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Trump: It's my decision when to reopen U.S. economy



Inside C2

Southern DAILY

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Southern Daily News is published by Southern News Group

Tuesday April 14, 2020 | www.today-america.com | Southern News Group

‘Elbow to elbow:’ North America meat plant workers fall ill, walk off jobs



FILE PHOTO: Employees wear face masks at the JBS USA meat packing plant, where two members of the staff have died of coronavirus disease (COVID-19), as it remains operational in Greeley, Colorado, U.S. April 8, 2020. REUTERS/Jim

CHICAGO/WINNIPEG, Manitoba (Reuters) - At a Wayne Farms chicken processing plant in Alabama, workers recently had to pay the company 10 cents a day to buy masks to protect themselves from the new coronavirus, according to a meat inspector. In Colorado, nearly a third of the workers at a JBS USA beef plant stayed home amid safety concerns for the last two weeks as a 30-year employee of the facility died following complications from the virus.

And since an Olymel pork plant in Quebec shut on March 29, the number of workers who tested positive for the coronavirus quintupled to more than 50, according to their union. The facility and at least 10 others in North America have temporarily closed or reduced production in about the last two weeks because of the pandemic, disrupting food supply chains that have struggled to keep pace with surging demand at grocery stores.

According to more than a dozen interviews with U.S. and Canadian plant workers, union leaders and industry analysts, a lack of protective equipment and the nature of “elbow to elbow” work required to debone chickens, chop beef and slice hams are highlighting risks for employees and limiting output as some forego the low-paying work. Companies that added protections, such as enhanced cleaning or spacing out workers, say the moves are further slowing meat production.

Smithfield Foods, the world’s biggest pork processor, on Sunday said it is shutting a pork plant indefinitely and warned that plant shutdowns are pushing the United States “perilously close to the edge” in meat supplies for grocers. Lockdowns that aim to stop the spread of the coronavirus have prevented farmers across the globe from delivering produce to consumers. Millions of laborers also cannot get to the fields for harvesting and planting, and there are too few truckers to keep goods moving. The United States and Canada are among the world’s biggest shippers of beef and pork. Food production has continued as governments try to ensure adequate supplies, even as they close broad swathes of the economy. The closures and increased absenteeism among workers have contributed to drops in the price of livestock, as farmers find fewer places for slaughter. Since March 25, nearby lean hog futures have plunged 35%, and live cattle prices shed 15%, straining the U.S. farm economy. North American meat demand has dropped some 30% in the past month as declining sales of restaurant meats like steaks and chicken wings outweighed a spike in retail demand for ground beef, said Christine McCracken, Rabobank’s animal protein analyst. Frozen meats in U.S. cold storage facilities remain plentiful, but supply could be whittled down as exports to protein-hungry China increase after a trade agreement removed obstacles for American meat purchases.

“There’s a huge risk of additional plant closures,” McCracken said. JBS had to reduce beef production at a massive plant in Greeley, Colorado, as about 800 to 1,000 workers a day stayed home since the end of March, said Kim Cordova, president of the local United Food and Commercial Workers (UFCW) union that represents employees. “There’s just not enough people,” Cordova said. She added that the union knew of at least 50 cases and two deaths among employees as of Friday.

Plant worker Saul Sanchez, known affectionately as “grandpa” among some co-workers, tested positive for the virus and died on April 7 at 78 years old, according to his daughter, Beatriz Rangel. She said he only went from home to work before developing symptoms, including a low fever. “I’m heartbroken because my dad was so loyal,” Rangel said.

Brazilian owned JBS confirmed an employee with three decades of experience died from complications associated with COVID-19, without naming Sanchez. The company said he had not been at work since March 20, the same day JBS removed people older than 70 from its facilities as a precaution. He was never symptomatic while at work and never worked in the facility while sick, according to the company. JBS said it was working with federal and state governments to obtain tests for all plant employees.

