Since initial reports of coronavirus disease (COVID-19) from Wuhan, China, 267,013 confirmed COVID-19 cases have been reported from 184 countries, as of March 22, 2020 (1). In South Korea, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19, was detected in a person from China who entered the country from Wuhan on January 19, 2020 (2). After an outbreak was identified among a religious group in Daegu and the neighboring regions on February 18, 2020, the cumulative number of cases in South Korea increased dramatically (3). Because of the sharp increase in cases in this region, it was impossible to accommodate all patients in hospitals. The shortage of hospital beds left >2,000 persons with confirmed COVID-19 waiting many days at home for a hospital admission. Unfortunately, several persons died at home while waiting or during transportation to the hospital. As a part of measures to decrease spikes in COVID-19 caseloads in and deaths outside of hospitals, the government of South Korea converted private dormitories and state-run institutions into community-based isolation facilities for patients with laboratory-confirmed COVID-19, but mild or no symptoms. These community treatment centers (CTCs) enabled the efficient use of medical institutions and compensated for the shortcomings of self-isolation. South Korea opened its first CTC on March 2, 2020, and by March 19, 2020, 16 CTCs with a total of 3,818 beds were distributed across the country. We describe the operating processes of 3 CTCs near Daegu, South Korea, and analyze the clinical characteristics and disease progression in admitted patients.

Materials and Methods

Participating Community Treatment Centers
The 3 CTCs that participated in this study each had a capacity to house 136–235 patients (Figure 1). All patients were from Daegu, where a large outbreak occurred, and tested positive for SARS-CoV-2 by real-time reverse transcription PCR (rRT-PCR) assays of upper respiratory tract (nasal and pharyngeal) or lower respiratory tract (sputum) specimens. Patients admitted to CTCs were classified as having mild or asymptomatic COVID-19 by epidemiologic investigators in Daegu. According to Korea Centers for Disease Control and Prevention (KCDC) guidelines (4), asymptomatic patients were alert, <50 years of age, nonsmokers who had no concurrent conditions and body temperature <37.5°C without antipyretic drugs.
Patients with mild disease were alert and met ≥1 of the following criteria: age <50 years, no concurrent conditions, and body temperature <38°C with antipyretics (4). Patients were admitted to CTCs because they could not self-isolate at home for medical or non-medical reasons, including impaired performance of daily activities and unfeasibility of home isolation. Children were admitted and most were in infected family groups who were housed together in the centers. Patients with laboratory-confirmed COVID-19 who met ≥1 of the following criteria were considered severe cases and were hospitalized immediately for treatment: ≥65 years of age; ≥1 underlying condition, such as diabetes, chronic kidney disease, chronic liver disease, chronic pulmonary disease, chronic cardiovascular disease, hematologic malignancy, undergoing chemotherapy, or use of immunosuppressants; required oxygen therapy; or needed special care, including persons who were severely obese, pregnant, or required renal dialysis (4).

Candidates for CTC admission arrived at the centers from their homes by designated buses offered by the Daegu local government. The buildings in all CTCs were divided into clean and contaminated zones. The clean zone was the working and living space designated for staff and the contaminated zone was the isolation space designated for patients. When entering the contaminated zone all staff were required to wear personal protective equipment, including N95 respirators, gloves, goggles, and hooded coveralls.

The 3 CTCs opened on different days; Gyeongju on March 3, Jecheon on March 9, and Gimje on March 11. Each CTC was paired with a large hospital that coordinated and established operations and dispatched medical staff, including 1 physician and 1 nurse per CTC, and other necessary staff. The Gyeongju CTC
had 1 radiograph unit and the Jecheon CTC had 2 radiograph units; Gimje CTC did not have an radiograph unit (Table 1). In addition to the medical professionals from private hospitals, the Gimje and Gyeongju CTCs included army physicians, public health physicians, and volunteer nurses, recruited for system operations. The Jecheon CTC was operated solely by medical professionals dispatched from a public hospital. Medical professionals stationed at each CTC monitored patients’ conditions, collected patient specimens for rRT-PCR, and were on hand for emergencies requiring hospital transfer.

