



KCDC

Korea Centers for Disease Control & Prevention

Updates on COVID-19 in Republic of Korea

26 March 2020

- As of 0:00, 26 March 2020, a total of 9,241 cases (including 284 imported cases) have been confirmed, of which 4,144 cases have been discharged from isolation. Newly confirmed cases are 104 in total.

[Table 1. Total confirmed and suspected cases]

Period (since 3 Jan)	Total	Tested positive				Being tested	Tested negative
		Confirmed	Discharged	Isolated	Deceased		
As of 0:00 25 March (Wed)	357,896	9,137	3,730	5,281	126	14,278	334,481
As of 0:00 26 March (Thurs)	364,942	9,241	4,144	4,966	131	14,369	341,332
Difference	7,046	104	414	-315	5	91	6,851

- Epidemiological links have been found for 82.2% of the total cases; 14.7% are either under investigation or sporadic cases. More details on the epidemiological links within each province or city are shown in Table 2.
- From the call center building in Guro-gu, Seoul, 2 additional cases were confirmed. The current total is 160 confirmed cases since 8 March. Of the 160 confirmed cases, 97 are persons who worked in the building (11th floor = 94; 10th floor = 2; 9th floor = 1), and 63 are their contacts.
- From a preschool (Mirae Kieum Preschool) in Gyeonggi Province, one teacher was confirmed with COVID-19. The 48 contacts (children = 33; teachers = 14; parent = 1) of the teacher have been tested, all of which returned negative. In Daegu, testing has been completed for every person at high-risk facilities. Of the 33,256 test results, 224 (0.7%) were positive results. From a healthcare institution (Daegu Fatima Hospital) in Daegu, 19 cases (patients = 10; staff = 5; guardians/caregivers = 4) have been confirmed since 17 March. Most of the confirmed cases arose from the hospital's 71st and 72nd ward. They have been placed in cohort isolation.
- In light of the rise in the percentage of imported cases, screening at port entry and strict self-quarantine monitoring is important.
- Since 22 March, every inbound traveler from Europe is required to be tested. Also, in light of the recent surge in COVID-19 cases in the United States and the rise in the number of imported cases from the US, starting 0:00 of 27 March, a stronger screening process will be applied for inbound travelers from the United States.
- All symptomatic persons entering from the US, regardless of nationality, will be required to wait for testing in a facility within the airport. Persons who test positive will be transferred to a hospital or "Life Treatment Center". Persons who test negative will enter self-quarantine at home for 14 days.
- Korean nationals and foreigners with a domestic residence who are asymptomatic at the time of entry will enter self-quarantine in their home for 14 days and get tested if symptoms begin to occur.



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- Foreigners who are on a short-term visit without domestic residence and thus are unable to self-quarantine will be tested in at a temporary facility. If they test negative, they will be allowed entry under enhanced active monitoring. Those subject to self-quarantine are required to install the self health check app on their phone and report their symptoms on the app. The authorities will consider whether to begin requiring every inbound traveler from the U.S. to be tested if it becomes necessary in the future, based on whether the situation worsens in regards to COVID-19 transmission in the United States and the number of imported cases from the U.S.
- The KCDC urged all inbound travelers to follow the precautionary measures, including not leaving home for 14 days, minimizing contact with other people, not going to work, washing hands, covering sneezes and coughs.
- Any person who suspect onset of COVID-19 symptoms are advised to call the KCDC call center (1339) or local call centers (area code + 120), ask a local public health center, or visit a screening facility, before visiting a regular healthcare provider directly. All persons who visit a screening center should arrive wearing a mask and in their own car if possible, and disclose their international travel history to the healthcare professionals.
- The KCDC also advised employers to ensure that employees returning from international business trips will not return to their office for the first 2 weeks upon their return. In particular, employers should especially ensure that employees working at publicly used venues who have international travel history are required to work from home or take a short leave.
- The KCDC, Ministry of Land, Infrastructure and Transport, and Ministry of Science and ICT begin the official launch of "COVID-19 Epidemiological Investigation Support System", which is a system to automate epidemiological investigation in accordance with the Infectious Disease Control and Prevention Act.
- In light of the continued emergence of outbreaks in various venues such as religious facilities and workplaces, the KCDC urged everyone to participate in enhanced social distancing campaign for 15 days (22 March – 5 April). Citizens are advised to stay home as much as possible other than for going to work, visiting a healthcare provider, and purchasing necessities. Working citizens are asked to maintain a distance from other people during lunch breaks, refrain from using break rooms and other social venues, and pay closer attention to maintaining personal hygiene (e.g. washing hands).
- Employers are advised to implement various methods of minimizing person-to-person contact for employees, such as reorganizing workspaces to ensure greater distancing and implementing work-from-home and flexible hours systems. Those who show symptoms should be advised not to show up at work. Workers who develop symptoms mid-day should be sent home immediately. The government has also limited the operation of high-risk facilities including religious facilities, some indoor fitness facilities, and nightlife venues. Venues that remain in operation must strictly comply with infection prevention guidelines (e.g. disinfecting, ventilation, distancing, mask wearing) set by the authorities.



