

State Council's response to the new coronavirus infection pneumonia joint prevention and control mechanism on the issue of the new coronavirus asymptomatic infection management notice

[Magic code of reference] CLI.2.341238

Circular of the State Council on the New Coronavirus Infection Pneumonia Joint Prevention and Control Mechanism on Issuing the Standards for the Administration of Asymptomatic Infections of New Coronavirus
(Guoban Invention [2020] No. 13)

The people's governments of all provinces, autonomous regions and municipalities directly under the Central Government, ministries and commissions of the State Council, and the agencies directly under the State Council: "The New Coronavirus Asymptomatic Infected Persons Management Standards" have been approved by the Central Leading Group for New Coronavirus Infection Pneumonia, and are now issued to you.

The State Council responds to new coronavirus infection,
pneumonia outbreak joint prevention and control mechanism

April 6, 2020

New Crown Virus Asymptomatic Infection Management Standards

The first is to strengthen the discovery of the new virus asymptomatic infection crown, reporting, management, according to "People's Republic of China Infectious Diseases Prevention Law," "Frontier Health and Quarantine Law of the People's Republic of China", the development of this specification.

The second new crown virus asymptomatic infection (hereinafter referred to as asymptomatic infection) refers to no relevant clinical manifestations, such as fever, cough, sore throat and other self-perception or recognition of clinical symptoms and signs, but respiratory viruses and other specimens of the new crown Those with positive pathogenic tests. There are two cases of asymptomatic infections: first, after 14 days of isolation medical observation, there are no symptoms and signs that can be self-perceived or clinically recognizable; second, the "asymptomatic infection" state in the incubation period.

Article asymptomatic infection is contagious, there is the risk of transmission.

Article strengthen the monitoring of asymptomatic infected persons and found that: First, active detection during close contacts under medical observation for a new crown cases of pneumonia; the second is the initiative to detect clusters of disease investigation; Third, in cases of pneumonia new crown Active detection of the exposed population during the tracking of the source of infection; Fourth, active detection of persons with history of residence in areas where new coronary pneumonia cases continue to spread in and outside China;

Article report specification asymptomatic infection. Medical and health institutions at all levels and all types of asymptomatic infections should report directly to the Internet within 2 hours. The county-level disease control agency completes the case investigation within 24 hours after receiving the report of asymptomatic infection, and promptly registers close contacts, and reports the case questionnaire or investigation report through the infectious disease report information management system. After the asymptomatic infected person lifts the concentrated medical observation, the medical and health institution shall promptly fill in the date of the lifted medical observation in the infectious disease report information management system.

Article strengthening information disclosure. The State Council's administrative department of health and health publishes the report, outcome and management of asymptomatic patients every day. Each province (region, city) publishes the situation of its administrative region, and the statistics of local transmission and overseas imports are reported separately.

Article VII to strengthen the management of asymptomatic infected persons. People with asymptomatic infections shall

ould focus on medical observation for 14 days. Patients with clinical symptoms and signs related to new coronary pneumoni a during the period were converted to confirmed cases. Those who have concentrated medical observation for 14 days and have two consecutive negative nucleic acid tests (with a sampling time of at least 24 hours apart) can be released from conc entrated medical observation. Those who still have positive nucleic acid tests and no clinical symptoms need to continue co ncentrated medical observation.

Article VIII asymptomatic infection such as clinical manifestations in focus during medical observation, it should be i mmediately transported to the designated medical institutions standard treatment, revised promptly after diagnosis.

Article IX close contacts asymptomatic infected persons, should focus on medical observation for 14 days.

Article X of the expert group on the organization of centralized medical observation rounds were asymptomatic infect ion, to detect possible confirmed cases.

Article XI on the lifting of asymptomatic infection centralized medical observation should be continued under medical observation for 14 days, follow-up. After the release of the concentrated medical observation, the follow-up visits will be con ducted at designated hospitals in the second and fourth weeks to keep abreast of their health status.

Article XII targeted screening to increase efforts to expand the detection range has been found to close contacts of c ases and asymptomatic infected persons. Do a good job of intensive monitoring of key areas, key populations, and key site s. Once an asymptomatic infection is found, medical observation should be concentrated and isolated.

Article XIII asymptomatic infection has spread occult, subjective symptoms, found limitations and other characteristic s of countries support the implementation of asymptomatic infection contagious spread of power, epidemiology and other sci entific research.

Article XIV of information on national and international organizations to strengthen the World Health Organization an d other communication, exchanges and cooperation, timely adjustment of treatment programs and prevention and control pr ogram.

Article XV around the new crown to increase knowledge of popular science propaganda virus, scientific guidance to t he public protection, extensive training to improve prevention and control ability and level of primary care and community he alth workers and other staff.

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