MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

16 Apr 2020

See Distribution List

MOH CIRCULAR 97A/2020

REVISION OF SUSPECT CASE DEFINITION FOR CORONAVIRUS DISEASE 2019 (COVID-19)

This circular supersedes MOH Circular 97/2020. The number of confirmed COVID-19 cases continues to rise globally. As of 14 April 2020, there are more than 1.9 million cases and 110,000 deaths worldwide. Locally, the daily number of cases continues to rise and we are seeing clusters of transmissions within foreign worker (FW) dormitories. As of 14 April 2020, several dormitories have been gazetted as Isolation Areas under the Infectious Diseases Act[1].

UPDATE OF SUSPECT CASE DEFINITION

2. In view of the above, we have **revised** the suspect case criteria to the following:

(a) A person with clinical signs and symptoms **suggestive of Community-Acquired Pneumonia[2] or community-acquired severe respiratory infection with breathlessness**.

(b) A person with an acute respiratory illness of any degree of severity (e.g. symptoms of cough, sore throat, runny nose, anosmia), with or without fever, who, within 14 days before onset of illness had:

(i) **Travelled abroad (outside Singapore)**; **OR**
(ii) **Close contact**[3] with a case of COVID-19 infection **OR**

[1] (i) S11 Dormitory@Punggol (ii) Westlite Toh Guan Dormitory (iii) Toh Guan Dormitory (iv) Sungei Tengah Lodge (v) Tampines Dormitory (vi) Acacia Lodge (vii) Cochrane Lodges 1 and 2
[2] Excludes cases of nosocomial pneumonia and aspiration pneumonia with no links to confirmed cases
[3] Close contact is defined as:

- Anyone who provided care for the patient, including a health care worker or family member, or who had other similarly close physical contact;
- Anyone who stayed (e.g. household members) at the same place as a case; or
- Anyone who had close (i.e. less than 2m) and prolonged contact (30 min or more) with a case (e.g. shared a meal).

(iii) Stayed in a **foreign worker dormitory**[4]

NOTIFICATION OF CASES TO MOH

3. With immediate effect, medical practitioners **need no longer notify suspect cases of COVID-19**.

4. **Only confirmed cases (i.e. with positive PCR test) should be notified** via MD131 e-notification, or via fax to MOH at 6221 5528/ 6221 5538/ 6221 5567. Please note that **newly confirmed cases that are in unstable condition**, e.g. in High-Dependency or Intensive-Care Unit, **or deceased, should continue to be notified by phone call** to the MOH Surveillance Duty Officer at 9817 1463.

5. Hospital laboratories should continue to report positive COVID-19 test results to MOH via existing processes.

6. The instructions in paragraphs 3 to 5 supersede MOH Circular 43/2020.

PRIMARY CARE WORKFLOWS

Polyclinics and GPs Performing Swab-and-Send-Home (SASH)

7. Patients seen at polyclinics and GPs performing SASH who meet the suspect case definition should be assessed for medical stability.

(a) Medically unstable[5] patients should be referred to ED via 995 ambulance.

(b) Stable patients, particularly patients with pneumonia, **assessed as likely requiring inpatient care,** should be referred to NCID/ ED via dedicated ambulance (6220 5298)[6] for further assessment and testing.

(c) For all other patients, including stable patients with pneumonia, assessed as not requiring inpatient care, polyclinics and GPs performing SASH **should check if they stay in a congregated setting** (e.g. dormitory, nursing home).

(i) If yes, polyclinics and GPs performing SASH should refer patients to NCID/ ED via dedicated ambulance (6220 5298)[6] for further assessment and testing.

(ii) If no, patients should be swabbed for COVID-19 testing and discharged with 5 days MC, with written instructions to self-isolate at home until their

[4] Separate processes apply to foreign workers from a dormitory that has dedicated medical station / clinic or dedicated workflow for assessment and swabbing

[5] E.g. Heart Rate >110/min, O_2 saturation <92%, Resp. Rate >20/min, BP <90/60mmHg

[6] Please note that this hotline will only accept transport requests from medical practitioners.