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Trump: It’s my decision when to reopen U.S. economy



U.S. President Donald Trump arrives with Vice President Mike Pence to lead the daily coronavirus task force briefing at the White House in Washington, U.S., April 9, 2020. REUTERS/ Jonathan Ernst TPX IMAGES OF THE DAY

WASHINGTON (Reuters) - President Donald Trump said on Monday it was his decision when to reopen the U.S. economy, not that of state governors, but legal experts disagree and governors are going their own way.

FILE PHOTO: U.S. President Donald Trump speaks to reporters during an Easter blessing event in the Oval Office at the White House in Washington, U.S., April 10, 2020. REUTERS/Yuri Gripas
Trump last month extended federal “stay at home” guidelines through April and has made clear he wanted the economy to reopen as soon as possible after the coronavirus outbreak that has killed nearly 22,000 Americans and cost millions of jobs.

However, he also has said he would listen to U.S. health experts and others in making any recommendations.

“It is the decision of the President, and for many good reasons. With that being said, the Administration and I are working closely with the Governors, and this will continue. A decision by me, in conjunction with the Governors and input from others, will be made shortly!” Trump wrote on Twitter.

The Republican president accused news media of incorrectly saying it was the governors’ decision. However, legal analysts say a U.S. president has quite limited power to order citizens back to their places of employment, or cities to reopen government buildings, transportation, or local businesses.

While federal health officials have issued anti-coronavirus guidelines including social distancing and wearing face coverings, Washington has not issued nationwide recommendations on school closings or shuttering public services and businesses, leaving individual states to make those determinations.

A number of states have extended their stay-at-home and

social distancing orders beyond May 1, with Virginia’s governor targeting June 10. “All these executive orders are state executive orders and so, therefore, it would be up to the state and the governor to undo a lot of that, said Chris Sununu, the Republican governor of New Hampshire. New York Governor Andrew Cuomo, whose state has been hardest hit by the new coronavirus, said Monday he would coordinate his response with governors of neighboring states. “So, we’ll listen to the experts, we’ll follow

the data but remember this is a delicate balance,” he told reporters. Each governor needs to make the best decision for their state and help people tap federal government benefits, including unemployment insurance, Sununu said in an interview with CNN. “It’s a pandemic. It has no playbook,” Sununu said. But there is the U.S. Constitution. Under the 10th Amendment, state governments have power to police citizens

and regulate public welfare. “This is Federalism 101,” said Robert Chesney, a professor of national security law at the University of Texas. “The president can advocate to his heart’s content, but he can’t actually commandeer the state governments to make them change their policies. He has no such inherent authority, nor is there any federal statute that purports to give him such authority.”

BUSINESS

The Whole World Is Asking, “When Will It Be Over?” There’s Only One Option For A Global Coronavirus Exit Strategy



Many governments are closing borders and using wartime rhetoric to rally their populations.

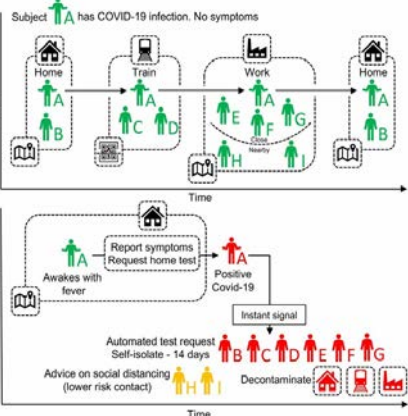
Overview
The COVID-19 pandemic poses an unprecedented threat to both public health and the global economy.
Only by avoiding nationalist rhetoric and policies, and embracing stronger international cooperation, can governments protect citizens.

