Tackling the COVID-19 Pandemic: Experiences from Asia

East Coast, USA (EDT) April 16, 2020 8:30 PM-9:30 PM Hong Kong Time, Taipei Standard Time April 17, 2020 8:30 AM-9:30 AM Korea Standard Time April 17, 2020 9:30 AM-10:30 AM



Keiji Fukuda, MD, MPH Director and Clinical Professor School of Public Health, Li Ka Shing Faculty of Medicine The University of Hong Kong



Juhwan Oh, MD, MPH, DrPH

Professor International Health Policy and Management Seoul National University College of Medicine



Chang-Chuan Chan, PhD Dean College of Public Health National Taiwan University



Keith Martin, MD, PC Executive Director Consortium of Universities for Global Health

Moderator

Consortium of Universities for Global Health



info@cugh.org @CUGHnews @CUGH_TAC www.cugh.org



Hong Kong's Approach to COVID-19

CUGH Webinar

17 April 2020

Keiji Fukuda Director, School of Public Health The University of Hong Kong

Hong Kong

Population: 7.5 million

Visitors per year: 55.9 million in 2019

- Mainland China: 43 million
- > Elsewhere: 12 million

• Economy

- International business, trade, financial hub, services, tourism
- Investment gateway between Mainland and World

Recent major events

• 1997: avian influenza H5N1

> 18 cases (6 deaths) HK
> >1.5 million chickens slaughtered

• 2003: SARS

> 8,096 cases (774 deaths) worldwide
> 1,755 cases (299 deaths) HK

• 2009: H1N1 swine flu

- > 214 countries
- > >30,000 cases (80 deaths) in HK

2019 social unrest



Legacy of SARS

<u>Public</u>

- Outbreaks viewed seriously
- Attentive to guidance
- Societal norms
 - Daily cleaning lift buttons... etc
 - Masks common
 - Double chopsticks

Government

- Highest level attention
- Structural
 - Centre for Health Protection
 - Health system
 - Academic EID programs
- Actions
 - Traveller quarantine in 2009

Hong Kong 2020



Source: Hong Kong Centre for Health Protection

January 2020

• Travelers from

<u>Measures</u>							
31 Dec	GOV vows vigilance after Wuhan reports infections						
4 Jan	Preparedness and Response Plan launched: serious response level						
23 Jan	2 infections confirmed						
24 Jan	Health declaration required: all passengers at high-speed rail station						
25 Jan	 Response raised to highest emergency level All Wuhan trains / flights stopped All mainland checkpoints require health declaration; temperature screening at departures School holiday extended 						
27 Jan	Entry ban into HK for Hubei residents / travelers in previous 14 days						
28 Jan	 6 border entry points suspended Mainland stops permits for visitors to Hong Kong Work-at-home arrangement for civil servants 						

February 2020

<u>Measures</u>				
4 Feb	 First local death Borders closed with China (except HK-Zhuhai-Macau Bridge, Shenzhen Bay Port, airport) 			
8 Feb	All people entering HK from Mainland placed in quarantine			

March-April 2020

• Major surge

- Returning residents
- Contact
- Local

<u>Measures</u>

23 Mar	Ban on restaurants / bars selling alcohol					
25 Mar	 No entry or transit for any incoming non-residents from overseas All returning residents quarantined (home or hotel) 					
28 Mar	 Extend social-distancing laws A ban on public gatherings of more than 4 people Closure of leisure venues, including cinemas, party rooms and gyms Restaurants and bars must half capacity / keep tables 1½ metres (5 feet) apart 					
1 - 3Apr	Closure of karaoke lounges, nightclubs, mahjong, pubs, bars					
6 Apr	Ban on entry of non-residents extended indefinitely					
8 Apr	All incoming travelers into airport tested for coronavirus					
10 Apr	Beauty and massage parlours closed					

Basket of Measures (adjusted over time)

- Cross-government mobilization
- Public health
 - Surveillance
 - Case investigations & contact tracing
 - Isolation of cases
 - Quarantine of contacts
 - Testing
- Scientific community mobilized
- Communications
 - Press, website, videos