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symptoms resolve. Patients should be advised to return to the same polyclinic or GP if their condition worsens. If patients test positive, polyclinics and GPs performing SASH should inform patients of their COVID-19 test results, and arrange for a dedicated ambulance (6220 5298)[6] to convey patients who test positive to NCID/ ED. See the workflow for polyclinics and GP clinics performing SASH in **Annex A**.

GPs not Performing SASH

8. Patients seen at GPs not performing SASH who meet the suspect case definition should be assessed for medical stability.

(a) Medically unstable[5] patients should be referred to ED via 995 ambulance

(b) Stable patients, particularly patients with pneumonia, **assessed as likely requiring inpatient care,** should be referred to NCID/ ED via dedicated ambulance (6220 5298)[6] for further assessment and testing.

(c) For all other patients, including stable patients with pneumonia, assessed as not requiring inpatient care, GPs **should check if they stay in a congregated setting** (e.g. dormitory, nursing home).

(i) If yes, GPs should refer patients to NCID/ ED via dedicated ambulance (6220 5298)[6] for further assessment and testing.

(ii) If no, patients should be referred to the screening centre at NCID, fever screening area at SGH[7], or a polyclinic for further assessment and testing. These patients should be advised to don a mask and use private transport, with windows wound down. See the workflow for GP clinics not performing SASH in **Annex B**.

HIGHER INDEX OF SUSPICION FOR PROLONGED ARI

9. In addition, we would like to remind medical practitioners of the following:

(a) **Any medically unstable[5] patients should be immediately referred to the nearest ED** via 995 ambulance, without delay.

(b) A **higher index of suspicion for COVID-19 should be maintained when patients present with prolonged febrile[8] acute respiratory infection (ARI) symptoms of 4 days or more, and are not recovering**, regardless of their travel or exposure history.

[7] SGH Fever Screening area is only operational from 9am to 5pm

[8] Measured or reported temperature of $\geq$ 37.5°C

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(i) If your clinic offers on-site COVID-19 swabbing under SASH, such patients should be swabbed and sent home with 5 days MC. If patients test positive, polyclinics/ GPs should inform them of their COVID-19 test results, and arrange for a dedicated ambulance (6220 5298)[6] to convey them to NCID/ ED.

(ii) If your clinic does not offer COVID-19 swabbing, such patients should be referred to the screening centre at NCID, fever screening area at SGH[7], or a polyclinic for further assessment and testing. These patients should be advised to don a mask and use private transport, with windows wound down.

CASE MANAGEMENT GUIDANCE FOR HOSPITALS

10. Hospitals should clinically assess all referred suspect cases from primary care.

(a) Medically stable cases (e.g. stable community-acquired pneumonias/ mild-to-moderate ARI symptoms) **assessed to not require admission** should be swabbed for COVID-19 testing.

(i) Patients who live in non-congregated settings can be sent home after swabbing with 5 days MC and written instructions to self-isolate at home while awaiting their test results, until their symptoms resolve. Patients should be advised to return to their medical practitioner if their condition worsens.

(ii) Patients who live in congregated settings can be held in a suitable holding area in hospital with appropriate infection control measures and safeguards in place, until their swab test results are ready. Those who test negative on <u>one swab</u> may be discharged, with instructions to isolate or cohort with other residents tested negative, until their symptoms resolve.

(b) Medically unstable / more severe cases **assessed to require admission** should be warded. Patients with community-acquired pneumonia, but without recent travel history, close contact with confirmed cases or residence in a foreign worker dormitory should be managed with the same precautions as pneumonia cases before the change in case definition. All other suspect cases should be warded in isolation. Nasopharyngeal swabs should be taken on two consecutive days for testing. Patients may only be transferred to general ward after two consecutive negative swabs.