Compiled And Edited By John T. Robbins, Southern Daily Editor

The world that emerges from the coronavirus pandemic may be a warring collection of countries that are more closed off and nationalistic than before. But without rapid and effective global cooperation, the world may not exit this crisis safely at all. For now at least, heavy-handed nationalist responses predominate. Alongside curfews, lockdowns, and requisitioning, governments are closing borders and using wartime rhetoric to rally their populations. Global supply chains and trade are being disrupted not just by lockdowns, but also by wealthy countries’ competition for supplies. Soon, however, governments will need to restart the global economy. And that will require international cooperation in several key areas.

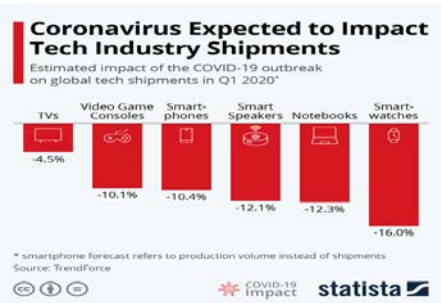
The first crucial element of a COVID-19 exit strategy is massive testing (for both infection and immunity), so that healthy people can return to work and those who are infected can get appropriate treatment. For this, countries will need adequate supplies of testing kits and protective equipment, as well as ventilators and access to emerging treatments. International cooperation is vital to enabling mass testing and treatment. A primary supplier of the swabs used for collecting nasopharyngeal samples, Copan, is based in Northern Italy. The reagents used to extract virus RNA from collected cells are produced mainly by Qiagen, a German company with a complex global supply chain. And foreign companies make roughly half of the ventilators in the United States; one-third come from

Europe. And yet, while governors of US states are bidding against one another for scarce ventilators, some European governments are barring their export. And a British government minister has said that the country’s inability to source necessary reagents is slowing down testing. The solution is to increase cooperation in production and distribution, using global supply chains as effectively as possible, and pooling resources and equipment so that they can be allocated as the need for them shifts from one country to another. China, for example, is now donating ventilators to the United States and exporting masks. A second component of an exit strategy is effective disease surveillance and control. True, many countries are balking at online surveillance of the sort used in China and South Korea. But with manual contact-tracing being too time-consuming, it is hard to envisage an exit strategy that does not include apps for this purpose. Indeed, a new study by researchers at the University of Oxford suggests that tracing apps can be effective in reducing infection rates, even when just 60% of the population adopts them. Western societies therefore need to learn from the successes of China and South Korea, and balance fears of ramping up their own governments’ surveillance capacity against the harm people suffer from being kept in lockdown.



Tracing apps reduce infection rates, even when just 60% of the population

adopts them. **Image: Science Magazine**
Hesitant countries should cooperate fast to adapt surveillance tools to the need to protect civil rights. This will require transparent oversight, clear principles of fairness (including equal access and treatment), robust data protection, and audits of the algorithms used. Third, a global COVID-19 exit strategy would be safest with an effective vaccine. Fortunately, international scientific cooperation is accelerating progress toward developing one. Researchers in China, the US, and Europe are sharing viral genome sequences, while doctors from Harvard University; the Xijing Hospital in Xi’an, China; and Northern Italy are working on treatments, and top virologists are sharing findings on World Health Organization conference calls and placing them in online archives such as medRxiv and bioRxiv. International cooperation will also be required to ensure that a vaccine is deployed globally. In recent days, the Chinese authorities have reported new cases of COVID-19 that have been “imported” from other countries, while some experts in Europe and North America are already anticipating a second wave of the virus. Here, history is instructive. Although vaccinations enabled most wealthy countries to eliminate smallpox unilaterally by the late 1940s, the disease kept returning from outside their borders. It took a global effort launched by the WHO to eradicate smallpox globally by 1978. There is also a need for an early-warning system to detect the emergence of new or mutated viruses. As South Korea has shown, an early COVID-19 warning enables a government to react rapidly by ramping up testing and engaging the whole population in contact tracing and containment, thereby potentially reducing the economic and social costs of an outbreak.