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[Table 2. Regional distribution and epidemiological links of the confirmed cases]

Region	Confirmed cases									Other major clusters
	Total	Imported cases	Clusters					Other*	New cases	
			Sub-total	Shin-cheonji	Small clusters	Contacts of confirmed cases	Imported cases			
Seoul	360	68	266	7	197	37	25	26	13	Guro-gu call center (96), Dongan Church-PC Cafe (20), etc.
Busan	112	2	76	11	49	16	0	34	0	Onchun Church (32), Suyeong-gu Kindergarten (5), etc.
Daegu	6,482	2	5,463	4,391	347	725	0	1,017	26	Hansarang Convalescent Hospital (101), Daesil Convalescent Hospital (78), KimSin Recuperation Hospital (32), Daegu Fatima Hospital (19) , etc.
Incheon	43	7	34	2	27	3	2	2	1	Guro-gu call center (20), etc.
Gwangju	19	4	14	9	0	2	3	1	0	
Daejeon	30	1	18	2	10	6	0	11	6	Korea Forest Engineer Institute (3), etc.
Ulsan	37	6	24	16	1	4	3	7	0	
Sejong	44	0	42	1	38	3	0	2	0	Ministry of Oceans and Fisheries (29), gym facilities (8)
Gyeonggi	401	47	309	29	210	57	13	45	14	Grace River Church in Seongnam (68), Guro-gu call center-Bucheon SaengMyeongSu Church (44) , etc.
Gangwon	31	2	22	17	5	0	0	7	0	Apartments in Wonju City (3), etc.
Chungbuk	39	0	26	6	11	9	0	13	1	Goesan-gun Jangyeon-myeon (11)
Chungnam	124	5	112	0	112	0	0	7	1	Gym facilities in Cheonan (103), research center in Seosan (8), etc.
Jeonbuk	10	3	1	1	0	0	0	6	0	
Jeonnam	8	1	4	1	0	2	1	3	0	
Gyeongbuk	1274	1	1,115	554	388	172	1	158	12	Cheongdo Daenam Hospital (120), Bonghwa Pureun Nursing Home (68), pilgrimage to Israel (49), Gyeongsan Seorin Nursing Home (36) , etc.
Gyeongnam	90	2	72	32	35	5	0	16	0	Geochang Church (10), Geochang Woongyang-myeon (8), etc.
Jeju	6	2	0	0	0	0	0	4	0	
Airport	131	131	0	0	0	0	0	0	30	
Total	9241	284 (3.1%)	7,598 (82.2%)	5,079 (55.0%)	1,430 (15.5%)	1,041 (11.3%)	48 (0.5%)	1,359 (14.7%)	104	

* Not classified into a cluster or under investigation

※ The interim classification is based on the reporting location, which may change depending on further epidemiological investigation.