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11. MOH will continue to monitor the global and local situation closely and propose additional measures as proportionate to risk. Your continued vigilance against possible cases of COVID-19 is greatly appreciated.

12. For clarification on this circular, please email MOH_INFO@moh.gov.sg.

A/PROF KENNETH MAK
DIRECTOR OF MEDICAL SERVICES
MINISTRY OF HEALTH

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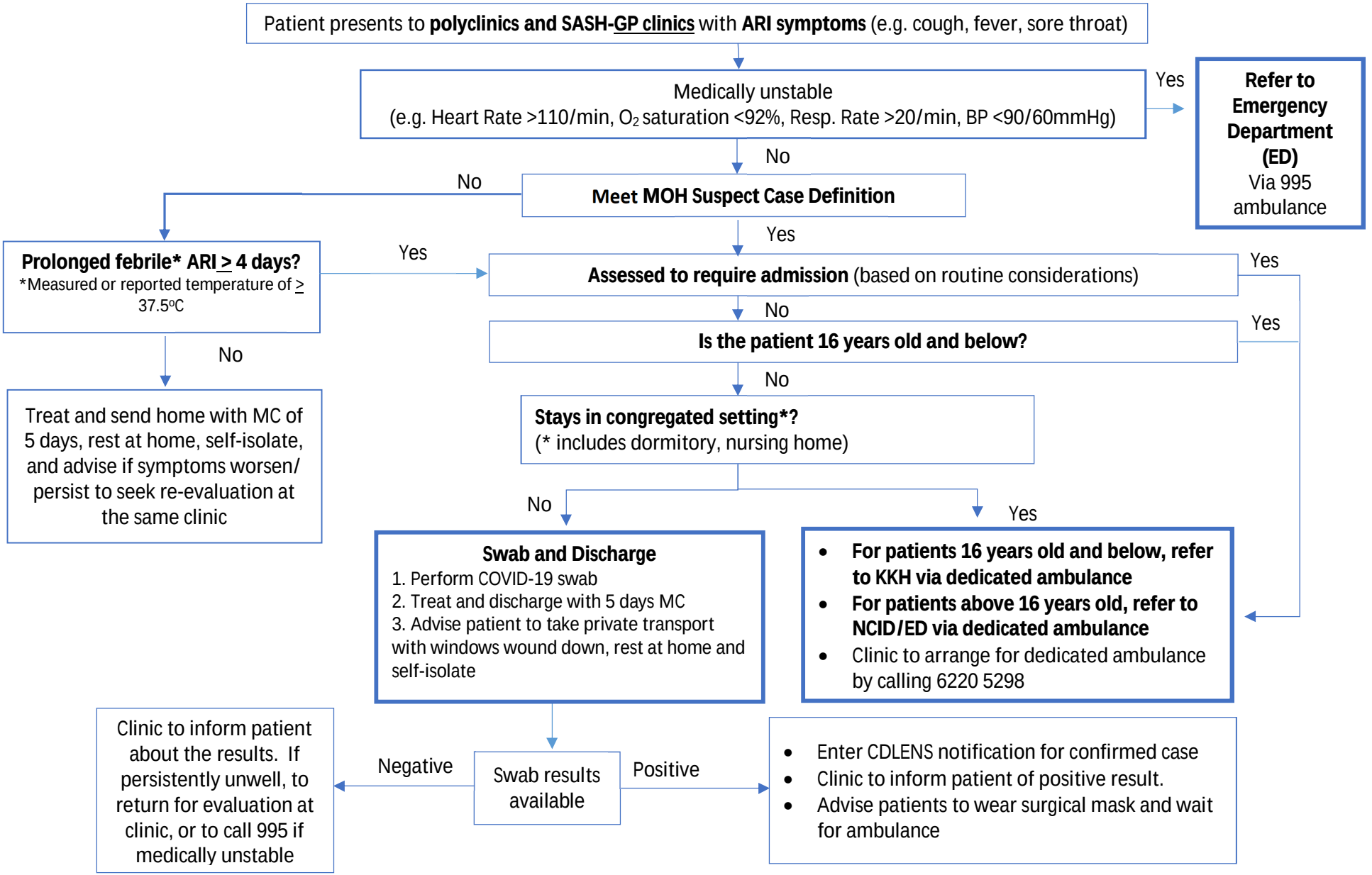
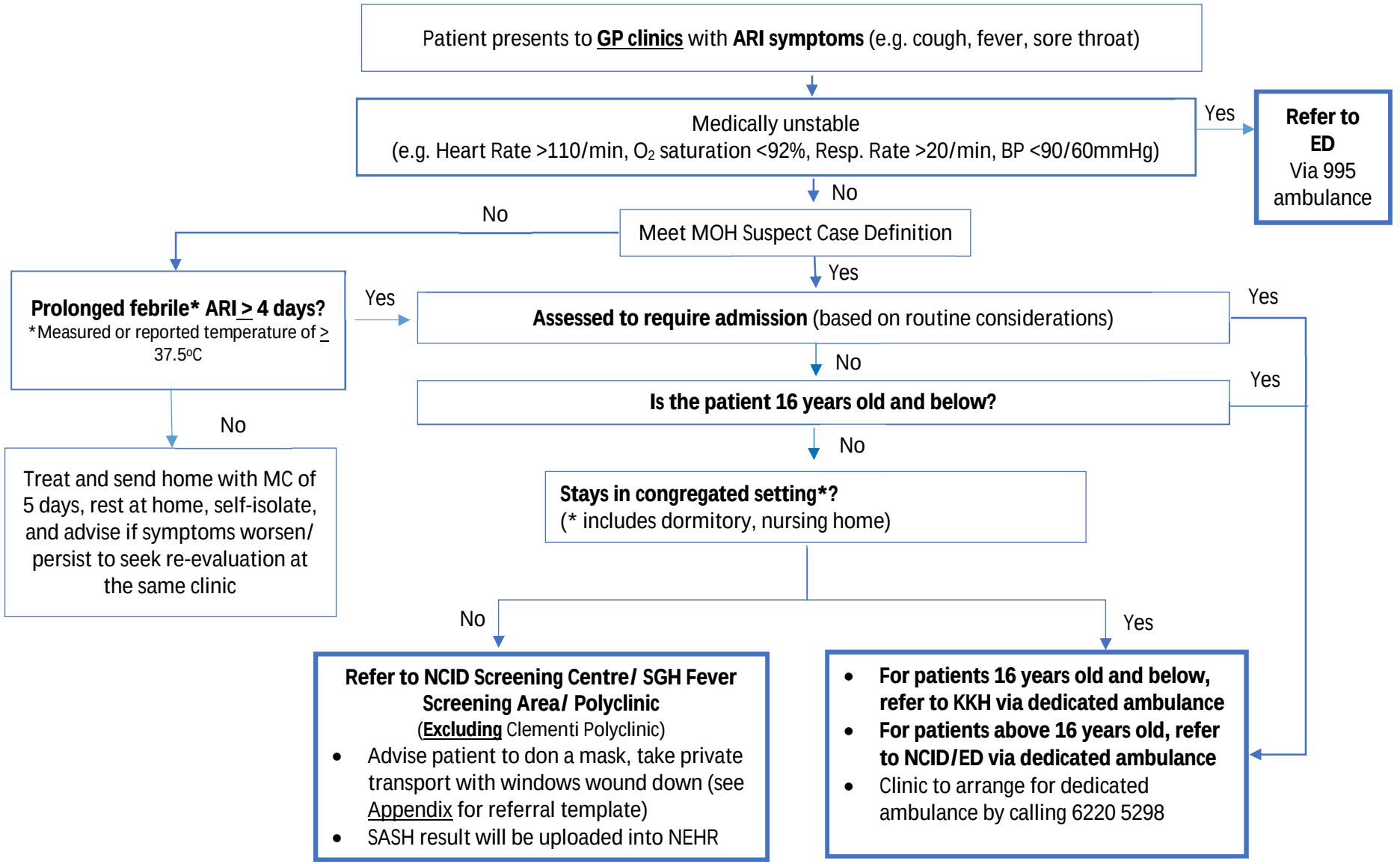
ANNEX A