But early warnings require governments to tell the world about novel infections as soon as they discover them, which can be a sensitive matter. Countries thus need assurances that reporting disease outbreaks will not expose them to instant punishment in the form of unnecessary travel and trade restrictions, and that any such measures would be introduced cooperatively. The world should have learned this lesson during the SARS and Ebola epidemics of the last two decades. Travel and trade restrictions imposed by 40 countries impeded the reporting of Ebola outbreaks, hindering the global response. Similarly, China’s experience with SARS may have left its leaders less inclined to notify the outside world about the COVID-19 outbreak. Once they did, countries closed their borders in ways that contradicted WHO guidance. After this crisis is over, governments will need to bolster the early-warning system, on the understanding that this requires a cooperative quid pro quo. Finally, the faster and more effectively we act to contain the spread of the virus in the world’s poorest and most populous countries, the better we can protect everyone. This requires urgent investments in prevention that also depend on cooperation – including via the Africa Centers for Disease Control and Prevention, the International Monetary Fund’s emergency financing (which more than 90 countries have so far requested), and the World Bank’s emergency health support. The COVID-19 pandemic poses an unprecedented threat to both public health and the global economy. Only by ditching nationalist rhetoric and policies, and embracing stronger international cooperation, can governments protect the people they claim to represent. (Courtesy World Economic Forum/weforum.org)

Editor's Choice



A woman prays as she leaves flowers outside Residence Herron, a senior’s long-term care facility, following a number of deaths since the coronavirus disease (COVID-19) outbreak, in the suburb of Dorval in Montreal Quebec, Canada April 13, 2020. REUTERS/Christinne Muschi



A cyclist rides a bike with her dog Kya near the Hallerbos, also known as the “Blue Forest”, that had to be closed to groups of tourists this year due to the coronavirus disease (COVID-19) outbreak, near Halle, Belgium April 13, 2020. REUTERS/Yves Herman



People cover their faces as a health worker fumigates a residential area during a fumigation campaign while the spread of the coronavirus disease (COVID-19) continues, on the outskirts of Sanaa, Yemen April 13, 2020. REUTERS/Khaled Abdullah



People wearing protective face masks work on a construction site at the street during a lock-down amid the coronavirus disease (COVID-19) outbreak, in Ronda, southern Spain, April 13, 2020. REUTERS/Jon Nazca



A nurse holds bottles of sterilising fluid at the Benghazi Medical Centre during the spread of the coronavirus disease (COVID-19) in Benghazi, Libya. April 13, 2020 REUTERS/Esam Omran Al-Fetori



A health worker wearing protective gear and a woman walk at the entrance of the Kiev Pechersk Lavra monastery, where multiple cases of the coronavirus disease (COVID-19) have been confirmed, in Kiev, Ukraine April 13, 2020. REUTERS/Valentyn Ogirenko



People are seen during an exercise session, as the authorities struggle to contain the coronavirus disease (COVID19) outbreak in Abuja, Nigeria April 13, 2020 REUTERS/Afolabi Sotunde



People are seen doing exercises during the coronavirus disease (COVID19) outbreak in Abuja

Coronavirus Is Coming For The World's Poor. Ways To Help



OVERVIEW

In the world's least developed countries (LDCs), 900 million people are at risk from coronavirus;
These countries lack the economic resources and medical infrastructure of their more developed counterparts but can learn lessons from their response and benefit from their support;
The global community must help LDCs expand PPE and technology for frontline workers, ensure an uninterrupted supply of essential medicines and equitable access to vaccines and medication.

