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### Transcript of the press conference of the joint prevention and control mechanism of the State Council on January 14, 2023

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**land point:** National Health Commission Press Conference Hall, Building 2

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Wang Huaqing Chief Expert of the Immunization Program of the Chinese Center for Disease Control and Prevention

Wen Daxiang Director of Shanghai Municipal Health Commission

### **Spokesperson of the National Health Commission, Deputy Director of the Propaganda Department Mi Feng :**

Friends from the media, good afternoon! Welcome to the press conference held by the Joint Defense and Control Mechanism of the State Council.

Doing a good job in medical treatment is the implementation of The key to responding to the epidemic after "Class B and B management". For key populations such as the elderly, pregnant women, children, and patients with underlying diseases, do a good job in health monitoring and grading and classification services, so as to achieve early detection, early intervention, and early treatment; It is necessary to implement the responsibility system of tertiary hospitals by division and responsibility, smooth the green channel for referral of severe cases, treat patients with the combination of traditional Chinese and Western medicine, further increase the vaccination rate of the elderly, and reduce the rate of severe illness and mortality; It is necessary to pay close attention to rural areas, implement the

mechanism of five-level secretaries to grasp the epidemic prevention and control, give full play to the leading role of county hospitals, do a good job in hierarchical and classified treatment, and improve the medical service capabilities in rural areas through sinking inspections and remote collaboration; It is necessary to advocate continuous personal protection and good hygiene habits. The theme of today's press conference is: the situation related to the health protection of key populations.

We have invited:

Ms. Jiao Yahui, Director of the Department of Medical Affairs, National Health Commission;

Mr. Yang Feng, Director of the Surveillance and Early Warning Department of the State Administration of Disease Control and Prevention;

Mr. Wang Huaqing, chief expert of the immunization program of the Chinese Center for Disease Control and Prevention;

Mr. Wen Daxiang, Director of Shanghai Municipal Health Commission;

Ask them to answer the reporter's questions together. Now, all journalist friends, please raise your hands to ask questions. Before asking questions, please inform your news organization.

**China News Agency reporter :**

please implement After the "Class B and B Management", the overall situation of fever clinics opened by medical institutions at all levels across the country, and what is the trend of the number of visits? What changes have occurred in outpatient and emergency departments, and what can these changes explain? thanks.

**Director of the Department of Medical Affairs, National Health Commission**

**Jiao Yahui :**

Thank you for your question. At present, medical institutions above the second level have opened fever clinics 16,400, and 43,100 fever clinics or fever clinics were opened in grassroots medical and health institutions. The number of fever clinics across the country reached its peak on December 23, 2022, at 2.867 million visits, and then continued to decline until January 12, when it fell back to 477,000 visits, a decrease of 83.3% from the peak. The number of visits to fever clinics and consultation rooms of the Xinjiang Production and Construction Corps showed an overall downward trend after peaking, and the rural areas also showed a downward trend, which means that the urban and rural trends are converging. The detection rate of COVID-19-positive patients in fever clinics also continued to decline, peaking at 33.9% on December 20, and dropping to 10.8% on January 12. This trend indicates that the peak of fever clinics has passed.

The emergency situation showed a continuous downward trend after reaching the peak.

The number of emergency visits nationwide peaked at 1.526 million on January 2, 2023, and then continued to decline, falling to 1.092 million on January 12, a drop of 28.4% from the peak. The detection rate of COVID-19-positive patients in the emergency room dropped steadily from a peak of 8.8% on December 22 to 2.9% on January 12. This data shows that the national emergency peak has passed.

Judging from the outpatient situation, the overall situation shows that normal diagnosis and treatment are gradually recovering. On January 12, the total number of visits to general outpatient clinics across the country was 9.135 million, basically returning to the level before the epidemic. The proportion of COVID-19 positive infections among outpatients peaked at 5.7% on December 19, and then continued to decline, accounting for 0.9% on January 12. The daily consultation volume of general outpatient clinics continues to increase, and normal diagnosis and treatment are currently being gradually restored. thanks.

**People's Daily reporter:**

According to the Law on the Prevention and Control of Infectious Diseases, epidemic information should be announced to the public, and implementation How to release information on the epidemic situation of new crown cases after "Class B and B management"? What should be published? thanks.