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○ Case distribution data:

[Table 3. Confirmed cases by region]

	Total	City							
		Seoul	Busan	Daegu	Incheon	Gwangju	Daejeon	Ulsan	Sejong
Isolated	4,966	280	35	3,349	32	8	24	17	36
Discharged	4,144	80	75	3,039	11	11	6	20	8
Deceased	131	0	2	94	0	0	0	0	0
Subtotal	9,241	360	112	6,482	43	19	30	37	44
(Change)	(104)	(13)	-	(26)	(1)	-	(6)	-	-

	Province									Other
	Gyeonggi	Gangwon	Chungbuk	Chungnam	Jeonbuk	Jeonnam	Gyeongbuk	Gyeongnam	Jeju	Airport screening
Isolated	275	12	25	56	3	5	643	33	2	131
Discharged	122	18	14	68	7	3	601	57	4	0
Deceased	4	1	0	0	0	0	30	0	0	0
Subtotal	401	31	39	124	10	8	1,274	90	6	131
(Change)	(14)	-	(1)	(1)	-	-	(12)	-	-	(30)

[Table 4. Case distribution and incidence rate by region]

Region	# of cases	(%)	Incidence rate (per 0.1M)	Region	# of cases	(%)	Incidence rate (per 0.1M)
Seoul	360	(3.90)	3.70	Gyeonggi	401	(4.34)	3.03
Busan	112	(1.21)	3.28	Gangwon	31	(0.34)	2.01
Daegu	6,482	(70.14)	266.04	Chungbuk	39	(0.42)	2.44
Incheon	43	(0.47)	1.45	Chungnam	124	(1.34)	5.84
Gwangju	19	(0.21)	1.30	Jeonbuk	10	(0.11)	0.55
Daejeon	30	(0.32)	2.04	Jeonnam	8	(0.09)	0.43
Ulsan	37	(0.40)	3.23	Gyeongbuk	1274	(13.79)	47.85
Sejong	44	(0.48)	12.85	Gyeongnam	90	(0.97)	2.68
Airport Screening	131	(1.42)	-	Jeju	6	(0.06)	0.89
Total				9,241		(100)	17.82