Apart from healthcare professionals, Daegu local government, in cooperation with the central government, primarily managed CTCs and provided administrative support, including providing medical equipment and meals. In addition, personnel from the military, police, and fire departments were stationed at the CTCs to provide operational services, including food delivery, access control, and patient transfer in emergencies. Each CTC required 64–72 personnel per day to maintain operations.

Discharge Criteria

Discharge decisions were based on rRT-PCR assays of nasopharyngeal or sputum specimens to detect SARS-CoV-2 (5). Green Cross Laboratories (https://www.gclabs.co.kr) performed rRT-PCR for all 3 CTCs by using Allplex 2019-nCoV assays (Seegene Medical Foundation, https://www.seegene.com). KCDC set discharge guidelines, which required negative results for 2 serial rRT-PCR tests performed ≥72 hours apart (6).

Monitoring and Testing Processes

During isolation in the CTCs, patients had their temperatures and respiratory symptoms checked ≥2 times each day, either by medical staff or by using self-monitoring equipment. Medical staff determined whether chest radiography or measurement of oxygen saturation were needed at admission, worsening of symptoms, or discharge. Each CTC had medications for symptomatic treatment, such as antipyretics and antitussives, which were prescribed by the medical staff. Each center had a portable oxygen tank if needed.

For patients with no fever, pulmonary symptoms, or use of antipyretics, an rRT-PCR test was performed ≥7 days from the day of diagnosis. Subsequent rRT-PCR tests were performed ≥24 hours later if the initial result was negative or in 2–7 days if the initial result was positive or inconclusive. Patients who developed symptoms such as dyspnea, chest pain, or chest tightness or had abnormal findings suggesting pneumonia on chest radiographs were transferred to a hospital. Patients were discharged when they met the rRT-PCR testing requirements provided by KCDC (Figure 2).

Data Collection

We used CTC records to collect data on patients from the day of admission to March 22, 2020. Basic medical information was collected by CTC staff through a web-based questionnaire or a telephone interview at the time of admission. Patients were asked the date of symptom onset, the date of COVID-19 diagnosis, whether they had underlying conditions, and other medical history. The data were then entered into an electronic database for analysis.

Table 1. Characteristics of 3 community treatment centers, South Korea

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Gimje</th>
<th>Gyeongju</th>
<th>Jecheon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient capacity</td>
<td>210</td>
<td>235</td>
<td>136</td>
</tr>
<tr>
<td>Opening date</td>
<td>2020 Mar 11</td>
<td>2020 Mar 3</td>
<td>2020 Mar 9</td>
</tr>
<tr>
<td>Matching hospital</td>
<td>Hanyang University Seoul Hospital</td>
<td>Korea University Medical Center</td>
<td>National Health Insurance Service Ilsan Hospital</td>
</tr>
<tr>
<td>No. medical staff</td>
<td>Doctors, public sector*</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Doctors, private sector</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Registered nurses</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Assistant nurses</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Other†</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No. staff from other sectors</td>
<td>Local government</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Central government, including the Ministry of Health and Welfare</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Facilities management</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Disinfection</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Military</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Police</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Fire</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No. radiography units</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

*Includes public health doctors, army doctors, and doctors from a public hospital.
†Includes radiologic technicians, physical therapists, occupational therapists.
Centers for Asymptomatic Patients with COVID-19

conditions, and whether they had symptoms associated with COVID-19 (Appendix, https://wwwnc.cdc.gov/EID/article/26/10/20-1539-App1.pdf). A questionnaire for daily health self-monitoring was distributed 2 times a day and asked for self-monitored temperatures, whether patients had symptoms associated with COVID-19, and whether they had other healthcare-related questions (Appendix). The Gimje and Jecheon CTCs used text messaging to distribute links to questionnaires that were refined by using a Google survey platform (https://www.google.com). The Gyeongju CTC used a personal health record-based real-time monitoring system (Softnet, https://www.softnet.co.kr) and provided instructions to the patients at admission; staff called patients who did not complete the questionnaire on time.

