcare institutions incurred due to COVID-19 patient care and the business suspension measures, etc., of the central and local governments to ensure their active participation in infection prevention/control activities.
 - Taking into consideration the accumulated losses of healthcare institutions, we provided partial compensation to 146 hospital-level healthcare institutions on April 9.
 - We plan to come up with detailed compensation assessment standards as soon as possible through the Loss Compensation Deliberation Committee to decide compensation for other healthcare institutions, pharmacies, and other places of business.

5 Pan–Governmental Cooperation and Public Communication

1 All-Out Response Based on Pan-Governmental Cooperation

- To respond to the crisis with efficiency and expertise, all infection prevention/control measures are handled by the Central Disease Control Headquarters (led by the head of KCDC), while the Central Disaster and Safety Countermeasure Headquarters (headed by the Prime Minister) is operated to provide full-scale pan-governmental support in a prompt manner.
 - Vice Head 1 of the Central Disaster and Safety Countermeasure Headquarters, who also serves as the 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, who also serves as the head of the Pan-Government Countermeasures Support Headquarters (Minister of the Interior and Safety), supports cooperation between the central ministries and local governments.
- O All local governments set up the Local Disaster and Safety Countermeasure Headquarters (each headed by its respective mayor or governor) to mobilize all possible infection prevention/control capabilities. Organizational units in charge of healthcare at local governments focus on infection prevention/control, while other organizational units support administrative and management affairs such as the monitoring of those under self-isolation.

2 Public Communication

- We engage in all-directional promotional activities and public communication in a prompt manner to resolve the public's anxiety and offer accurate information for infection prevention/control.
- ① Sharing the latest information transparently and promptly
 - Korea's domestic law (Infectious Disease Control and Prevention Act) guarantees the public's right to be informed of the latest updates regarding the infectious disease outbreak, infection prevention/control information, and relevant responses and mandates the government to reveal the routes of confirmed cases, their transportation means, their contacts, healthcare institutions visited, etc.

- As such, the government communicates caseload updates (number of confirmed cases, number of those under isolation, number of tests performed, routes of confirmed cases, etc.) and related policies through two regular briefings per day (by the Central Disaster and Safety Countermeasure Headquarters in the morning and by the Central Disease Control Headquarters in the afternoon) and frequently distributes press releases. The government also provides the latest information via the websites, SNS channels, and portal sites of different government agencies.
- 2 Promoting adherence to the code of conduct for infection prevention
 - We produce and distribute related materials through major facilities (daycare centers for children, schools, healthcare institutions, pharmacies, etc.), promote the importance of the adherence to the code of conduct via diverse media (TV, radio, trains, buses, etc.), and actively utilize our YouTube channel.
 - Public health centers and the KCDC call center (1339) are open to individuals and healthcare institutions for consultation and the submission of reports.
- ③ Responding to fake news in a stringent manner
 - We are promptly responding to fake news, which increases the public's anxiety and disrupts the infection prevention/control system, with strict fairness based on pan-governmental cooperation (with the Korea Communications Commission; National Police Agency; Ministry of Culture, Sports and Tourism, etc.).

$\operatorname{IV}.$ Conclusion

- □ We have been reassured that our infection prevention/control measures and response policies are effectively serving their purposes and gained confidence that we can overcome the COVID-19 crisis.
 - COVID-19 is highly contagious in the early stage and even when no symptoms show, spreads rapidly, and displays symptoms similar to the common cold. Due to these traits, response measures for conventional infectious diseases focused on a lockdown and the isolation of infected individuals are not effective for COVID-19. They may delay the point of the initial entry of the virus but cannot block its spread.
- □ The successful resolution of the COVID-19 outbreak requires a response system powered by the combination of the public's voluntary cooperation and state-of-the-art technologies as well as our endeavor to advance a transparent and open society.
 - We are in the process of building a robust COVID-19 response system and hope to help other countries benefit from our experiences in combating COVID-19.