By Guest Writers Duncan Maru, MD, PhD, and Sabitri Sapkota, MPH, PHD

Compiled And Edited By John T. Robbins, Southern Daily Editor

The ongoing death toll from the COVID-19 pandemic in developed countries such as Italy and the US portends a looming disaster in the world's most impoverished countries. The public health responses in some of Asia's most advanced economies offer lessons to other countries bracing for a potentially dramatic increase in cases, in particular South Korea's swift, coordinated and within-democratic-means response. But most countries do not enjoy South Korea's wealth and infrastructure. What is to be done in those nearly 50 countries who fall under the UN's Least-Developed Country (LDC) status, home to nearly 900 million people

worldwide. As governments around the world prepare for the worst, what lessons are relevant to those countries that lack the economic resources and medical infrastructure of South Korea? Take the case of Nepal (a country with which we are deeply familiar): the government has taken extraordinary and necessary measures to prevent the entry of the virus through its borders. It has closed schools, cancelled events, shut down Mount Everest and largely restricted international travel. These actions are courageous considering the enormous economic costs. They are also notable for being achieved through democratic, non-coercive means.



The world's Least Developed Countries (LDCs) according to the UN (Graphic: UNCTAD)

Nepal, whose population is approximately 28 million people, likely has fewer than 500 intensive care unit beds in the entire country. Many of its rural hospitals lack even minimal inpatient capacity. Diagnostic testing is available at only a single referral hospital in its capital, Kathmandu. As governments in advanced economies announce large-scale economic assistance and health-care interventions, we also must not neglect our fundamental responsibility to support the response efforts – in a large-scale, ambitious way – for LDCs. With that in mind, here are six crucial measures that the global community can implement to support LDCs. As places like Taiwan, China, South Korea, Singapore, Japan and Hong Kong bring their outbreaks until control, they can and must contribute their expertise and resources to support LDCs, particularly in Asia.

1. Early, coordinated social distancing is absolutely essential to risk mitigation

Much of the focus in global COVID-19 pandemic responses right now centres around mass social distancing measures – school, event and business closures, working from home, restrictions on travel and social gatherings. These measures are essential and the global community can support such efforts by sharing data, protocols and ensuring regional cohesion in cross-border policies around migration and trade.

2. Make plans now for the expansion of personal protective equipment (PPE) and testing capacity

As international trade and supply chains are decimated, COVID-19 testing and personal protective gear needs to be stockpiled by LDCs right now. They can only do this with extensive financial and technical support from other countries. These donor countries, tragically, are the same ones who have been hard hit by the pandemic. Yet we have to ramp up the manufacturing and distribution of supplies and avoid the perception that we have limited resources to spread amongst all the countries. Even with the ongoing pandemic and the economic crisis, the world has the resources to do this. We have to mobilize like never before.



3. Invest in hospital capacity everywhere

Given the fact that COVID-19 outbreaks disseminate through geographies quickly, targeted, nationalized treatment centres will have minimal impact on severe cases. The epidemiology of respiratory viruses like that causing COVID-19. The global community again must mobilize with training (even if largely virtual), supplies and protocols. What is the World Economic Forum doing to champion social innovation?

4. Connect frontline healthcare workers with the technology, PPE, and protocols they need

There is much that can be accomplished by healthcare workers using

simple mobile technology to help triage patients and recommend home isolation for those safe to do so. This is essential for focusing scant hospital resources on the sickest patients and avoiding hospital transmission with long queues. Many LDCs like Nepal have themselves pioneered the use of community-based healthcare delivery and promotion activities and can mobilize this infrastructure. They need the right training and technology tools in time to be effective.

5. Ensure uninterrupted supply of essential medicines

As seen with Ebola, there will be disruptions in essential primary care services owing to the COVID-19 pandemic in LDCs. Much can be done to prevent this through working proactively now on supply chains with Ministries of Health around the globe.

6. Ensure early and equitable access to vaccines and medications

While the first wave of response to the COVID-19 pandemic is unlikely to have biomedical tools available to it, preparations should now be made to ensure eventual equitable access to vaccines and antivirals. For influenza, vaccination and anti-virals are almost entirely absent in LDCs, who shoulder an enormous burden of the up to 500,000 estimated annual global deaths due to seasonal influenza.

COVID-19 demonstrates in tragic, bold relief that all countries are in this fight together. Finding the resources to fight it is not a zero-sum game. Indeed, abandoning the world's most impoverished countries now will only lead to an enormous number of preventable deaths and further global economic instability that puts all of our community at ongoing risk. A truly global fight is a moral priority.