Statistical Analysis
To analyze clinical characteristics of patients with persistent detection of SARS-CoV-2 by rRT-PCR for ≥28 days, we excluded patients who met the following criteria from the analysis: patients staying at the center on the 28th day from the day of initial diagnosis; and patients with no rRT-PCR test results or only 1 negative rRT-PCR test result performed after the 28th day from the day of initial diagnosis. We conducted all statistical analyses by using SPSS Statistics 24.0 for Windows (IBM Corp., https://www.ibm.com). We analyzed categorical variables by using the χ² test or Fisher exact test, as appropriate. We analyzed continuous variables by using independent t tests and considered 2-tailed p<0.05 statistically significant.

The study protocol was approved by the Institutional Review Board (IRB) of Korea University Ansan
Hospital, Seoul (IRB no. 2020AS0083). The requirement for written informed consent from patients was waived due to the nature of the study and unfeasibility related to the same.

**Results**

**Clinical Characteristics of Patients**

By March 23, 2020, a total of 568 patients had been admitted to the 3 CTCs: Gimje admitted 169 (29.7%), Gyeongju admitted 289 (50.9%), and Jecheon admitted 110 (19.4%). At the end of the study period, 356 (62.7%) patients remained in the centers, 200 (35.2%) had returned home and into society, and 12 (2.1%) were transferred to hospitals for further treatment (Table 2).

More women (64.6%) were admitted than men (35.4%), and the mean age of patients was 36.0 years (SD ±15.0 years). A small proportion (6.3%) of patients had >1 chronic disease requiring medication, such as diabetes and hypertension. Many (75.7%) remained asymptomatic over the course of the disease, but 138 (24.3%) reported symptoms associated with COVID-19. The most common symptoms were cough (11.6%) and nasal congestion (9.8%).

The mean number of rRT-PCR tests performed for each patient was 2.83 (SD ±1.17), and 33.3% (189/568) of patients were released from isolation at the 2nd follow-up test. Of the patients remaining in the CTCs, 12.4% (47/379) were released after the 3rd follow-up test and 14.5% (48/332) after the 4th. Among the first