- Border & traveler restrictions
- Social distancing
 - Government, businesses, schools
 - Restaurants, bars, gymsetc
- Masks, handwashing etc
- Hospitalization costs covered by HK

HK and global challenges going forward

- Monitor domestic & external risks
- Health system capacity if surge
- Normalization
 - Economic & emotional toll
 - Risk of uncontrolled infections
 - Tailor domestic & border measures
- Return of overt social unrest

Multilateral cooperation

- 2001 WHA Resolution 54.14 Global health security:
 - Global strategy for prevention of movement of communicable diseases across national borders
- 2005 revised International Health Regulations (IHR)
- 2014 Global Health Security Agenda (GHSA)

CUGH COVID-19 3 East Asia

Lessons from South Korea for COVID-19

Juhwan Oh, MD, MPH, PhD

Seoul National University Hospital Seoul National University College of Medicine

phases based on number of new cases per day

Confirmed cumulative cases across districts

Source: Korea CDC

('20.1.1.~4.15.)

(20.4.9..~4.15.)

Early Phases Responses Phase 0 O case period Phase 1 O-5 new cases per day

- Early recognition of the threat (China Epidemic)
- Rapid activation of national response protocol

 Rapidly establishing wide-spread diagnostic capacity

Phase 2. Rapid System Transformation

Establishing national center for disaster relief *led by* prime minister with declaration of the highest (4th) level (Red) of epidemic crisis on Feb 23

Treatment System Re-design (Separate two-tiers systems)

Critically ill patients (5%) Severe patients (10-15%) COVID ONLY hospitals vs Non-COVID hospitals Mild-to-moderately ill patients (80%) observation admission center Triage at initial entry point] all respiratory symptom or fever

Prevention System Re-design Local contact tracing, Diagnostic test, Isolation

When someone diagnosed

Prevention Acton Begins *Initiating contact tracing* **Treatment Action Starts** *Admission to facility*

- Testing the contacted persons
 - Isolating until result comes (at home)
- Admission to observation centers if positive results
- Close monitoring even without Sx by CCTV and phone within dormitory via health professionals
- Conservative treatment for those with symptom

Prevention System Re-design

Local contact tracing

by (temporary) district EIS officers by provincial/central EIS officers **Diagnostic test** Evaluation through local screening/triage centers at district centers Isolation at home or at public isolation dormitory (incoming travelers)

Free food and living stuff were provided for those isolated

Figure 1. Stepwise approach in monitoring contacts when a patient with COVID-19 is detected. GPS = global positioning system.

Osong Public Health Res Perspect 2020;11(1):60-63

Short Communication

Contact Transmission of COVID-19 in South Korea: Novel Investigation Techniques for Tracing Contacts

COVID-19 National Emergency Response Center, Epidemiology & Case Management Team, Korea Centers for Disease Control & Prevention *

Korea Centers for Disease Control and Prevention, Cheongju, Korea

ABSTRACT

Article history:

Received: February 13, 2020 Revised: February 18,2020 Accepted: February 18, 2020 In the epidemiological investigation of an infectious disease, investigating, classifying, tracking, and managing contacts by identifying the patient's route are important for preventing further transmission of the disease. However, omissions and errors in previous activities can occur when the investigation is performed through only a proxy interview with the patient. To overcome these limitations, methods that can objectively verify the patient's claims (medical facility records, Global Positioning System, card

Aggressive Contract Tracing with Test : cum. number of tests per population

Re-design towards two-tiers systems

COVID				Non-COVID							
University Hospital 1 COVID Section					Non-COVID Section of the same hospital						
University Hospital 2 COVID Section					Non-COVID Section of the same hospital						
COVID Hospital 1	COVID Hospital 2	COVID Hospital 3	COVID Hospital 4	COVID Hospital 5	Non- COVID Hospital 5	Non- COVID Hospital 4	Non- COVID Hospital 3	Non- COVID Hospital 2	Non- COVID Hospital 1		
Observ ation center 1	Observ ation center 2	Observ ation center 3	Observ ation center 4	Observ ation center 5	Observ ation center 6	Observ ation center 7	Observ ation center 8	Non- COVID ambulat ory clinic	Non- COVID ambulat ory		
Triage Center	Triage center	Triage center	Triage center	Triage center	Triage center	Triage center	Triage center		clinic		
Phone call, non-contact registrar first to be properly positioned											