**Director of the Surveillance and Early Warning Department of the National Bureau of Disease Control and Prevention Yang Feng :**

Everyone is very concerned about this issue. According to the Law on the Prevention and Control of Infectious Diseases, the implementation of new coronavirus infection During the period of "Class B and A Control", the epidemic information is announced daily. After the implementation of "Class B and B Control", the way of publishing the information of the new crown virus infection situation is adjusted to be consistent with other Class B infectious diseases. The China Centers for Disease Control and Prevention is authorized by the State Administration of Disease Control and Prevention to release it on the website of the Center. The content includes the number of existing hospitalized cases, the number of existing severe (including critical) cases, the number of deaths, and the vaccination information of the new coronavirus. thanks.

**Dragon TV reporter :**

Current Medical Treatment Emphasis "Moving the gate forward" can help to detect and identify risk groups earlier. May I ask how to promote the "early detection, early identification, early intervention, and early referral" of patients with severe new crown infection at the community level, and what are the key points to achieve "moving the gate forward"? thanks.

**Director of Shanghai Municipal Health Commission Wen Daxiang :**

Thank you for your question. as you said "Moving the gate forward" is the key point to achieve the "four mornings". From Shanghai's point of view, it is the starting point to realize the "four mornings" by giving full play to the foundation of community health service centers and the bottom of the network. Mainly did three aspects of work:

The first is to expand the configuration and consolidate the foundation of community COVID-19 treatment. All community health service centers in Shanghai opened a total of The 2,881 fever clinics have adopted the measures of one after another at noon, one extension at night, and seven days a week, carrying more than 50% of the workload of fever clinics in the city. In addition, in terms of material allocation, the allocation and distribution of antipyretic and analgesic drugs, antiviral drugs, oxygen supply, finger pulse oxygen protection monitors and other materials are inclined to the community. At present, the Shanghai Community Health Service Center has set up more than 6,300 oxygen inhalation stations, 11,292 infusion stations, 903 nebulization therapy stations, more than 1,200 ECG monitoring instruments, and 49,000 finger oxygen meters. In addition, digital cameras (DR) are equipped for full coverage, and CT is equipped for qualified community health service centers. Currently, more than 40 units are equipped, and it is expected to increase to about 50 units before the end of the year. All 14 community health service centers in Shanghai's Minhang District are equipped with CT. This has a great advantage, allowing patients to be detected early through lung imaging examinations at their doorsteps, preventing patients from queuing up for imaging examinations in secondary and tertiary hospitals.

The second is to move the gate forward and strengthen the early detection, treatment and diversion of severe cases. Promote "early detection", relying on the grid management of streets and towns, strengthen the health monitoring of key populations in the community and those infected with the new crown, and oxygen saturation monitoring is included in the monitoring content of infection of key populations. As of now, 445,000 person-times have been monitored. In terms of "early treatment", the community provided 65,000 patients with oxygen therapy, 2,400 nebulized inhalations, and over 180,000 infusion and injection treatments, and trained community medical workers to let them master and understand the use and adaptation of antiviral drugs Symptoms, contraindications, etc., so that antiviral drugs can be used in a timely manner for those infected with the new crown with indications, especially those with high-risk factors for severe illness or those who tend to develop severe illness. In terms of drug distribution, we give preference to the community. So far, more than 60,000 boxes of antiviral drugs, including Paxlovid and Azvudine, have been distributed to community health service centers, and nearly 40,000 copies have been used. In terms of "early triage", we have established a priority channel for 120 family doctors to transfer infected patients with aggravated symptoms to higher-level hospitals for diagnosis and

treatment in a timely manner. The city currently has 15,000 beds in community health service centers. The addition of 26,000 family beds has effectively relieved the pressure on inpatient medical services in secondary and tertiary hospitals.

The third is to coordinate resources to improve the community's ability to treat COVID-19. All community health service centers are included in the management of the medical consortium, and the corresponding secondary and tertiary hospitals improve the ability of the community to identify, diagnose and deal with key populations through on-site inspections, expert assignments, and remote consultations. In addition, the professional and technical knowledge training for grassroots medical workers was strengthened, and a total of 16,000 people were trained. thanks.

**Phoenix TV reporter :**

The short-term medical demand in cities that have experienced the peak of the epidemic has grown rapidly, and contradictions between supply and demand have appeared to varying degrees. May I ask, what is the overall situation of the hospitalization of patients infected with the new crown in medical institutions at all levels across the country? thanks.