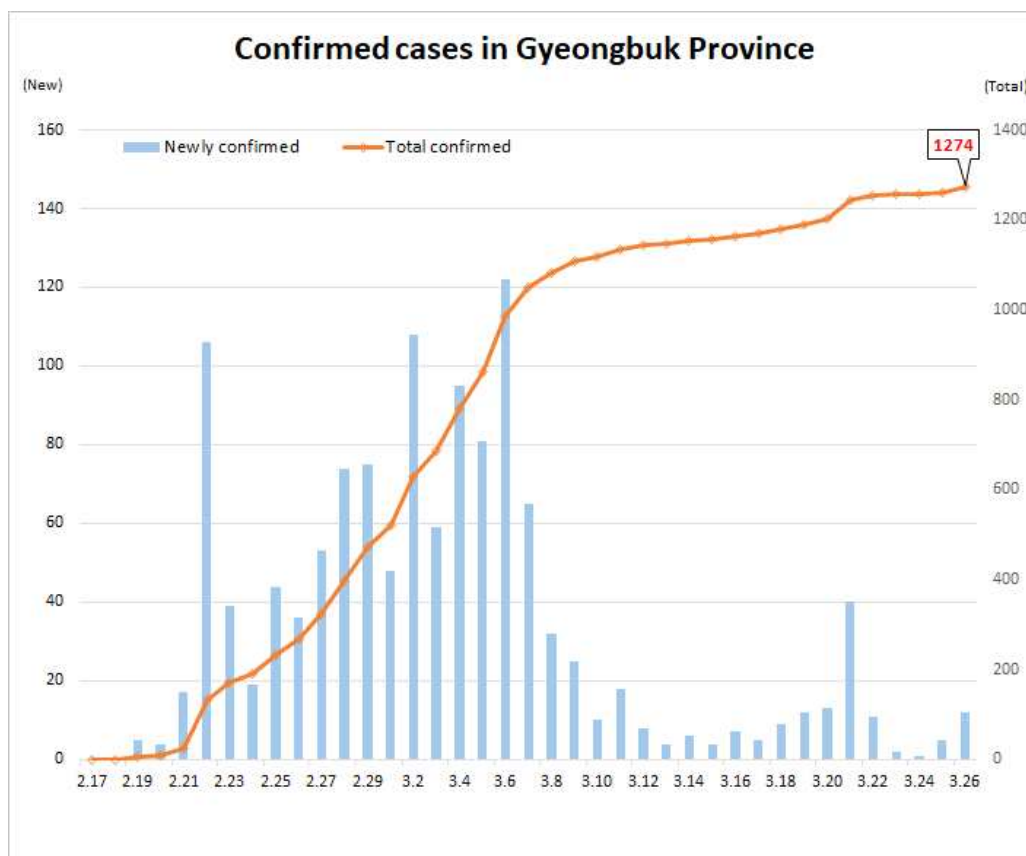
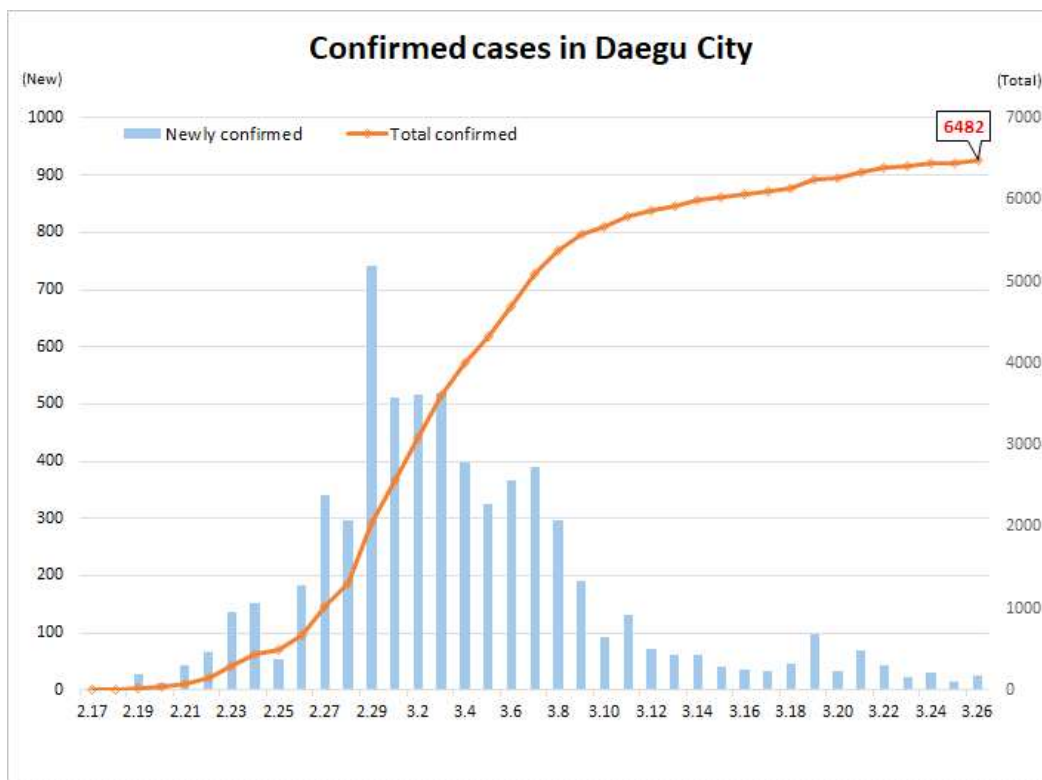
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[Figures 1-4. Daily case trends by region]



