

Questions and answers (Seoul)

Q1.

<the decision of home treatment or hospitalization>

Of the cumulative 5.4 million positive cases in Seoul, about 5 million (more than 90%) are treated at home. Who, and by what criteria, makes the decision of home treatment or hospitalization? (slide P.43,44)

A1.

Classification of patients through initial consultation when the public health center notifies the confirmed patient of the confirmed case (slide 43).

Hospitalization factors are determined by listening to the opinions of medical staff (health centers, respiratory patient care centers, medical counseling centers, etc.).

- If there are any of the below risk factors, they are excluded from home treatment so that the mortality rate is lowered through hospital treatment

- ○ Medical staff consider the following factors:
 - Risk factors considering hospitalization of confirmed patients to medical institutions
 - Consciousness disorder after the outbreak of COVID-19 symptoms
 - Breathlessness (Breathlessness during daily life)
 - Heat generation of 38 degrees or higher, which is not controlled by antipyretics, lasts for more than 3 days
 - Diabetes that cannot be controlled even with drug use
 - People with mental illness with symptoms that cannot be controlled by drugs
 - Bedridden patients (those who lie down more than 50% of daytime hours) (but can be treated at home if desired)
 - Pregnant women with symptoms (abdominal pain, labor pains, vaginal bleeding, etc.)
 - Severe and high-risk groups in children.

Q2.

<the reasons behind 90% of home treatment and relatively low mortality>

It is unique that the mortality rate per million population is kept relatively low, despite the fact that more than 90% of the population is treated at home.

That means the number of severely ill or high-risk patients requiring medical care is very small, and the majority of the positive cases is asymptomatic or mildly ill, so that home treatment is sufficient to handle the situation?

If so, what do you think the reasons behind this? (slide P.43,44)

A2.

Seoul has a high vaccination rate (slide 12), and a high rate of already confirmed cases (slide 8).

For this reason, it is often asymptomatic at the time of confirmation, and the severity is not high (slide 17).

In addition, a sufficient number of respiratory patient care centers (one-stop care institutions) are secured to receive medical treatment whenever necessary (slide 44), especially by smoothly prescribing treatments to prevent seriousness.

Q3.

<background of extensive mental health support related to Covid-19>

Seoul seems to be providing very extensive mental health support related to Covid-19.

Is this the result of hasty efforts due to the noticeable deterioration in mental health caused by the effects of the new corona infection?

Or is it because the mental support function of the health center has already been well-developed, and functioned effectively during the Covid-19 pandemic?

(slide P.55-61)

A3.

This system was newly established in response to the need to reduce excessive fear and anxiety among citizens following the spread of COVID-19 and respond calmly.

Step1(Configuration)	Step 2 (Build)	Step 3 (Promotion)	Step 4 (Evaluation)	Step 5(Participation)
Commencement of the COVID-19 Psychological Support Group	Platform construction and psychological quarantine	media publicity, webinar, and non-face-to-face education- Improving awareness of COVID-19 depression and suicide	Prepare measures to prolong COVID-19 through citizen participation satisfaction evaluation	Building a Citizen Psychological Support Platform to Strengthen Access to Services
February 2020.	February-June, 2020.		July-September 2020	September 2020.

<Main contents>

1. (February 2020) Non-face-to-face online content development and operation

- Operation of website of Seoul COVID-19 Psychological Support Group (<http://covid19seoulmind.org>)

: for posting psychological support content such as heart prescription, customized information, healing letter, fact check, etc.

2. (September 2020) Operation of citizen psychological support platform to strengthen access to services

- Counseling support information platform for citizens (www.modooda.or.kr)

- Development of “Anyone Chabot”, a non-face-to-face counseling service for prevention of depression and suicide

Q4.

<Expansion of Organization of the Seoul Citizen’s Health Bureau>

We would like to know more about strengthened organizational structure of Seoul Citizen’s Health Bureau for public health. About Public Health Task Force and Public Health Planning Group, Who are the members? What are the roles of these? What are expected to be done by these? (slide P.5)

A4.

The Public Health Promotion Team consists of 18 regular public officials (administrative, architectural, health, and medical technology positions) from four teams.

Purpose of the new establishment: Strengthening public care functions for low-income citizens, the underprivileged and expanding public medical services to ensure citizens' health equity.

<Main tasks of each team>

1. Public medical policy team is responsible for administrative support tasks such as Seoul Medical Center operation support and city hospital performance evaluation

2. The city hospital construction team is responsible for the construction (new construction, extension) of hospitals such as public hospitals and public rehabilitation hospitals in Seoul.

3. The city hospital reinforcement team is responsible for supporting the operation of 12 hospitals in Seoul.

4. The medical cooperation team is involved in public-private public health and medical cooperation.

Q5.

<About female dominance in Covid-19 patients>

The chart shows female COVID-19 patients are dominated in all age groups of 20 years and above. We would like to know how you evaluate or analyse this trend. Could it be possible that there are certain factors or background? (slide P.10)

A5.

In Korea, family care is still mostly held by women. . Due to the high transmission power of Omicron, the infection rate of children in kindergartens and schools is high, and it is estimated that the infection rate of women in their 30s and 40s, who are their main guardians, was particularly high.