Duncan Maru, MD, PhD, and Sabitri Sapkota, MPH, PHD with the Arnhold Institute for Global Health and the Department of Health Systems Design and Global Health at Icahn School of Medicine at Mount Sinai. (Courtesy <https://www.weforum.org/>)



問診配藥一條龍 免患者舟車勞頓

雲醫療崛起助全民抗疫



▲患者可以通過與醫生視頻對話，接受線上診療，免去等候與路途辛苦。
香港文匯報記者 倪夢環 上海報道

為防止新冠病毒疫情擴散，人們減少外出，連看病也不容易，催化“雲醫療”呈現爆發式增長，多個醫療平台成立吸引了大量用戶，“線上問診”模式更受資本青睞，阿里、騰訊等企業競相佈局。記者近日實地探訪中國“雲醫院”所見，從預約就診到開藥送藥，全流程服務均可“線上”完成，讓患者免去等候與路途辛苦，僅僅上海“新冠工作室”平台啟動滿月後瀏覽量已達到13.43萬人次。未來，“互聯網+醫療”或更成趨勢，與線下結合提供更便捷醫療服務。

徐匯區中心醫院貫眾互聯網醫院（簡稱徐匯雲醫院）是上海首家獲得互聯網醫院牌照的公立醫院，運營至今，該醫院已實現線上服務182萬人次，實名註冊用戶約18萬人。患者可以在線上進行諮詢和預約，來自呼吸內科、全科醫學科等專業醫生將在網上與患者進行面對面視頻診療，免去了地理因素等限制。其實早在4年前，醫院已開始進行“互聯網+”探索。

線上問診個案急增

身於法國的雷女士，近日有點不適，“有些咳嗽、頭有些昏。”考慮到多國及地區均出現新冠肺炎的確診個案，雷女士有些擔心，但自己“未發熱”，也沒有去人群密集處，醫生在綜合考慮後，給出了“休養觀察”的建議，並提醒雷女士可能是普通感冒，但若有進一步狀況應再及時就診。西藏小伙索朗次旦在數分鐘的排隊等待後，

亦與醫生進行了視頻連線，“我最近有些乾咳，頭有些痛，我還查了血常規有異常數據，醫生能不能幫我看一下？”索朗次旦通過相關系統上傳了檢查化驗單，在察看了患者檢查報告並跟進細節後，醫生通過雲醫院系統將索朗次旦轉診到了呼吸科，以進行進一步的診療。

上海市衛生健康委員會醫政醫管處處長孫明明表示，自疫情開始後，互聯網+醫療的技術得到了充分利用，不僅發熱諮詢平台得到了推廣，一些慢性病、常見病複診也通過互聯網實現了線上診療。

目前，上海已有7家醫院已經取得了互聯網資質，可以開展慢性病和常見病複診，且很多都已經接入到醫保支付平台裡。

1小時內送藥到府

線上看完病後，患者如何拿到藥物？記者了

解到，不僅如上述雲平台可以直接開藥、並安排配送上門服務，中國很多平台亦實現了送藥到家服務。例如一些非處方藥物，消費者可以登錄微信、淘寶、餓了麼等平台進行購買配送，而處方藥亦可按規定通過網絡上傳處方後進行購買。

“疫情期間我們不想去醫院增加風險，也盡量不出門，但有一天晚上我突然牙齦紅腫疼痛，我就通過正規的網絡平台在附近藥店購買了一些降火藥和口腔消炎藥，不到1個小時就送到了小區門口，真的非常方便。”杜小姐告訴記者，疫情期間互聯網醫療的存在為自己提供了很多便利，“而且現在很多平台還可以提供心理診療的服務，在疫情期間也讓我們覺得很暖心。”