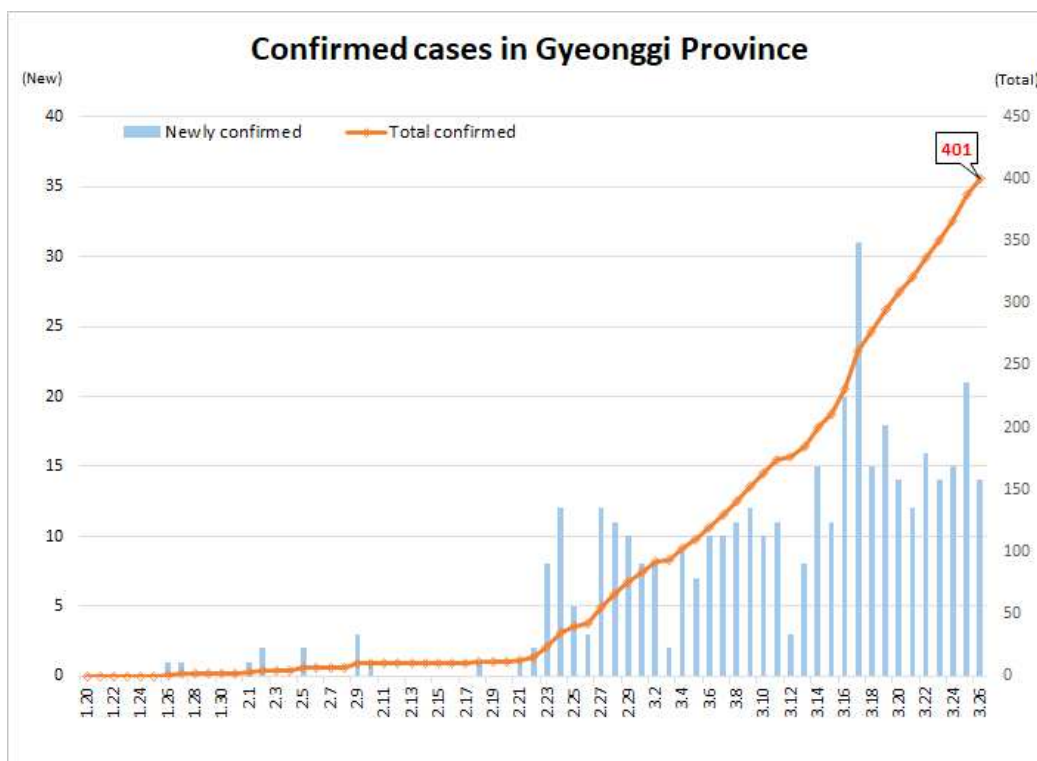
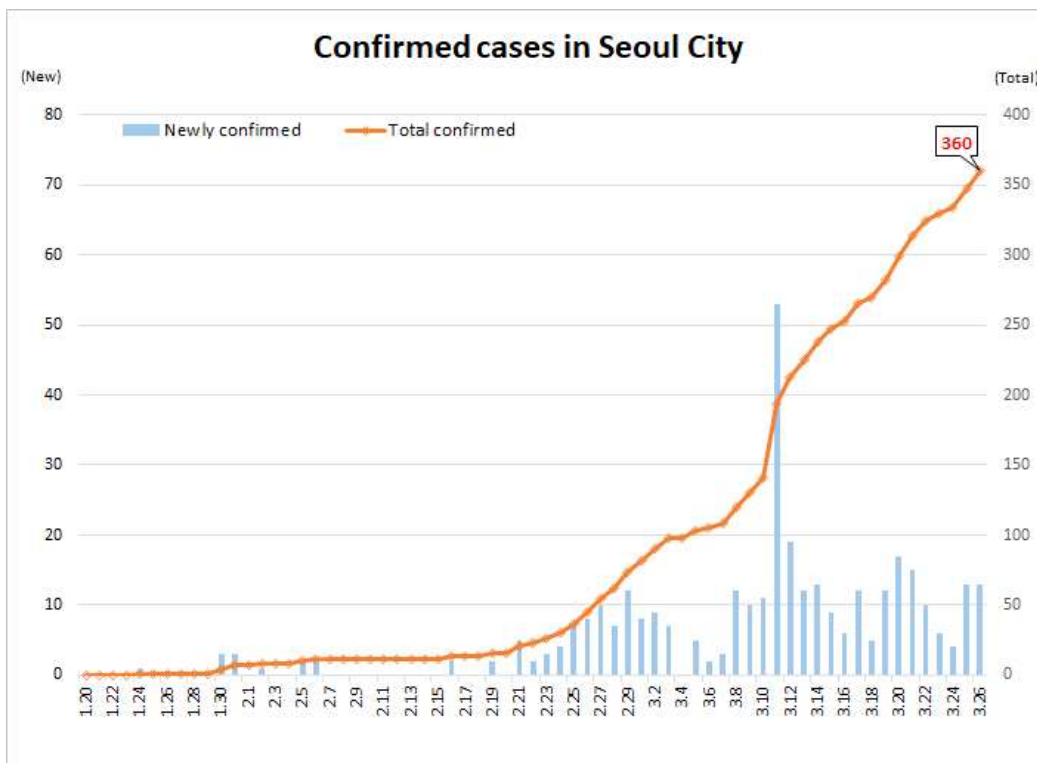