**Director of the Department of Medical Affairs, National Health Commission Jiao Yahui :**

Thank you for your question. According to our monitoring data, the number of hospitalized COVID-19 patients is showing a continuous downward trend. It reached a peak of 1.625 million hospitalized COVID-19 infections on January 5, and then continued to decline, falling back to 1.27 million on January 12. Among them, 1.17 million people were admitted to medical institutions above the second level, and 100,000 people were admitted to designated hospitals and sub-designated hospitals. The proportion of patients infected with the new crown showed a continuous downward trend. It reached a peak of 27.5% on January 3, then continued to decline, and fell back to 21.7% on January 12, a drop of 5.8 percentage points from the peak period. thanks.

**21st Century Business Herald reporter :**

Elderly people over the age of 60 are prone to severe illness after being infected with the new crown. In addition to actively vaccinating during the epidemic period, what effective protective measures do the elderly have? thanks.

**Chief Expert of the Immunization Program of the Chinese Center for Disease Control and Prevention Wang Huaqing :**

Thank you for this reporter's question. The elderly are a high-risk group for severe illness from the new crown infection, so they are also a key protection group. In addition to

the popularization of vaccination against the new crown virus, other protective measures such as wearing masks, hand hygiene, avoiding gathering places, maintaining social distance, and doing good ventilation every day cannot be relaxed, because the new crown virus is still in the epidemic, and we expect to reduce infections through these measures Risk of COVID-19. In addition, the elderly have relatively weak immunity and are also vulnerable groups that cause respiratory diseases such as influenza and pneumococcus. The proportion of severe cases is relatively high. Therefore, in addition to vaccination measures, the above-mentioned measures are also very important. In the three years of the new crown epidemic, it can be seen that the flu has been reduced to a relatively low level through non-vaccine prevention and control measures, so it is still necessary to adopt non-vaccine prevention and control measures to prevent the elderly from being infected as much as possible and get a certain degree of protection .

**Xinhua News Agency reporter :**

The focus of the current epidemic prevention and control work is to "Protect health and prevent severe illness", how many severe cases of new crown are there in the country so far? Can the existing number of beds in medical institutions meet the needs of intensive care? How is the treatment of severe cases progressing? thanks.

**Director of the Department of Medical Affairs, National Health Commission**

**Jiao Yahui :**

The treatment of critically ill patients is always the top priority of work. We guide all localities to establish a comprehensive treatment system for severe and critically ill patients, and we establish a daily consultation and round-trip system for national and provincial experts. In addition, the treatment of critically ill patients should also emphasize moving the gate forward. While treating severe pneumonia caused by COVID-19 infection, adhere to the treatment of COVID-19 infection and underlying diseases equally, and multidisciplinary diagnosis and treatment.

According to monitoring data, 2 weeks after the peak of fever outpatient visits, the number of severe patients with new crown positive in the hospital also reached its peak, and then showed a slow downward trend. The number of critically ill patients currently in hospital is still at a high level. On January 5, 2023, the number of COVID-19-positive critically ill patients in the hospital peaked at 128,000, and then continued to fluctuate and decline. By January 12, the number of positive critically ill patients in the hospital fell back to 105,000, and the utilization rate of intensive care beds was 75.3%. , the intensive care beds can meet the needs of treatment. Among the critically ill COVID-19 patients in the hospital on January 12, there were 97,000 patients with severe underlying diseases combined with COVID-19 infection, accounting for 92.8%. There are 7,357 critically ill patients infected

with the new coronavirus, accounting for 7%.

From the perspective of data analysis, severe patients infected with the new coronavirus have the following characteristics: First, they are mainly elderly. The oldest is 105 years old, and the average age is 75.5 years old. The proportion of those aged 60 and over is 89.6%. Second, it is common to have multiple underlying diseases. Patients with one basic disease accounted for 40.7%, two basic diseases accounted for 24.6%, and three or more basic diseases accounted for 34.8%. Most basic diseases are cardiovascular and cerebrovascular diseases, endocrine system diseases and respiratory system diseases. thanks.

**China Daily reporter :**

The previous press conference has repeatedly emphasized that the elderly, children, pregnant women, and patients with chronic underlying diseases are the key groups of current health services. How to find these key groups in specific work. What health services will be provided to them after they are found? thanks.

