

COVID-19確診個案與接觸者自主應變機制

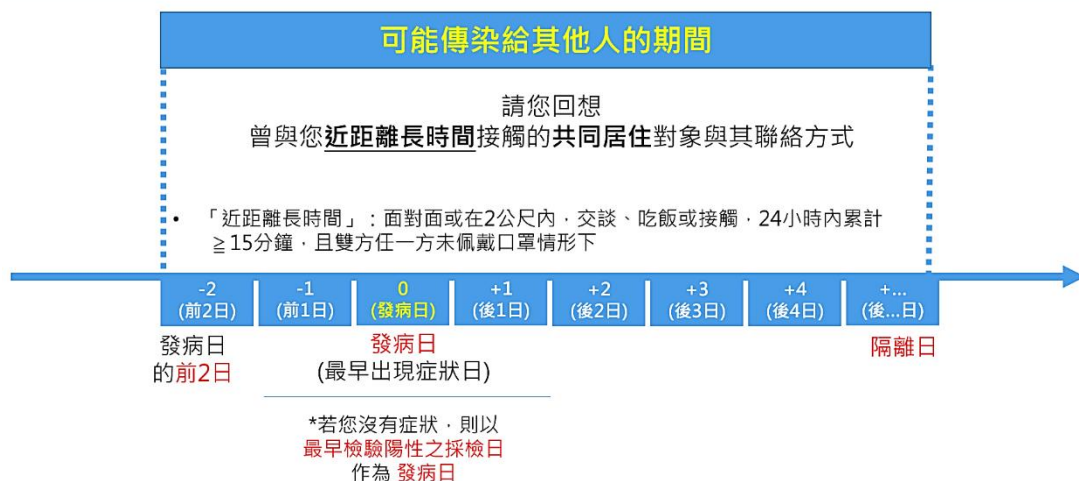
如果我被確診 COVID-19，誰是我的密切接觸者？

告訴公衛人員您的密切接觸者是誰很重要，因為他們可能已經接觸過病毒而有感染的風險。為了保護他們的健康和避免疾病進一步傳播，公衛人員會提供快篩試劑，以確認健康狀況。

您的密切接觸者定義

造成 COVID-19 的病毒可能在您發病（或檢驗陽性）的前兩天至您被隔離的期間傳染給其他人，如您或對方曾經未佩戴口罩面對面接觸達15分鐘（含）以上，這些人都可能是您的密切接觸者（如下圖）。

COVID-19可傳染期 (示意圖)



註：若您於可傳染期期間，曾有快速抗原檢驗、或家用核酸檢驗試劑 PCR 檢驗陰性證明，可傳染期可以檢驗陰性之採檢日次日起算。

請仔細回想在您最早出現症狀的發病日（如沒有症狀，則為最早檢驗陽性日）的前兩天到您被隔離前這段期間，曾經共同居住的人，並填寫「COVID-19確診個案自填版疫調單」。由於感染後3個月內再次感染的風險極低，如您的同住者於3個月內曾確診，請不用將其計入接觸者人數，但請他（們）仍須落實個人防護措施。

※您可利用「COVID-19確診個案自主回報疫調系統」回報相關疫調資料，或填寫此份「COVID-19確診個案自填版疫調單」提供地方衛生單位參考。

如何通知我的密切接觸者

請您的同住者進行7天自主防疫，並遵守「自主防疫指引」相關規範（以最後一次與您接觸的日期為第0天）。

接觸者於接獲通知需進行自主防疫時，請進行1次快篩檢測；並於有症狀時再次進行快篩檢測，如需外出、上班、上學，應有2日內家用「快篩陰性」結果，且應全程佩戴口罩，維持社交距離，有飲食需求可暫免佩戴口罩，並於用畢後立即佩戴口罩。如接觸者的快篩檢測呈現陽性，可透過遠距醫療/視訊診療由醫師評估確認快篩陽性結果。其他接觸者注意事項，請參考疾病管制署網站資訊。

11/7起
(確診者開始隔離日(Day0))

實施0+7免居家隔離

同住接觸者須7天自主防疫

匡列為接觸者當天快篩1次

外出時，需有2日內快篩陰性結果

最後接觸日—

0 1 2 3 4 5 6 7

自主防疫

- ◆ 無論是否完成疫苗追加劑均採「0+7自主防疫」
- ◆ 最後接觸日為第0天，隔日為自主防疫第1天
- ◆ 家用快篩試劑檢測措施：由衛生單位提供2歲以上接觸者4劑家用快篩試劑。匡列為接觸者當天快篩1次；自主防疫期間有症狀應進行檢測；外出前須有2日內快篩檢測陰性結果
- ◆ 檢測結果：不追蹤，快篩陽性則依公布之自主防疫指引辦理

