

Questions and answers (Taipei)

Q1.

<rapid increase in the number of total cases since April 2022>

What could be the reason for the rapid increase in the number of total cases since April 2022, after more than two years of suppression at very low levels since January 2020? (slide P.2)

A1.

Our COVID-19 vaccination coverage is racing, the RDT tests are in stable supply, and the antiviral drugs are well-stocked.

In the face of countries around the world are gradually relaxing or announcing the cancellation of epidemic prevention measures.

To promote economic and social activity, international exchange and people's life can return to normal. We are gradually reopening border quarantine, shortening quarantine for arriving travelers, confirmed cases, and contacts, starting in April 2022."

Q2.

<Implementation of telemedicine>

According to your presentation, telemedicine has been implemented since May 2022. What type of medical institutions are mainly implementing telemedicine, and how about the implementation rate? (slide P.5)

A2.

As of May 26, 2022, we introduced a new measure to fight COVID-19: virtual appointments. If someone tests positive on a rapid diagnostic test (RDT), they can opt for a virtual medical consultation to confirm their COVID-19 diagnosis. However, if the individual has a language barrier or their medical condition is moderate to severe, they should call 119 or go directly to the nearest emergency department.

Q3.

<About mild/asymptomatic cases>

Where and how do you determine "mild/asymptomatic" cases?

If a medical institution is not involved in the determination of "mild/asymptomatic" cases, how do you count the number of patients? (slide P.6)

A3.

Under the Communicable Disease Control Act in Taiwan, anyone who tests positive on an RDT must undergo a virtual appointment to confirm a diagnosis of COVID-19, regardless of whether their medical condition is asymptomatic, mild, moderate, or severe. That is necessary

to ensure that the Central Epidemic Command Center (CECC) and the public have an accurate count of confirmed COVID-19 cases in Taiwan.

Q4.

<over 39 degrees, as one of the criteria for group quarantine>

A fever of over 39 degrees is one of the criteria for being subject to group quarantine, what is the rationale for setting this standard? (slide P.7)

A4.

According to research reports and various studies cited by the CECC, MIS-A (Multisystem Inflammatory Syndrome in Adults) typically presents with five common symptoms: fever, low blood pressure, poor heart function, dyspnea, and diarrhea. Due to its high fatality rate of approximately 3% to 7%, about 50% of patients with MIS-A require admission to the ICU. As a precautionary measure, the CECC considers a fever over 38 degrees Celsius as a criterion for transferring individuals to a group isolation center.

Q5.

<the decision to return to home care from group quarantine>

Who, and by what criteria, makes the decision to return to home care from group quarantine? (slide P.7)

A5.

If individuals with confirmed cases of COVID-19 are asymptomatic or have mild symptoms, and if their home environment meets the CECC's requirements (such as having a single room or if both individuals are confirmed cases and can live together), they may be transferred to their homes and assessed by medical personnel of the recognized group isolation center. They must remain in home isolation until their cancellation date.

Q6.

<specific initiatives for post-pandemic era>

Could you please tell us about any specific initiatives that have already begun to be implemented for the "post-pandemic era"? (slide P.11)

A6.

The World Health Organization (WHO) regards vaccine policy as the hope and focus of future medical system reform. Vaccination is recognized globally as one of the most successful and cost-effective measures for infectious disease prevention and control.

In 2021, various biotechnology companies and research institutes conducted research and

development of COVID-19 vaccines, and vaccines are gradually becoming available. To cope with the ongoing epidemic, we gradually increased COVID-19 vaccination coverage to cope with the epidemic situation. Looking ahead to the post-COVID-19 era, our government will continue to evaluate the feasibility and effectiveness of the next-generation COVID-19 vaccine and formulate a comprehensive vaccine policy that improves vaccination effectiveness and reduces the threat of disease. Our vision is to ensure the sustainable health of citizens through vaccination and effective policies.

In addition to vaccination efforts, we continuously monitor domestic and foreign epidemics and take measures to enhance personal resistance to infection. We are also strengthening infection control measures for high-risk individuals, medical institutions, and long-term care facilities, stockpiling epidemic prevention goods, and increasing medical capacity.

The Communicable Disease Control Act will amend to legalize the issuance of home isolation (self-isolation) notices for confirmed cases of COVID-19 and their contacts.

Q7.

<risk scale settings and assessment of COVID-19 patients>

It is interesting to see combining the multiple factors of age and lifestyle for the patients of 63 to 69 years old who are living alone for scaling patients' risk. In Tokyo, COVID-19 patients who live alone often become extremely anxious and call for ambulances at night for non-emergencies such as sore throat regardless of their age. So I think it is necessary to assess the COVID-19 patients from various aspects such as severity risk factors and psychological assessment scales. We would like to know how and by whom you set the risk scales of the COVID-19 patients.

A7

The Central Epidemic Command Center (CECC) has established an advisory group of experts and scholars to provide advice and recommendations on healthcare, epidemic prevention, and related technologies.