**Director of Shanghai Municipal Health Commission Wen Daxiang :**

Thank you for your question. Key groups are indeed those that need protection. This is also the deployment of the joint prevention and control mechanism of the State Council. Taking Shanghai as an example, a special working class was first set up to promote the thorough investigation of key groups, and then carry out classified management. Shanghai has 94% of the elderly over the age of 65 have signed a family doctor contract. Based on the contracted service work and the electronic health records of the elderly, health surveys and population classification marks are implemented. In addition, strengthen information integration, integrate some basic information of the elderly and big health information data such as vaccination, disability and dementia, and disease diagnosis and treatment, and push them down in batches to improve the efficiency of community surveys. The investigation and health monitoring are not only the affairs of the medical and health department. All parties cooperate to promote it. Cooperate with the street, town and village committees to make up for the gaps through telephone verification and entry investigation. Cooperate with the civil affairs department to connect elderly care institutions and nursing homes. , Find out the health status of the elderly in hospital. Taking Shanghai as an example, there are 3.99 million elderly people over the age of 65, of which 1.02 million are identified as high-risk groups, 930,000 are sub-key groups, and 2.04 million are the general population. In addition, 86,000 pregnant women, 13,000 newborns, 107,000 cancer patients with radiotherapy and chemotherapy, 11,000 hemodialysis patients, and 100,000 elderly care institutions and nursing homes were also surveyed. These key groups of people have already completed the investigation and established files. On this basis, the monitoring of their health is strengthened, and all of them are included in the grid management scope of the three-person

team composed of the community (neighborhood) village committee, family doctor and police. The service center has established a 24-hour health hotline service to regularly contact these key groups to understand their health status, strengthen home treatment and health guidance, and assist them in time to see a doctor in case of new crown infection or aggravated underlying diseases that require hospitalization. thanks.

**Beijing Daily reporter :**

Experts at a previous press conference said that the immunity produced by infection with the new coronavirus alone is weaker than that of the virus +Immunity of the new crown vaccine, during the epidemic of the new crown virus, who should get the key protection through the new crown vaccine? thanks.

**Chief Expert of the Immunization Program of the Chinese Center for Disease Control and Prevention Wang Huaqing :**

Thank you for this reporter's question. After the infection of the new coronavirus, people of all ages and types will suffer from severe illness, and some will die. However, we have seen that some groups of people have a relatively high proportion of severe illness and death, and these groups have been protected as key groups during the prevention and control of the new crown. According to more than three years of epidemiological monitoring, the following groups of people are at higher risk of hospitalization, severe disease, and death after being infected with the new coronavirus. One is the elderly, the other is people with underlying diseases, and people with low immune function, etc. . Among them, the elderly present a characteristic, the older the age, the higher the risk of severe disease and death. Among people with underlying diseases, those with cardiovascular disease, chronic obstructive pulmonary disease, cancer, diabetes, and hypertension have a higher risk of severe death. Therefore, during the COVID-19 epidemic, the elderly, people with underlying diseases, and people with low immune function have always been the key protection targets. In addition to non-vaccine prevention and control measures, vaccination is the top priority for protection. Therefore, we recommend that those people who need to be protected should complete the vaccination as soon as possible, including booster vaccination. thanks.

**Health News reporter :**

As the Spring Festival is approaching, the population flow is increasing, and the number of urban migrant workers returning to their hometowns has increased, which has increased the risk of the spread of the epidemic. Whether rural medical and health institutions, especially township health centers, have the ability to treat and refer patients with severe COVID-19. What guidance and assistance have we given to medical institutions at this level? thanks.

**Director of the Department of Medical Affairs, National Health Commission Jiao Yahui :**

Thank you for your question. Rural two-level medical and health institutions are the first line of defense and the most important foundation for rural epidemic prevention and control and medical treatment. we surround "Early detection, early recognition, early treatment, early referral" has mainly done the following aspects:

First of all, personnel preparation. Stabilize and expand the personnel team of grassroots medical and health institutions by scientifically arranging shift rotation, temporary recruitment, organizing secondary and tertiary hospitals to dispatch, and mutual assistance. At the same time, the "Guidelines for Grassroots Diagnosis, Treatment and Services of Novel Coronavirus Infection (First Edition)" was formulated to strengthen the training of grassroots medical personnel and focus on improving the ability of early identification and early referral.