Self-Diagnosis App for Special Entry Procedures

Self-Diagnosis App	"Special Quarantine	e Declaration" page	
· 보건복지부	 Special Quarantine Declaration Passport No. 	하이픈(-)을 제외하고 숫자로만 입력 해 주세요.	
위치 정보 ON	Please Enter Your Passport Number.	한국 내 학교명 (Name of School in Korea)	
î 일일 자가진단 체크 미제출	* Nationality KOREA CHINA OTHER	학교명을 입력해주세요.	
자가진단 하러가기	Please select the China Administrative Region you have visited or actually lived in the last 14 days. Please Select Please enter at least one number. Please enter at least one number. Please number in Korea	* [건역법] 제15조, 제17조 및 [감염병예방법] 제49조, 제76조의 2에 따른 감염병 예방 및 감염 전파의 차단을 위해 [개인정보보호법] 제23조의 건강정보 및 [위치정보의 보호 및 이용 등에 관한 법률] 제15조의 위치정보가 포함된 개인정보의 제공 및 활용에 동의합니다. 자세히 보기	
🏠 가까운 선별 진료소	Emergency Contact in Korea	양난근	
선별 진료소 확인하기 💮	Please input numbers only, except a hyphen. Roaming Phone Number Select Please input numbers only, except a hyphen.		
● ●	Name of school in Korea Please enter the name of the school. • agree with the collection and use of my personal with Article 23 of the Personal Information Protection Act and Control of the Personal Information Protection Act and Control of the Personal Information of the Control of the Personal Information in accordance with Article 15 of Information to prevent infection and transmission of an infectious disease in accordance with Article 15 and the Act. more DONE		
"Daily Self-Diagnosis" page	"Screening Station Search" page	Link to the 1339 call center	
Daily Self-diagnosis	신종코로나바이러스감염증 선별진료소 현황(20년 2월 11일 18:00 기준)	· 카카오톡채널 앱으로 보기 >	
Fever - above 37.5 degrees	※ 감염병 의심될 땐 관할보건소 또는 1339, 지역번호+120 상 담		
Couch	※ For more information on selected clinics : Call local Hea lth centers or call at 1339 or your area code + 120	کار	
YES NO	※ 如疑似被感染,向所在地保健所咨询,或拨打1339、区 号+120电话咨询	KCDC 질병관리본부 🍄 친구 516,513명	
Sore Throat		질병으로부터 자유로운 세상을 만들기 위해 국민과 함께 하겠습니다.	
YES NO	전체 선별진료소 목록 검체채취 가능 진료소	<u>ఉ</u> @+	
Dyspnea YES NO	▌ 전체선별진료소 목록	채팅하기 채널 추가	
	검색어를 입력하세요 검색 전체 선별진료소 목록	<u>소식</u> 정보	
SUBMIT	시도 및 시군구, 선별진료소, 전화번호를 통합하여 검색합니다. 검색어 예시 : <u>'서울'</u> 또는 <u>'중구'</u> 또는 <u>'보건소'</u> 또는 <u>'051'</u> (전화번호 일부) • 표시는 검체채취 가 가능한 진료소	 ₩CDC 질병관리본부 8분전 신종코로나바이러스감염증 진단검사 받아야할 신종코로나바이러스감염증 진단검사 받아야 할까요? 	
	연 시 시군 번 도 구 선별진료소 전화번호	진단검사를 받아야하는지 궁금하다면 더보기	

Drive-Thru Screening Stations

Category	Operating method	Photo
Goyang Public Health Center (from February 26, 2020 onwards)	 ^①Interview→ ^②Examination→ <u>③</u>Specimen collection * ① through ③ conducted in separate tents ** Up to 10 minutes + α (waiting time) 	
Yeungnam University Medical Center (from February 26, 2020 onwards)	^① Reception→ ^② Examination→ ^③ Payment→ ^④ Specimen collection * ① through ④ conducted in separate containers ** Up to 10 minutes + α (waiting time)	
Sejong Public Health Center (from February 26, 2020 onwards)	 ^①Reservation checking→ ^②Reception, examination, and specimen collection * ① through ② conducted in separate tents ** Up to 10 minutes (reservation required) ※ Reservation: Public health center hotline (5 lines operated) 	
Jinju Public Health Center (from February 28, 2020 onwards)	^① Reception and examination→ ^② Specimen collection * ① conducted in a separate tent ② performed without the need to get out of the vehicle ** Up to 10 minutes + α (waiting time)	

Reference 3 Living and Treatment Centers

Gyeongbuk/Daegu Living and Treatment Center 1

- ☐ (Location) Samsung Yeongdeok Training Institute in Yeongdeok-gun, Gyeongsangbuk-do
- ☐ (Capacity) Up to 210 mild cases in Daegu and Gyeongsangbuk-do can be accommodated.