### Table 2. Clinical characteristics of 568 patients with no or mild symptoms of coronavirus disease isolated 3 in community treatment centers, South Korea*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total, n = 568</th>
<th>Gimje, n = 169</th>
<th>Gyeongju, n = 289</th>
<th>Jecheon, n = 110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current statistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In isolation in community treatment center</td>
<td>356 (62.7)</td>
<td>131 (77.5)</td>
<td>147 (50.9)</td>
<td>78 (70.9)</td>
</tr>
<tr>
<td>Discharged with recovery</td>
<td>200 (35.2)</td>
<td>33 (19.5)</td>
<td>137 (47.4)</td>
<td>30 (27.3)</td>
</tr>
<tr>
<td>Transferred to a hospital</td>
<td>12 (2.1)</td>
<td>5 (3.0)</td>
<td>5 (1.7)</td>
<td>2 (1.8)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>367 (64.6)</td>
<td>101 (59.8)</td>
<td>185 (64.02)</td>
<td>81 (73.6)</td>
</tr>
<tr>
<td>M</td>
<td>201 (35.4)</td>
<td>68 (40.2)</td>
<td>104 (36.0)</td>
<td>29 (26.4)</td>
</tr>
<tr>
<td>Age, mean ±SD</td>
<td>36.0 ± 15.0</td>
<td>33.4 ± 14.6</td>
<td>37.8 ± 14.5</td>
<td>35.0 ± 16.2</td>
</tr>
<tr>
<td>Underlying conditions†</td>
<td>36 (6.3)</td>
<td>3 (1.8)</td>
<td>26 (9.0)</td>
<td>7 (6.4)</td>
</tr>
<tr>
<td>COVID-19 symptoms over the course of disease‡</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>430 (75.7)</td>
<td>115 (68.0)</td>
<td>238 (82.4)</td>
<td>77 (70.0)</td>
</tr>
<tr>
<td>Y</td>
<td>138 (24.3)</td>
<td>54 (32.0)</td>
<td>51 (17.6)</td>
<td>33 (30.0)</td>
</tr>
<tr>
<td>rRT-PCR tests per patient, mean ±SD</td>
<td>2.83 ± 1.17</td>
<td>2.82 ± 1.04</td>
<td>2.73 ± 1.26</td>
<td>3.11 ± 1.09</td>
</tr>
<tr>
<td>rRT-PCR tests needed before discharge criteria met, % patients§</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>33.3 (189/568)</td>
<td>23.7 (40/169)</td>
<td>43.3 (125/289)</td>
<td>21.8 (24/110)</td>
</tr>
<tr>
<td>3</td>
<td>12.4 (47/379)</td>
<td>17.8 (23/129)</td>
<td>11.6 (19/164)</td>
<td>5.8 (5/86)</td>
</tr>
<tr>
<td>4</td>
<td>14.5 (48/332)</td>
<td>7.5 (8/106)</td>
<td>19.3 (29/145)</td>
<td>14.8 (12/81)</td>
</tr>
<tr>
<td>rRT-PCR results</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>307 (55.0)</td>
<td>65 (39.2)</td>
<td>188 (66.2)</td>
<td>54 (50.0)</td>
</tr>
<tr>
<td>Positive</td>
<td>143 (25.6)</td>
<td>56 (33.7)</td>
<td>58 (20.4)</td>
<td>29 (26.9)</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>108 (19.4)</td>
<td>45 (27.1)</td>
<td>38 (13.4)</td>
<td>25 (23.1)</td>
</tr>
<tr>
<td>Follow-up 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>295 (54.7)</td>
<td>85 (51.8)</td>
<td>172 (64.4)</td>
<td>38 (35.2)</td>
</tr>
<tr>
<td>Positive</td>
<td>119 (22.1)</td>
<td>32 (19.5)</td>
<td>50 (18.7)</td>
<td>37 (34.3)</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>125 (23.2)</td>
<td>47 (28.7)</td>
<td>45 (16.9)</td>
<td>33 (30.5)</td>
</tr>
<tr>
<td>Follow-up 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>14 (49.0)</td>
<td>42 (43.8)</td>
<td>72 (58.5)</td>
<td>29 (39.7)</td>
</tr>
<tr>
<td>Positive</td>
<td>53 (18.1)</td>
<td>20 (20.8)</td>
<td>16 (13.0)</td>
<td>17 (23.3)</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>96 (32.9)</td>
<td>34 (35.4)</td>
<td>35 (28.5)</td>
<td>27 (37.0)</td>
</tr>
<tr>
<td>Follow-up 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>81 (53.3)</td>
<td>20 (60.6)</td>
<td>39 (52.7)</td>
<td>22 (48.9)</td>
</tr>
<tr>
<td>Positive</td>
<td>202 (13.2)</td>
<td>1 (3.0)</td>
<td>12 (16.2)</td>
<td>7 (15.5)</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>51 (33.5)</td>
<td>12 (36.4)</td>
<td>23 (31.1)</td>
<td>16 (35.6)</td>
</tr>
<tr>
<td>Days in isolation, mean ±SD¶</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients, 2020 Mar 23</td>
<td>19.6 ± 5.8</td>
<td>17.9 ± 5.2</td>
<td>21.3 ± 5.9</td>
<td>17.9 ± 5.5</td>
</tr>
<tr>
<td>Patients currently admitted</td>
<td>22.2 ± 5.0</td>
<td>19.1 ± 5.0</td>
<td>25.9 ± 5.4</td>
<td>20.7 ± 2.6</td>
</tr>
<tr>
<td>Patients discharged with recovery</td>
<td>15.6 ± 4.0</td>
<td>14.5 ± 3.7</td>
<td>16.7 ± 3.6</td>
<td>11.6 ± 3.5</td>
</tr>
<tr>
<td>Patients transferred to a hospital</td>
<td>9.6 ± 5.2</td>
<td>11.0 ± 3.7</td>
<td>11.4 ± 4.4</td>
<td>1.5 ± 2.1</td>
</tr>
</tbody>
</table>

*As of March 23, 2020. Values are no. (%) except where otherwise indicated. CTC, community treatment center; rRT-PCR, real-time reverse transcription PCR.

