# Policy Relevant Observations from Responses to COVID-19 Second Waves: South Korea & Israel

## Israel

| Causes of second wave | • Community transmission in adolescents through reopening of schools with lack of physical distancing outside of schools  
|                       | • Response (lockdown) not timely and based on surveillance systems or public health triggers |
| Responses/Interventions | • Reimposed lockdowns, initially during weekends  
|                          | • Closures of schools with at least 1 confirmed case |
| Lessons Learned          | • Clear, consistent messaging between the government and schools is required.  
|                          | • Gradual, carefully phased, easing of lockdown, based on epidemiological and public health triggers (rather than arbitrary dates) is necessary to prevent a resurgence in community transmission. |

## South Korea

| Causes of persistent clusters | • Reopening of high-risk congregate settings such as night-clubs, bars, churches etc. |
| Responses/Interventions       | • Early intervention, contact tracing, isolation and surveillance  
|                          | • Public awareness through television broadcasts, subway station announcements and daily transmission data¹  
|                          | • Modification of tracking procedures (such as stopping CCTV surveillance) to respect the privacy of individuals, e.g., men attending gay bars and clubs  
|                          | • Transparency in displaying the case data (with privacy in tact) was important in fostering public trust between citizens and the authorities  
|                          | • Significant digital tracking method such as QR code scanning²  
|                          | • Local governments were engaged through coordinating drive in testing, care centres and housing facilities for patients who tested positive but did not display severe disease. The interplay between government and their citizens were important in empowering individuals to feel like they were in charge. |
| Lessons Learned              | • Advanced digital surveillance strategies can be useful when re-opening high-risk settings such as gyms, bars, and clubs.  
|                          | • Widespread facemask use is useful when releasing lockdown |

---


Recommendations

- Focus on communication, co-operation and engagement of adolescents, a group which may drive transmission. UNICEF, a world leader in behaviour change communication, suggests that while the COVID-19 response will need to address priorities and needs of adolescents and youth, they should not only be considered as affected populations but also as highly effective partners in the COVID-19 efforts.

- Moving forward, physical distancing communication to school students should be clear and consistent, with Israel as a cautionary example. Messaging needs to address safe out-of-school socialising.

- South Korea is a model example of a robust contact tracing and rapid public health response. Innovative digital measures should be considered in Australia as an adjunct to the COVIDSafe app such as individual registration (QR codes) to enable enhanced contact tracing in high risk settings.

- Engaging local governments can help direct resources to where they are necessary and can empower individuals to feel more in control.
Israel

Background

- Israel began their lockdown in March and eased social distancing restrictions in late April.
- **Restrictions were released at the end of May** - gyms, shopping centres and community gatherings were open and allowed. This coincided with the Jewish holiday Shavuot, which resulted in crowded beaches on both the Mediterranean and Sea of Galilee.³
- **A resurgence in cases began in late May** and has reached more than 1,000 new daily cases.
- Most of the new infections following lockdown were attributed to schools. On 10 June, **23% of new cases were among adolescents** (between the age of 10 and 19 years)⁴.
- On 25 June, the Israel government has reimposed the central mandatory mass surveillance by their secret service, the Shin Bet⁵. This digital contact tracing program is GPS based and is supervised by the parliament and supreme court⁶.
- On 6 July, restrictions were reimposed to combat a spike in coronavirus infections, resulting in the closure of bars, gyms and event halls.
- Prime Minister Benjamin Netanyahu said Israel had to reverse course to avoid a wider lockdown that could paralyse the economy⁷.
- Since the initial opening, **schools have remained open**. Physical distancing within schools has been suggested but not adopted due to the **crowded nature of the school system**⁸.
- Control measures have been focused on closing schools with reported cases, extensive testing and quarantine of staff and students. As of June 24, isolation and quarantine has affected approximately 1% of Israeli Students⁹.
- The government imposed a shutdown on any school with a single confirmed case, which was tighter than the previous requirement of three cases before school closure⁹. An article from the Sante Fe Institute stated it was “nearly impossible” to keep a school of size 2,500 open if the daily infection rate is 10 in 100,000, as the schools would be closed 80% of the time in the first week after opening⁹⁰.
- When thinking about reopening schools an important factor to consider is the rate of community transmission, which may be untenable in areas experiencing surges of cases.
- Parents and teachers have complained about the protocols regarding temperature checking, where some schools require these to be carried out at home while others check at the school gates.
- Although children are required to wear masks, enforcement has been difficult due to the hot Israeli summer. Additionally, **social distancing issues among younger children** have also been highlighted by parents and teachers.
- Unconfirmed media reports suggest that school children were being infected while socialising after school. There is a need for more expert advice on how behaviour change communication can be targeted to adolescents and young adults.
- On 17 July, lockdown measures were reimposed following daily new case totals exceeding 1000. Gyms and fitness studios have been closed indefinitely while restaurants returned to takeaways and deliveries. Indoor gatherings of 10 or more people were also banned.