WORKFLOW FOR POLYCLINICS AND GP CLINICS PERFORMING SWAB-AND-SEND-HOME (SASH)



ANNEX B

WORKFLOW FOR GP CLINICS NOT PERFORMING SWAB-AND-SEND-HOME (SASH)



APPENDIX

REFERRAL TEMPLATE FROM NON-SASH GPS TO NCID SCREENING CENTRE/ SGH FEVER SCREENING AREA/ POLYCLINIC

Referral Form for Swabbing (97A_2020

Referral Form for Evaluation for Swab and Send Home (SASH)

Please note the following:

1. Patient to inform staff at the entrance that they have been referred for a swab.
2. Patient to bring this referral form, along with their NRIC, for verification during their appointment.
3. Please refer patient 16 years old or below, who meets the suspect case definition, to KKH via dedicated ambulance.
4. If the patient is assessed by the facility not to meet the criteria and/or if the referral form is not duly completed, the patient may not be swabbed

PART I: VISIT DETAILS			
Date and Time of consult at the GP Clinic			
Institution Referred To			
PART II: PATIENT'S PARTICULARS			
Name		**Gender**	**Male / Female**
NRIC No.		**Contact No.**	
Name of Next-of-Kin (NOK)		**NOK Contact No.**	
Patient's Address			

PART III: DOCTOR'S REFERRAL

Please indicate patient's medical history (if any), presenting symptoms/ diagnosis and management plan; and attach any relevant investigation results or additional memo if more space is needed.

Diagnosis

Presenting complaint:

Symptom	✔	**Symptom**	✔
Shortness of breath		Runny Nose	
Fever (≥37.5˚C)		Sore Throat	
Cough		Others (please indicate):	

Duration from onset of symptoms: _____days

Significant contact or travel history/stays in a congregated setting (e.g. dormitory, hostel, nursing home, institutional setting):

_____

Significant medical history / comorbidities:

_____

Physical examination:

Physical Exam & Vital Signs: Please indicate value/ comments				
Temperature	**Blood pressure**	**Heart rate**	**Respiratory rate**	**SpO_2 (if available)**
Lungs crepitations	Yes / No	**Others (please specify)**		

Note: Patients who are medically unstable (e.g. respiratory rate > 20/min, SpO_2 < 92%, heart rate > 110/min, BP < 90/60mmHg) should be sent to the nearest A&E via the SCDF ambulance.

I have ascertained that the patient does not stay in a congregated setting and am referring the patient for further testing for COVID-19 based on the following (tick one):

□ Suggestive of Community-Acquired Pneumonia[1] **not** requiring admission

□ ARI of any degree of severity[2], with or without fever, who within 14 days before onset of illness had (i) travelled abroad outside Singapore; (ii) close contact with a case of COVID-19 infection; or (iii) stayed in a foreign worker dormitory

□ Prolonged febrile ARI of four or more days' duration (reported or measured temperature of ≥ 37.5°C)

□ Others (Please elaborate:_____)

PART IV: DOCTOR'S ACKNOWLEDGEMENT

I understand that the patient will be further assessed at the screening centre/ area/ polyclinic for their suitability to be swabbed under the SASH workflow.

Name & Signature of Practitioner	MCR No.	Date

Clinic Name		**Clinic Stamp:**
Clinic HCI Code		
Clinic Address		
Practitioner's Contact No.		
Practitioner's Email		

[1] Excludes cases of nosocomial pneumonia and aspiration pneumonia with no links to confirmed cases

[2] E.g. symptoms of cough, sore throat, runny nose, anosmia