†Includes any chronic disease requiring medication, such as diabetes or hypertension.

‡Includes fever, dyspea, cough, sputum, nasal congestion, decreased sense of smell or taste, sore throat, or diarrhea.

§Two negative results >24 h apart are required before patient discharge.

¶Includes the period of self-isolation at home before being admitted at the center.
Clinical Characteristics of Patients Transferred to Hospitals

A total of 12 patients were transferred to hospitals; 5 each from Gimje and Gyeongju and 2 from Jecheon. The median age of patients transferred to a hospital was 38.4 years (SD ±13.6 years), 53% had underlying conditions, and 15.8% had COVID-19 symptoms. No statistically significant differences in overall clinical characteristics were noted between patients with persistent detection of virus ≥28 days and others. Additional rRT-PCR tests (mean 4.05, SD ±1.08) were performed for patients with persistent viral detection compared with those who were discharged <28 days after diagnosis (mean 2.76, SD ±1.10; p<0.001) (Table 3).

Clinical Characteristics of Patients Transferred with Persistent Viral Detection >28 days

A total of 19 patients had positive or inconclusive rRT-PCR results ≥28 days after initial diagnosis. Among them, 78.9% were female, 22.1% were male, the mean age was 38.4 years (SD ±13.6 years), 53% had underlying conditions, and 15.8% had COVID-19 symptoms. No statistically significant differences in overall clinical characteristics were noted between patients with persistent detection of virus ≥28 days and others. Additional rRT-PCR tests (mean 4.05, SD ±1.08) were performed for patients with persistent viral detection compared with those who were discharged <28 days after diagnosis (mean 2.76, SD ±1.10; p<0.001) (Table 3).

Discussion

Our experience illustrates that CTC operations can be a safe alternative to conventional medical institutions. South Korea introduced CTCs to cope with the rapidly growing number of patients with COVID-19 who required isolation and monitoring but did not necessarily need to be hospitalized for treatment. Patients admitted to CTCs maintained a stable clinical course, but the time to discharge was long.

Isolation facilities for mild cases were vital to helping overcome COVID-19 outbreaks in the country, particularly because >80% of cases were not severe and did not require special therapies, such as oxygen supplementation or parenteral fluid infusion (7). Introducing CTCs effectively ensured that hospital beds were available for patients with moderate or severe disease. In Daegu, during the first phase of the outbreak, some patients likely died due to the unavailability of hospital beds (8), and increasing admissions could have led to the collapse of the healthcare system. Because of several timely countermeasures, including the rapid establishment of CTCs, the mortality rate for COVID-19 in South Korea remained lower (2.4%) than in other countries, including the United States, 6.0%; Japan, 4.3%; China, 5.6%; Iran, 6.0%; and Italy, 14.1% (9). In addition, CTCs helped curb virus transmission in the population. Although violation of the self-isolation orders in South Korea is punishable by law, some cases of nonadherence have been witnessed (10).
aggressive testing was performed on close contacts of the time of admission (data not shown). Extensive and have any patients of this demographic in our study.

detection could be admitted to CTCs, but we did not charged from the hospitals but still had positive viral the course of the disease. Patients who were dis

tients were asymptomatic or had only mild symptoms over the time of admission (data not shown). Extensive and aggressive testing was performed on close contacts of SARS-CoV-2 infected patients in Daegu, especially among members of a specific religious group in which a large outbreak occurred, which possibly contributed to the exceptionally high proportion of asymptomatic cases. Another finding of note was that 5.6% (19/337) of patients had positive or inconclusive rRT-PCR test results, even ≥28 days after diagnosis, which could indicate that viral shedding continues longer than assumed. A study of 56 patients with mild to moderate COVID-19 symptoms indicated that the median duration of viral shedding was 24 days, and the longest was 42 days (11). Data from another study of 137 pa