---

⁸ [https://www.ft.com/content/46ad58e4-aaa4-4c01-a5df-ea3d899d4ff1](https://www.ft.com/content/46ad58e4-aaa4-4c01-a5df-ea3d899d4ff1)
⁹ [https://www.ft.com/content/75fa6152-457c-4fcb-a6a0-460e05d685b9](https://www.ft.com/content/75fa6152-457c-4fcb-a6a0-460e05d685b9)
As a result of the government’s mishandling of the release from lockdown, high unemployment and reimposed restrictions, rallies and protests have been held during early to mid-July in Jerusalem and Tel Aviv.\textsuperscript{11,12}

The former director-general of the Health Ministry, Gabi Barbash, highlighted 3 main missteps in Israel’s response to the first wave:\textsuperscript{10}

1. **Dangerous gatherings**
   High density of people in closed environments e.g. synagogues, event halls

2. **Testing neglected**
   High test result wait times, reduced compliance to isolation as a result

3. **Schools mismanaged**
   Social distancing within schools was poorly enforced, “capsule” class arrangement stopped quickly before regular class sizes were restored.

### South Korea

- Their initial success in dealing with the outbreak was attributed to early intervention, increased testing, contact tracing, isolation and surveillance and public awareness of safety measures, including almost universal wearing of face masks\textsuperscript{4}. Through their aggressive testing and tracing strategy, South Korea was able to maintain fewer than 30 daily new cases from April 12 to May 10, with single digit or zero cases between April 18 and May 8. South Korea is a country that was considered an ‘early mover’ and adopted an aggressive testing and tracing tactic.
- Due to previous experiences with MERS, biotechnology companies sprang up in South Korea, enabling a public-private partnership for COVID testing once the first case was reported\textsuperscript{5}.
- According to South Korean economist and politician Cho Jung-Hoon, a summary of the early response can be broken down into 3 factors:

  1. **Resilience**: The capability to rebound from change. The KCDC announced their proposed responses at the onset of the pandemic and ensured a spontaneous response.

  2. **Openness**: The previous government hid information during the MERS outbreaks, causing confusion amongst the general public. The current government learned from that experience and wanted to ensure transparency, which in turn helped garner public trust in the government.

  3. **Comprehensiveness**: Although 90-95% of the population responded to the pandemic restrictions and measures, the remaining percentage remained “problematic”. The government wanted to make sure they engaged this group adequately to make sure their message reached the entire population.

- Due to their proximity to China, South Korea had a high sense of emergency amongst the public early in the pandemic. The private sector was able to be engaged when medical professionals and volunteers mobilised towards overburdened local areas. This mobilisation in addition to the support the volunteers received in the affected areas united the people.

- Local governments were engaged through coordinating **drive in testing, care centres and housing facilities** for patients who tested positive but did not display severe disease. The interplay between the government, local government and their citizens were important in empowering individuals to feel like they were in charge.

- Public facilities and retreat centres owned by private corporations were transformed into temporary isolation wards to relieve hospitals of bed shortages and to prevent within-household transmission\textsuperscript{16}


\textsuperscript{12} https://www.timesofisrael.com/where-we-went-wrong-expert-says-these-3-blunders-caused-new-israeli-covid-chaos/


\textsuperscript{14} https://www.nationalgeographic.com/science/2020/05/how-south-korea-prevented-coronavirus-disaster-why-battle-is-not-over/
• Regular live briefings, rich communication from the central and local government to the citizens helped build trust between authorities and citizens. Transparency in displaying the case data (with privacy intact) was important.

• South Korea continues to report daily spikes of between 40 and 60 cases per day. This does not yet represent a second wave but rather a persistent series of clusters, mainly in metropolitan Seoul, with a broad range of clusters, including an e-commerce warehouse, health food retail store, and many religious gatherings.

• Health workers are struggling more and more to track transmissions that are spreading quickly and unpredictably as people increase their activities and practice less social distancing. It is noted that meticulous contact tracing may have been easier in these high transmission events and settings compared to multiple smaller clusters and community transmission⁹.

• After a cluster of 300 cases in mid-May linked to nightclubs and bars, South Korea created a registration system based on QR codes for use at entrances to high risk establishments such as nightclubs and gyms. To address privacy concerns, health officials said the system would only be used when the country is at its highest alert, and the information would be destroyed after four weeks.

• The country plans to stay open even if there is a second wave, preparing through a stockpile of supplies and medical equipment as experts predict a much larger surge of new infections in the northern autumn.

Although there are many lessons, we can learn from both countries, there must be an understanding which lessons are relevant. South Korea represents a country that is effectively an island that is highly urbanised vs Israel which is less densely populated. Therefore, the types of high-risk transmission events can be different between each country, where South Korea may be more wary of nightclubs and bars, Israel is facing high transmission within schools.

⁹ https://doi.org/10.1080/23788604.2020.1753664