The second is in the preparation of medicines. We have established a monitoring and dispatching mechanism to dynamically grasp the drug storage and use in township hospitals, provide timely notifications and reminders, and urge the strengthening of drug allocation. Judging from the current situation, the drug allocation situation in township health centers continues to improve, and the tight drug allocation situation has been alleviated to a large extent.

The third is in terms of related equipment configuration. Promote the strengthening of the equipment and use of oxygen bags, oxygen cylinders, oxygen generators, finger pulse oxygen and other equipment in grassroots medical and health institutions. Together with relevant departments, we will provide each village clinic with 2 finger pulse oxygen free of charge, and a total of 1.17 million will be distributed today. At present, it is working with relevant departments to study the free distribution of oxygen generators to each township health center.

The fourth is referral. It is required to set up a special transfer class for critically ill patients in the county to ensure that the emergency call can be dialed 24 hours a day, and there is a car dispatched and dispatched quickly. Territorial responsibility, set up a non-emergency transfer team to ensure the transfer needs of ordinary patients. At present, research is under way to strengthen the provision of small molecule antiviral drugs in grassroots health institutions, and further enhance the medical treatment capabilities of grassroots health institutions. thanks.

**poster news reporter :**

According to media reports, many well-known experts recently went to community medical and health institutions to guide the prevention and control of the epidemic. May I

ask what effect and role well-known experts can play by sinking into the community. In addition to sinking experts, what other ways can help the community? thanks.

**Director of Shanghai Municipal Health Commission Wen Daxiang :**

Thank you for your question. Well-known experts descended to the community for on-site face-to-face and hands-on guidance, which played a very good role, mainly improving the community medical staff's awareness and diagnosis and treatment level of the treatment of new crown infection. From Shanghai, the formation of 132 city-level experts and 579 district-level experts carried out video consultations, two-way referrals, and in-person guidance according to the photo area, and strengthened the treatment of critically ill patients in urban and urban medical institutions at both levels, as well as guidance to community health service centers.

In order to strengthen the connection between experts and grassroots medical institutions, we have dispatched a group of professors such as Professor Chen Erzhen from Ruijin Hospital, Professor Zhang Wenhong from Huashan Hospital, Professor Zhong Ming, Director of Intensive Care at Zhongshan Hospital, and Professor Gao Yuan from Renji Hospital, who have been working on the new crown in recent years. Experts with rich experience in anti-epidemic and treatment go directly to the community to guide grassroots medical staff face-to-face, how to identify the transition from COVID-19 infection to severe disease earlier, and guide them in oxygen therapy, antiviral small molecule drug treatment, etc. From the effect point of view, the grassroots doctors in the community feel that they have gained a lot.

In addition, we have also established a daily expert consultation for critically ill patients, established a daily list and a number of systems for multidisciplinary joint diagnosis and treatment by experts in the hospital, and implemented them. In the past month, Shanghai city-level experts conducted a total of 43 training sessions, 216 visits, and 333 consultations. Submitted to the city's general consultation 126 times. District-level experts also provided guidance to the community, conducted 133 special training sessions, conducted 137 on-site rounds, conducted 698 remote consultations, and guided community doctors to treat 3,283 patients on site. It should be said that experts can go to the scene to guide, which also enhances the confidence of patients in overcoming the disease. thanks.

**The Paper Reporter :**

Some netizens reported that the current epidemic information released to the outside world is inconsistent with the public's feelings. How will the new crown epidemic monitoring and information reporting be carried out next? How to ensure the objective truth of the information? thanks.

**Director of the Surveillance and Early Warning Department of the National Bureau of Disease Control and Prevention Yang Feng :**

Thank you for your question. To do a good job of the new coronavirus infection The joint prevention and control mechanism of the State Council has issued relevant notices on the reporting and monitoring of epidemic information after the "Class B Control" to further consolidate the responsibilities of various regions, and continue to focus on the direct network reporting of the China Disease Prevention and Control Information System to do a good job in the management of hospital cases. Monitoring and Reporting. At the same time, continue to carry out various forms of monitoring such as virus strain mutation monitoring, sentinel hospital monitoring, nucleic acid and antigen detection and monitoring, outpatient and emergency department monitoring in some medical institutions, key institution monitoring, and key population sentinel monitoring, so as to keep abreast of the epidemic trend Changes and virus variants provide basic support for epidemic prevention and control. In accordance with the provisions of the "Law on the Prevention and Control of Infectious Diseases" and the "Management Standards for Infectious Disease Information Reporting (2015 Edition)", localities are urged to conscientiously implement the reporting of epidemic information, and responsible reporting units and responsible reporters are required to report the outbreak of new coronavirus infection in accordance with the law, in a timely and standardized manner information. thanks.