Phase 3-5 Active social distancing encouraged by government for preventing re-surging

- (Since March 22) Strong recommendation to minimize non-essential mobility or social gathering
 - Delayed school re-opening from winter break (equivalent to school closure) through online class
 - Discouraged in-person religious worship or indoor gym activities
 - Encourage home-based work
- Exit via stressing quarantine in daily life
- Unlike US or EU,

NO banning of most of ordinary businesses *such as restaurant, bar*

Population Mobility Statistics based on mobile big data (from January to March)

 Publicly provided information by SK Telecom & Korea Statistical Office

(March 22) Strong recommendation of social distancing

To prevent rebound of already, voluntarily, reduced population mobility

Decreasing number of newly affected cases with unknown origin (orange colored) from 15% to 5% or lower [March 1-31]

Universal Health Coverage for COVID

Medical bill for All COVID-19 related medical cost has been covered by Tax based on legal framework

90-100% Covered by Health Insurance

Transferable Lessons

- Aggressive technical response in prevention (Public health) & treatment (Medicine)
 - Aggressive contact-tracing, quarantine (isolation) & testing
 - Aggressive triage based COVID vs non-COVID separation & closed monitoring for mild cases & tireless clinical service for critically ill cases
- Prompt transformative response by steady government commitment (President-PM office /MoHW /KCDC /Provincial Government/District Health center)
- Trust between citizen/public & government
 - Transparent risk communication & Public engagement
- Proactive Health Professionals' voluntary sacrifice

Responses to COVID-19 outbreak in Taiwan

Chang-Chuan Chan, ScD Dean, Professor, College of Public Health National Taiwan University

Confirmed cases of COVID-19 by onset date (Taiwan)

Data source: https://www.cdc.gov.tw/ updated: 2020/04/14

Digital tracing – Diamond Princess

Courtesy of Dr. Hsien-Ho Lin

- 2694 passengers disembarked in northern Taiwan on Jan 31st
- Used mobile sensor data cross-validated by other big sensor surveillance data to identify 627,386 potential contact persons with mobile geo-positioning method and rapid analysis
- SMS message to citizens who might have contact with the passengers
- National Health Insurance data linked with contact population to follow up hospital visits
- 69 contacts were tested by RT-PCR (all negative)

The Matsu detour

National Health Insurance (NHI) IC card

全民健康保险 NATIONAL HEALTH INSURANCE

甄健康

A22345678 58/01/01

0000 1234 5678

Evolution of Name-Based Mask Distribution System

Name-Based Mask Distribution System 1.0

photo by udn.com

Name-Based Mask Distribution System 2.0

Did all of these responses work?

Update time : 2020-04-16 00:30

More than 100 technicians from companies across Taiwan volunteered their time, expertise, and resources to assemble 92 surgical face mask production lines in 40 days that boost Taiwan's daily production capacity from 4 million to 15 million.

National Taiwan University College of Public Health hold weekly press conferences to provide scientific details on national and international developments, and recommend containment policies based on scientific findings and data analysis.

How did we achieve this?

- Our society as a whole learned harsh lessons from the 2003 SARS outbreak:
 - we should be ready for newly emerging diseases
 - we cannot expect timely and accurate disease outbreak data from China
- Early border control policy is our most important and successful containment measure
- Efforts were significantly enhanced by our advanced information technology, digital communication networks, and big data science
- Clear and effective communication
- Taiwanese people are familiar with the necessary personal measures to avoid infection, very supportive of government's policies, and have complied faithfully with infection-control measures.
- Taiwan's single-payer National Health Insurance (NHI) system enables us to mobilize the healthcare resources of the entire country during an outbreak.

We are in the first inning of the ball game

Photo by Central News Agency / April 12, 2020