Operating Staff> Medical and living support services provided through the Government-Private Joint Support Center (Healthcare staff) 3 physicians, 6 nurses, and 9 nurse's aides

- (Healthcare staff) 3 physicians, 6 hurses, and 9 hurses aldes
 ※ Stationing of additional healthcare workers under discussion
- (Administrative staff) Dispatched from the Ministry of Health and Welfare, Ministry of the Interior and Safety, Ministry of National Defense, and other pertinent ministries
- (Medical supplies) Medical supplies* including hygiene kits and protective suits
- * 400 hygiene kits, 780 protective suit sets (Level-D), 780 N95 masks, 1,170 pairs of latex gloves, 1,500 face masks, 300 specimen collection kits, etc.
- ☐ (Healthcare services) Regular monitoring of the conditions of patients on a continual basis
 - * Self-monitoring of body temperature and respiratory symptoms is performed twice a day.

<Photos of the Gyeongbuk/Daegu Living and Treatment Center 1>





Gyeongbuk/Daegu Living and Treatment Center 3

- ☐ (Location) Human Resources Development Institute of Seoul National University Hospital in Mungyeong, Gyeongsangbuk-do
- ☐ (Capacity) Up to 99 mild cases in Gyeongbuk and Daegu can be accommodated.

<Operating Staff>

- Medical and living support services provided through the Government-Private Joint Support Center
- (Healthcare staff) 3 physicians, 6 nurses, and 1 radiographer
 - * Seoul National University Hospital: 2 physicians, 4 nurses, and 1 radiographer stationed on a permanent basis
 - * Ministry of Health and Welfare: 1 physician and 2 nurses stationed
- (Administrative staff) Dispatched from 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* including hygiene kits and protective suits
 - * 110 hygiene kits, 1,000 N95 masks, 50 protective suit sets (Level-D), 1,500 pairs of latex gloves, 2,000 face masks, 150 specimen collection kits, etc.
- ☐ (Healthcare services) Regular monitoring of the conditions of patients on a continual basis
 - * Monitoring of body temperature and respiratory symptoms is performed twice a day.
 - * Patients are transferred to connected healthcare institutions if symptoms aggravate based on the physician's opinion. Each patient transfer is reported to the local government in advance.

<Photos of the Gyeongbuk/Daegu Living and Treatment Center 3>



Reference 4 Status of National Safe Hospitals (as of April 27)

- A total of **347 healthcare institutions** are currently being operated as National Safe Hospitals, including 29 upper-level general hospitals, 218 general hospitals, 98 hospitals, and 2 Korean medicine hospitals.
- As many as 245 hospitals are equipped with outpatient services exclusively for respiratory patients (Type A) and 202 hospitals with the separated outpatient services and inpatient wards for respiratory patients (Type B).

Number	Region	Number of hospitals	Number	Region	Number of hospitals
	Total	347	9	Gangwon-do	9
1	Seoul	67	10	Chungcheongbuk-do	11
2	Busan	33	11	Chungcheongnam-do	12
3	Incheon	24	12	Jeollabuk-do	11
4	Daegu	17	13	Jeollanam-do	14
5	Daejeon	6	14	Gyeongsangbuk-do	16
6	Gwangju	5	15	Gyeongsangnam-do	28
7	Ulsan	9	16	Jeju-do	4
8	Gyeonggi-do	80	17	Sejong	1

<Number of National Safe Hospitals by Region>

<Status of Available Services by Healthcare Institution Type>

Category	Outpatient services exclusively for respiratory patients (standard)	Screening stations capable of specimen collection	Separated inpatient wards for respiratory patients
Total	347	231	117
Upper-level general hospitals	29	29	27
General hospitals	218	179	78
Hospitals	98	23	12
Korean medicine hospitals	2	_	_

Reference 5 Self-Isolation Safety Protection App