**Reporter of China Educational Television :**

Some netizens reported that they found themselves positive after being vaccinated against the new crown virus. Will this increase the safety risk? thanks.

**Chief Expert of the Immunization Program of the Chinese Center for Disease Control and Prevention Wang Huaqing :**

First of all, we need to emphasize that if the antigen test or nucleic acid is positive, it is not recommended to receive the new coronavirus vaccine in the near future, which is mainly based on the necessity of protection. Previously, many studies have shown that recent reinfection after infection is rare. During the COVID-19 epidemic, we have seen that various countries and some regions are continuing to promote the vaccination of the new crown virus, and will not stop the vaccination of the new crown virus due to unclear infection status. According to the current monitoring and research results, there is no risk of increased adverse reactions caused by the vaccination of the new coronavirus vaccine during the epidemic period of the new coronavirus. thanks.

**Front desk CGTN reporter :**

Regarding the issue of the judgment standard of the death of the new crown infection,

the international and domestic people are very concerned. What is the judgment standard of the death case of the new crown infection in my country? Is it consistent with international standards? thanks.

**Director of the Department of Medical Affairs, National Health Commission Jiao Yahui :**

Thank you for your question. since Since 2020, my country has always insisted on judging the death cases positive for the nucleic acid of the new coronavirus as the death cases related to the new coronavirus infection. This standard is basically consistent with the judgment standards of the World Health Organization and other major countries. The attribution analysis of death cases related to 2019-nCoV infection is divided into two categories: one is the death of respiratory failure caused by 2019-nCoV infection, and the other is the death of underlying diseases combined with 2019-nCoV infection. thanks.

**CCTV reporter :**

Since the current round of the epidemic, have relevant statistics been made, and what is the overall situation of the current number of deaths from the new crown in the country? thanks.

**Director of the Department of Medical Affairs, National Health Commission Jiao Yahui :**

Thank you for your question. Since December 8, 2022, in accordance with the decisions and arrangements of the Party Central Committee and the State Council, the focus of epidemic prevention and control has been changed from "infection prevention" to "health protection and severe disease prevention", focusing on medical treatment, especially the medical treatment of critically ill patients. Focus on work, go all out to organize medical treatment, give full play to the successful experience and effective measures of medical treatment accumulated in the past three years, adhere to early intervention, early treatment, integration of traditional Chinese and Western medicine, multidisciplinary diagnosis and treatment, and equal emphasis on the treatment of new coronavirus infection and basic diseases , Do everything possible to improve the cure rate and reduce the mortality rate. In order to scientifically analyze and judge the impact of the epidemic, we require medical institutions to concentrate on the implementation of patient treatment on the one hand, and at the same time, scientifically and realistically organize, collect, analyze and report the death records. In order to improve the reporting efficiency of medical institutions, we have organized and developed a death case information reporting platform for medical institutions, which will be put into use on December 31, 2022. From December 31, 2022, medical institutions will report the death cases related to the new coronavirus infection of the

previous day every day, and zero reports will be implemented if there are no death cases. In addition, we require medical institutions to collect, summarize and report the death cases related to the new coronavirus infection from December 8, 2022 to December 29, 2022. Due to the relatively large amount of data and information, in order to reflect the death situation caused by the new coronavirus infection in my country more scientifically, objectively and realistically, and in line with the attitude of being responsible to the people, we organized experts to conduct a systematic analysis of the death cases, so it took a long time .

The analysis shows that from December 8, 2022 to January 12, 2023, a total of 59,938 deaths related to new coronavirus infection occurred in hospitals across the country, including 5,503 deaths from respiratory failure caused by new coronavirus infection, combined with underlying diseases There were 54,435 deaths from the new coronavirus infection. The average age of the dead cases was 80.3 years old, 90.1% were 65 years old and above, and 56.5% were 80 years old and above, and more than 90% of the dead cases were combined with underlying diseases. The main combined diseases were cardiovascular diseases, advanced tumors, and cerebrovascular diseases. Diseases, respiratory diseases, metabolic diseases, and renal insufficiency. Since winter itself is the season of high incidence of respiratory diseases and aggravation of cardiovascular and cerebrovascular diseases in the elderly, it has recently been superimposed with the new coronavirus infection, so the number of deaths in the elderly is relatively high. This prompts us to pay more attention to elderly patients and try our best to save their lives.