中央流行疫情指揮中心 2022/10/24-更新

COVID-19民眾注意事項 (含確診個案、接觸者、 居家照護等注意事項)	各地方政府 關懷服務中心	各地方政府衛生局 聯絡資訊及網站
		

COVID-19 confirmed cases and contacts self-response

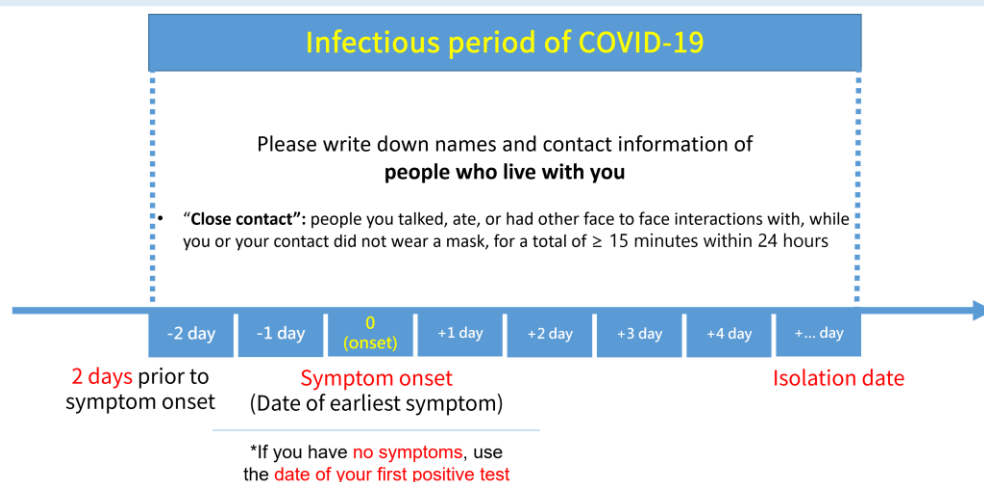
If I have COVID-19, who are my close contacts?

It is important to tell public health workers who your close contacts are, as they may have been exposed to the virus and are at risk of infection. To protect their health and prevent further spread of COVID-19, public health workers will give them rapid antigen tests to monitor their health.

Definition of close contacts

You could pass on the virus that causes COVID-19 to people around you from 2 days prior to symptom onset (or testing positive) to the day of your isolation. **Close contacts** are defined as individuals who had face-to-face contact with you for more than 15 minutes over a 24-hour period while either of you did not wear a mask (see Figure).

Infectious period of COVID-19 (schematic diagram)



Note: If you tested negative by rapid antigen test, at-home PCR test, or PCR during your infectious period, then your infectious period starts on the following day.

Please identify **people who live with you** during 2 days before your symptom onset (or testing positive) to the date of you being isolated. **Because the risk of reinfection in the three (3) months after getting COVID-19 is extremely low, persons living in the same household who had tested positive within the last three months do not need to be counted as close contacts. However, such individuals are still required to take personal protective measures.**

※ Please use the “**COVID-19 Contact Tracing Self-reporting System**” to submit your information or fill in the “**COVID-19 Contact Tracing Self-Report Form**” to provide the information to public health workers.

How and what to tell my close contacts

Please ask your household contacts to undergo 7 days of self-initiated epidemic prevention and follow the guidance (Day 0 is the last day the person had contact with you). When your household contacts have been informed to begin self-initiated epidemic prevention, they should do a rapid antigen test at once. If your contacts develop COVID-19 symptoms during self-initiated epidemic prevention periods, please get COVID-19 tested again. If your contacts must go out, they should have tested negative using a rapid antigen test within 2 days, wear a mask and keep social distancing. Contacts can take off their masks when eating and drinking, and wear them immediately after eating and drinking. If your contacts were tested positive, they could use telemedicine or video consultations with a physician for confirmation. For more information, please refer to the website of the Taiwan Centers for Disease Control.

COVID-19 confirmed case and contact information	Local government care service center	Contact your local health departments
		

COVID-19確診個案自填版疫調單

※ 您所填寫的資料均僅限用於疫情調查與接觸者追蹤。切勿洩漏個人資料給無法確認身分之不明人士，如有相關疑問，請洽各地方政府衛生局。

※ Your information is only used for COVID 19 case investigation. Do not disclose personal information to unknown persons. If you have any questions, please contact your local public health bureau.