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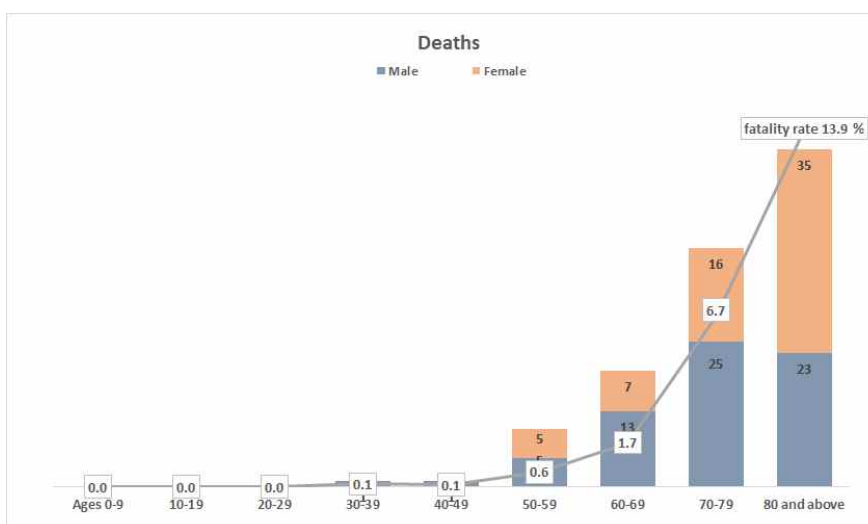
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[Table 5. Case distribution by gender and age group]

		Confirmed Cases (%)	Deaths (%)	Fatality rate (%)
Total		9,241 (100)	131 (100)	1.42
Sex	Male	3,598 (38.94)	68 (51.91)	1.89
	Female	5,643 (61.06)	63 (48.09)	1.12
Age	80 and above	416 (4.50)	58 (44.27)	13.94
	70-79	616 (6.67)	41 (31.30)	6.66
	60-69	1,162 (12.57)	20 (15.27)	1.72
	50-59	1,738 (18.81)	10 (7.63)	0.58
	40-49	1,252 (13.55)	1 (0.76)	0.08
	30-39	955 (10.33)	1 (0.76)	0.10
	20-29	2,508 (27.14)	0 (0.00)	-
	10-19	488 (5.28)	0 (0.00)	-
	0-9	106 (1.15)	0 (0.00)	-

[Figures 5-6. Case distribution by gender and age group]





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[Figure 7. Weekly trend of imported cases]