The KCDC patient classification system for COVID-19 severity was essential for operating the CTCs. As part of city- and province-level patient management teams, epidemiologic investigators classified all confirmed cases by severity and ensured patients with severe symptoms were hospitalized and that other pa

- For patients admitted to CTCs did not meet the criteria of mild disease precisely. In our study, 42 pa

- Most patients with COVID-19 admitted to CTCs were asymptomatic or had only mild symptoms over the course of the disease. Patients who were discharged from the hospitals but still had positive viral detection could be admitted to CTCs, but we did not have any patients of this demographic in our study.

- Of note, ≈90% of patients were asymptomatic at the time of admission (data not shown). Extensive and aggressive testing was performed on close contacts of
Gimje on April 7, and Gyeongju on April 14. Operation of all CTCs that opened for the outbreak in Daegu and surrounding areas ended on April 30, 2020. Because the COVID-19 pandemic continues, we decided to present the data collected up to March 23 to provide information on CTCs and the clinical characteristics of patients with mild disease. Second, because of the evolving emergency, protocols for patient care varied slightly among centers and a standardized protocol still does not exist. A standardized protocol for patient care that includes the discharge process and transfer criteria should be developed in preparation for a potential second wave of the pandemic. Finally, data collection for clinical symptoms and other medical conditions was dependent on web- or application-based questionnaires and the information obtained might be exaggerated or underestimated. To compensate for this, direct communication or telecommunication was used in extraordinary situations and for those who failed to respond to questionnaires; the response rate was >80% in each center.

In conclusion, 75.7% of patients admitted to CTCs in South Korea were asymptomatic, and most maintained a stable clinical course until discharge. Appropriate clinical triaging and CTC operations that include daily patient monitoring are a safe alternative to medical institutions for asymptomatic and mildly symptomatic patients diagnosed with COVID-19 during a pandemic.

Acknowledgments
We thank Jingyeong Yoo, Sehwan An, JeonWook Kwon, MunYoung Chang, and DoHyeon Yun for their collaboration in data collection and Editage (https://www.editage.co.kr) for English language editing.

All authors were stationed at CTCs, participated in the operations at each facility, and facilitated treatment for mild COVID-19 cases. W.S.C. and J.W.S. were stationed at the Gyeongju CTC; H.S.K. and S.N. were stationed at the Jecheon CTC; and B.K. was stationed at the Gimje CTC.

About the Author
Dr. Choi is a professor of infectious diseases at Korea University, Seoul. His research interests include influenza viruses and vaccine-preventable diseases.

References

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Community Treatment Centers for Isolation of Asymptomatic and Mildly Symptomatic Patients with Coronavirus Disease, South Korea

Appendix

Questionnaire for Basic Medical Information

A. Gimje Center
1. Name: ____________
2. Location
   □ Building B
   □ Building C
3. Room number:
4. Did you have following symptoms?
   □ No symptom
   □ Fever (≥37.5°C)
   □ Coughing
   □ Muscle pain
   □ Runny nose or stuffy nose
   □ Sore throat
   □ Dyspnea
   □ Feebleness (Malaise)
   □ Diarrhea
   □ Abdominal pain
   □ Others (____________)
5. What is the date of initial symptom expression? (If you don’t have any symptoms, please skip this question)
   ___/___/____ (Day/Month/Year)
6. What is the date of diagnosis of COVID-19
   ___/___/____ (Day/Month/Year)
7. Underlying conditions (Please check all the disease you have.)