對於雲醫療的未來發展，復旦大學附屬中山醫院徐匯醫院執行院長朱福表示，雲醫療的存在將為患者節省就診時間、交通費等，“互聯網醫療在新冠之後也可能會成為群眾就醫的常規模式。”

篩選入駐醫生防漏診誤診

隨著越來越多的線上問診得到認可，“雲醫療”的患者數量亦日益增多，如何保障“不誤診”、“不漏診”？復旦大學附屬中山醫院徐匯醫院執行院長朱福對記者表示，“其實我們很早以前就考慮過這些問題，為了保障就診質量，我們首先會對入駐醫生進行篩選，比如醫生資質首先要3年以上，並且上崗前要經過培訓和考核。”

同時，雲平台可以上傳CT、就診報告等全面材料，“等於是將診療室搬到了網上，這個診療不會是片面的，而是一個全方位的。”朱福表示，截至目前平台還

未收到過患者投訴或者反映有漏診、誤診的情況，“我們也還在不斷跟進升級，希望能夠提供更好的服務。”

若出現“客流”情況，排隊耗時較長應該如何？朱福說，平台設置了“預約”機制，既可以預約線上就診，亦可以預約線下診療，“如果患者不希望等待，可以先進行預約，提高就診效率。”他同時表示，雖然線上可能出現排隊等待情況，“但線上等待相對來說更加自由，患者可以在排隊的同時處理其他事務，我們同時也會不斷就現行技術升級，採取更多措施改進服務。”



■中國的“雲醫療”平台在疫情期間備受歡迎。
香港文匯報記者 倪夢環 上海報道

杭州健康碼 可應用醫保支付

“雲醫療”火爆，多個平台亦開啟對接入口，進行“雲健康”佈局。據了解，騰訊防疫健康碼累計亮碼已超過10億人次，覆蓋8億人口，累計訪問量43億；居民亦可通過支付寶申領健康碼後，憑不同顏色碼出入不同場景。截至2月底，健康碼已落地超過200城，覆蓋公交站、社區、寫字樓、醫保支付、商場超市、機場車站等十大場景。據了解，目前多地正在擴大健康碼應用範圍，而杭州、溫州健康碼均已具備上線看病買藥功能。

以杭州為例，“杭州健康碼”已實現升級，率先實現與電子健康卡、電子社保卡互聯互通。這意味着居民不再需要攜帶實體就診卡和紙質病歷本，通過“杭州健康碼”就能實現掛號、取號、就診、檢驗檢查、取藥、電子發票等醫院就診和醫保支付應用。健康碼還將陸續實現網上簽約、網上預約、互聯網診療、報告查詢等服務，實現“一碼在手，就醫全程通”。

不僅如此，越來越多的平台開通了線上診療的入口，為“雲健康”助力。平安好醫生近日表示，將在墨跡天氣APP首頁開通在線問診和健康管理服務，不僅會隨天氣變化為墨跡天氣的用戶提供專屬的醫療健康主題內容，還會7×24提供在線諮詢、轉診、掛號、在線購藥及1小時送藥等醫療健康服務。據介紹，在此前的試合作期間，雙方已上線了“抗疫情 | 免費義診”專題頁面，為用戶開通在線問診、送藥上門等服務，“用戶滿意度超過98%。”而隨著天氣、季節輪換變化，流感、慢性病等相關健康主題將陸續上線。



掃描 QR Code 可觀看有關影片。

■入駐線上的醫生需進行篩選，其醫生資質需達3年以上，且上崗前要經過培訓和考核。
倪夢環 上海報道

實際情況	專家諮詢	防疫資訊
專家諮詢：提供線上諮詢、預約、開方、送藥等服務。支持多種支付方式，包括醫保支付。	專家諮詢：提供線上諮詢、預約、開方、送藥等服務。支持多種支付方式，包括醫保支付。	專家諮詢：提供線上諮詢、預約、開方、送藥等服務。支持多種支付方式，包括醫保支付。
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