In the next step, relevant data and information will be updated in a timely manner and announced to the public in accordance with the relevant regulations on "Class B and B Control" infectious diseases. thanks.

**Hong Kong Economic Herald reporter :**

Hierarchical diagnosis and treatment is an important system in my country's medical reform. How does hierarchical diagnosis and treatment play a role in current medical treatment? How do medical institutions at different levels provide classified diagnosis, treatment and services for the population? thanks.

**Director of Shanghai Municipal Health Commission Wen Daxiang :**

As you said, hierarchical diagnosis and treatment has always been one of the important contents and tasks of our national medical reform. In this rescue work, relying on the medical consortium, Shanghai has long adhered to and improved the three-tiered diagnosis and treatment system construction of community health service centers, district-level medical institutions, and municipal-level medical institutions. Resource coordination and linkage mechanism for diagnosis and upper-lower linkage. There are mainly two parts here:

The first is to clarify the responsibilities of medical institutions at the city, district, and

community levels. Community health service centers are mainly responsible for screening key populations, delineating health risk levels, carrying out health monitoring and management, and undertaking the first diagnosis and referral of common diseases. District-level medical institutions mainly provide personnel and technical support to community health service centers, and carry out emergency rescue and upward referral of difficult and miscellaneous diseases. Municipal medical institutions are mainly responsible for the diagnosis and treatment of critically ill patients and intractable diseases. At the same time, it provides technical support to district-level hospitals and primary medical institutions.

The second is to build a service network for hierarchical diagnosis and treatment of patients infected with the new coronavirus. Each service network in Shanghai is composed of a municipal general hospital, a district general hospital and several community health service centers. At present, the city's 249 community health service centers, 53 district-level general hospitals, and 17 municipal-level general hospitals have respectively established a three-level counterpart linkage mechanism, which has smoothed two-way referrals and implemented the first diagnosis and orderly treatment of patients infected with the new crown virus at the grassroots level. referral. In addition, relying on the city's 4 regional TCM-medical consortia networks, TCM plays an active role in medical treatment. At the same time, the five pediatric medical associations in the city have exerted their regional radiation capabilities to strengthen the treatment of children infected with the new crown. thanks.

**Macau Monthly Reporter :**

I would like to ask whether the elderly who have been infected with the new crown virus and have recovered should be vaccinated in the future? How often should vaccinations be given? thanks.

**Chief Expert of the Immunization Program of the Chinese Center for Disease Control and Prevention Wang Huaqing :**

Thank you for your question. We have also said before that existing research has confirmed that the immunity produced by simple new coronavirus infection is weaker than the mixed immunity produced by natural infection and vaccination. According to the current regulations, the elderly who have been infected with the new coronavirus and have recovered and have not been vaccinated against the new coronavirus will be followed up after the infection interval. One dose of the vaccine over 6 months of age. We all know that the current situation is also changing. In the future, we will continue to improve the immunization strategy based on the needs of new crown prevention and control, the results of vaccine immune effect research, and the situation of vaccination before infection, including vaccination intervals, doses, etc. content. thanks.

**Southern Metropolis Daily N video reporter :**

County-level hospitals play a leading role in the medical service system in rural areas. What is the current overall situation of county-level hospitals across the country treating patients with severe COVID-19? Are personnel, medicines, and equipment reserves adequate? How to further improve the ability to treat critically ill patients with the new coronavirus? thanks.

**Director of the Department of Medical Affairs, National Health Commission Jiao Yahui :**

Thank you for your question. arrive On January 12, more than 5,000 secondary medical institutions, designated hospitals, and sub-designated hospitals in the county received a total of 301,000 new crown-infected patients, accounting for 23.7% of all new crown-infected patients, showing a 7-day continuous decline trend . There are 15,800 severe COVID-19 positive patients in the county, accounting for 15.1% of the national total, of which 518 are severe cases of COVID-19 infection, accounting for 6.7% of the country's severe COVID-19 infection.