- Hypertension
- Diabetes mellitus
- Chronic Renal disease
- Chronic liver disease
- Chronic pulmonary disease
- Chronic cardiovascular disease (except hypertension)
- Hematologic malignancy
- Undergoing chemotherapy
- Use of immunosuppressants
- HIV
- Others (__________)

8. Any of following?

- Obesity
- Pregnant
- Transplantation recipient
- Others (__________)
- Not applicable

B. Gyeongju Center

1. Name: ____________

2. Sex

- Male
- Female

3. Date of birth: ____/____/____ (Day/Month/Year)

4. What is the date of initial symptom expression? (If you don’t have any symptoms, please skip this question)

   ____/____/____ (Day/Month/Year)

5. Underlying conditions: ____________

6. Are you pregnant?

- Yes
- No

7. Did you have following symptoms

- Fever (≥37.5°C)
- Coughing
- Muscle pain
- Runny nose or stuffy nose
- Sore throat
- Dyspnea
- Feebleness (Malaise)
- Diarrhea
- Abdominal pain
- Others (__________)

8. Has the medication been taken in the last 24 hours?

- Yes (__________)
- No

9. Others: ____________
C. Jecheon Center
1. Name: ____________
2. Sex
   □ Male
   □ Female
3. Date of birth: ___/____/____ (Day/Month/Year)
4. Location
   □ Building B
   □ Building C
5. Room number: ____________
6. Mobile phone number: ____________
7. Mobile phone number of guardians: ____________
8. Underlying disease (Please check all the disease you have.)
   □ Hypertension
   □ Diabetes mellitus
   □ Renal disease
   □ Others (___________)
   □ None
9. Do you have sufficient medication more than 1 month?
   □ Yes (Sufficient)
   □ No (Not sufficient)
   □ Irrelevant
10. If you don’t have sufficient medication, do you have supplement plan?
    □ I have family member who can deliver medication
    □ I need someone to help purchase medication for me
    □ Irrelevant
11. Are you pregnant now?
    □ No
    □ Yes
    □ Irrelevant
    □ Others (___________)
12. Clinical symptoms (Please check all the symptoms you have.)
    □ No symptom
    □ Fever (≥37.5°C)
    □ Coughing
    □ Muscle pain
    □ Runny nose or stuffy nose
    □ Sore throat
    □ Dyspnea
    □ Feebleness (Malaise)
    □ Diarrhea
    □ Abdominal pain
    □ Others (___________)
13. Medication you had during 24 hours (Please check all the drugs you had)
   - General medication for cold
   - Fever remedy
   - Antibiotics
   - Medications for hypertension
   - Medications for diabetes
   - None
   - Others (____________)

**Questionnaire for Daily Health Self-Monitoring**

**A. Gimje Center**

1. Name: ____________
2. Location
   - Building B
   - Building C
3. Room number: ____________
4. Body temperature: ____________°C
5. Clinical symptoms (Please check all the symptoms you have.)
   - No symptom
   - Fever (≥37.5°C)
   - Coughing
   - Muscle pain
   - Runny nose or stuffy nose
   - Sore throat
   - Dyspnea
   - Feebleness (Malaise)
   - Diarrhea
   - Abdominal pain
   - Others (____________)
6. Do you have severe symptoms that need doctor’s consultation?
   - Yes
   - No
7. Other requests about medical support: ____________

**B. Gyeongju Center**

1. Body temperature: ____________°C
2. Clinical symptoms (Please check all the symptoms you have.)
   - Coughing
   - Muscle pain
   - Runny nose or stuffy nose
   - Sore throat
   - Feebleness (Malaise)
   - Vomiting
   - Diarrhea
   - Abdominal pain
   - Others (____________)
C. Jecheon Center
1. Name: ____________
2. Location
   □ Building B
   □ Building C
3. Room number: ____________
4. Body temperature: ____________ °C
5. Clinical symptoms (Please check all the symptoms you have.)
   □ No symptom
   □ Fever (≥37.5°C)
   □ Coughing
   □ Muscle pain
   □ Runny nose or stuffy nose
   □ Sore throat
   □ Dyspnea
   □ Feebleness (Malaise)
   □ Diarrhea
   □ Abdominal pain
   □ Other (____________)
6. Do you have severe symptoms that need doctor’s consultation?
   □ Yes
   □ No