1. 基本資料 | General information

姓名 Name		年齡 Age (years)	
性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	職業或身分別 Occupation	
身分證字號 ID or ARC or Passport number	(或護照號碼、居留證號碼)	手機號碼 Cellphone number	
指定訊息代收人或法定代理人姓名 Designated person or legal guardian to receive messages and their cellphone number	<input type="checkbox"/> 同本人 Myself 姓名 Name _____ 手機號碼 Number _____	如您（確診者本人）未滿20歲或有其他無法自行接收電話或簡訊情形，請務必提供「指定訊息代收人或法定代理人聯絡資料」；如您年滿20歲且可自行接收電話或簡訊，則請勾選「同本人」即可。 If you (COVID-19 case) are aged under 20 years or are unable to receive calls or text messages, please be sure to provide the "contact information of your designated person or legal guardian"; if you are aged over 20 years and can receive calls or text messages, please select " Myself ".	
居住地址 Address	____縣/市 County/City____鄉鎮市區 Township/City/District, 道路或街名 Street address: _____		
您目前的隔離 所在地點 Your current isolation	<input type="checkbox"/> 居家照護隔離 Home isolation; <input type="checkbox"/> 同居住地址 Same as residential address (如您的居家照護地址與居住地址不同，請於下方填寫您的居家照護隔離地址 If your home isolation address is different from your residential address, please specify your home isolation address below)		

location	_____縣/市 County/City_____鄉鎮市區 Township/City/District,
	道路或街名 Street address: _____
	<input type="checkbox"/> 住院中 Hospitalization ,
	醫院名稱 Name of hospital : _____
	<input type="checkbox"/> 加強型集中檢疫所或防疫旅館 Enhanced group quarantine site ,
	名稱 Name of quarantine site : _____

2. 您最早出現症狀的日期（發病日）或您最早檢驗陽性的採檢日期

What date did your symptoms begin? Or, what date did you first test positive for COVID-19?

（西元）_____年 year_____月 month_____日 day

3. 密切接觸者（最早出現症狀或檢驗陽性之採檢日前兩天到被隔離前這段期間）

Close contacts during your infectious period (2 days before symptom onset or testing positive to when you were isolated)

※如您的同住者於3個月內曾確診，請無須將該名同住者計入人數。

※If your household contacts have already been diagnosed with COVID-19 in the last 3 months, please do not count them in the number of household contacts.

(1) 您的同住家人或親友 | People living in the same household

☐沒有 None；

☐有，請續填下列資訊 Yes, please fill in the following information：

2歲(含)以上_____位 | I have _____ household contacts aged 2 years or older

未滿2歲_____位 | I have _____ household contacts aged under 2 years

(2) 您曾去過的醫療照護院所（包含牙醫診所、中西醫診所、急診、醫院、長照機構） | **Healthcare facilities you had visited** (including dentists, traditional medicine or western medicine clinics, emergency rooms, hospitals, long term care facilities)

☐沒有 None

日期（月/日） Date (month/day)	醫療照護院所名稱 Name of healthcare facility

4. 您是否有慢性疾病或懷孕？（可複選） | Do you have any of the following chronic illnesses? Are you pregnant? (Choose all that apply)

☐ 沒有 No

☐ 心血管疾病（高血壓除外）

Cardiovascular diseases (other than high blood pressure)

☐ 高血壓 High blood pressure

☐ 糖尿病 Diabetes mellitus

☐ 氣喘 Asthma

☐ 慢性肺部疾病（氣喘除外）

Chronic lung diseases (other than asthma)

☐ 肥胖 Obesity (BMI ≥ 30) (BMI=[體重 kg \div 身高 m²])

☐ 代謝性疾病（如：高血脂等；糖尿病除外） Metabolic diseases other than diabetes mellitus (e.g. hyperlipidemia, etc)

☐ 肝臟疾病（如：肝炎、肝硬化） Chronic liver disease (e.g. hepatitis, cirrhosis, etc)

☐ 腎臟疾病（如：慢性腎功能不全、長期接受洗腎[血液或腹膜透析]） Kidney diseases (chronic renal insufficiency, receiving hemodialysis or peritoneal dialysis)

☐ 仍在治療中或未治癒的癌症 cancer under active treatment

☐ 免疫低下狀態 Weakened immune system

☐ 神經肌肉疾病 Neuromuscular diseases

☐ 懷孕 pregnant，懷孕週數 weeks：_____

☐ 生產後六週內 within 6 weeks post-partum

☐ 精神疾病 Mental health conditions

☐ 其他 Others：_____

5. 疫苗接種史 | Vaccination history

您是否曾接種 COVID-19 疫苗？ Have you been vaccinated against COVID-19?

☐ 未曾接種 I haven't been vaccinated

☐ 有接種，總共接種_____劑 Yes, I received_____doses