The main measures to improve the ability to treat severe cases of the new crown in rural areas are as follows: First, give full play to the leading role of county hospitals, and prepare for beds, equipment, facilities, and personnel to improve the ability to treat severe cases. The second is to rely on the already formed urban and rural hospital counterpart support working mechanism, all urban tertiary hospitals are subdivided to provide medical treatment, and establish a one-to-one support relationship with county hospitals. We require urban tertiary hospitals and county hospitals to connect to telemedicine services 24 hours a day. During special periods, such as during the Spring Festival, tertiary hospitals will also send medical staff to the county hospitals at designated locations. The third is to increase the intensity of tours and inspections in rural areas, early detection of changes in the health status of key populations, especially the elderly with underlying diseases, to ensure timely medical treatment. The fourth is to establish support and referral mechanisms and green channels between cities and counties to ensure that critically ill patients in rural areas can be referred and admitted for treatment in a timely manner. thanks.

**Spokesperson of the National Health Commission, Deputy Director of the Propaganda Department Mi Feng :**

last question.

**cover news reporter :**

Megacities are densely populated, the risk of epidemic spread is high, and the daily medical needs of the masses are also great. For megacities, how to coordinate the new crown

treatment and daily diagnosis and treatment to better meet the needs of the people for medical treatment. thanks.

**Director of Shanghai Municipal Health Commission Wen Daxiang :**

Thank you for your question. Beijing and Shanghai are super-large cities. In terms of coordinating the treatment of the new crown and daily medical services, Shanghai mainly serves the medical needs of the people by expanding the supply of medical services. In terms of COVID-19 treatment, we have taken some measures:

The first is to tap the potential and improve the service level of fever clinics. The Shanghai Community Health Service Center has opened 2,881 clinics to serve the citizens with all their strength and meet their medical service needs at their doorstep.

The second is to promote the reserve of critical care resources. Medical institutions above the second level in the city have set up a total of 7,518 critical care beds, equipped with 9,502 critical care personnel, and more than 42,000 critical care equipment such as ECOM, invasive and non-invasive ventilators, and CRRT.

The third is to strengthen training, organize nearly 18,000 medical staff from internal medicine, pediatrics, and emergency departments to receive training on critical care, and use them as supplementary forces for the critical care echelon through mixed formation.

In terms of daily medical treatment, the first is to expand the bed capacity. The Shanghai Municipal Health and Health Commission requires that all public hospitals, especially general hospitals, including community health service centers, should increase the utilization rate of beds in the near future. Our requirement for secondary and tertiary hospitals is to increase the bed utilization rate to over 95%. On this basis, through optimizing the layout of wards and beds in the hospital, further extra beds will be added. At the same time, the overall planning and scheduling of medical resources in general hospitals and specialized hospitals will be strengthened to meet the needs of COVID-19 treatment and citizens' daily medical services to the greatest extent.

The second is to strengthen two-way referral and improve the efficiency of medical resource utilization. The community health service center increases the number of beds through capacity expansion, and treats some mild patients from the community. At the same time, it also accepts patients who have been treated by higher-level hospitals and are in stable condition and need rehabilitation. Higher-level hospitals should also treat patients sent by community health service centers, elderly care institutions, and nursing homes in a timely manner. In this way, a good and orderly treatment and referral order has been formed.

The third is to improve the level of pre-hospital emergency services and transfer efficiency, timely supplementing the 120 first-line emergency forces, increasing the transport capacity of the train crew by 80%, and increasing the number of call seats by 50%. At the same time, a non-emergency transfer mechanism was established, and 515 special vehicles

were quickly equipped to speed up the connection between pre-hospital first aid and hospital. The fourth is to promote Internet diagnosis and treatment, drug dispensing, and consultation functions. In the first ten days of January, we once served more than 40,000 Internet diagnosis and treatment services in a single day, effectively alleviating and reducing the pressure of offline medical treatment in medical institutions. I will introduce these, thank you.

**Spokesperson of the National Health Commission, Deputy Director of the Propaganda Department Mi Feng :**

Thank you. Several guests at today's press conference introduced the health protection of key populations. Thank you again. In the future, we will continue to hold a press conference on the joint defense and joint control mechanism, and you are welcome to continue to pay attention.

This concludes today's press conference, thank you all!