In recent weeks, COVID-19 cases have been detected among workers in dormitories and healthcare settings, including Community Care Facilities (CCF) for COVID-19, and residential Long-Term Care (LTC) facilities. MOH is casting a wider net to enhance active case finding and diagnostic testing for symptomatic cases, in order to enhance early detection and prevent further spread.

**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 Pneumonia¹

   (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 contact²** with a case of COVID-19 infection; OR
      (iii) **Stayed in a foreign worker dormitory³; OR**

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

² 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).

³ Separate processes apply to foreign workers from a dormitory that has dedicated medical station/clinic or dedicated workflow for assessment and swabbing.
(iv) Worked in occupations or environments with higher risk of exposure to COVID-19 cases\(^4\)

(c) Any person with **prolonged febrile\(^5\)** acute respiratory infection (ARI) symptoms of 4 days or more, and not recovering.

**NOTIFICATION OF CASES TO MOH**

3. We would like to remind medical practitioners to notify **confirmed cases** (i.e. with positive PCR test) 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.

**ENHANCED SWAB-AND-SEND-HOME (SASH) CRITERIA**

4. To strengthen active case finding, the following groups of persons presenting with **ARI of any duration** should be swabbed by primary care clinics on-site (see **Annex A**), or referred to a facility that can do so (e.g. screening centre at NCID, fever screening area at SGH\(^6\), Public Health Preparedness Clinics (PHPCs) performing SASH, or polyclinics) (see **Annex B**):

   a) **Persons working and/or living in communal settings** (e.g. residential, custodial or special care facilities), (see **Annex C** for examples);

   b) The following groups of immunosuppressed patients:

      i) **End Stage Renal Disease (ESRD) patients** undergoing haemodialysis

      ii) **Cancer patients** undergoing chemotherapy.

5. 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.

\(^4\) These include but are not limited to any staff (healthcare worker and non-healthcare worker) working in:

- Public and private healthcare settings, spanning acute care, primary care, intermediate and long-term care and community care settings
- Dormitories or involved in dormitory outbreak control operations
- Isolation / quarantine facilities
- Community care facilities (CCFs)/ community recovery facilities (CRFs)
- Ambulance and dedicated patient transport (including private hire vehicles).

\(^5\) Fever, of any duration, with measured or reported temperature of \(\geq 37.5^\circ\text{C}\).

\(^6\) SGH Fever Screening area is only operational from 9am to 5pm.
6. For clarification on this circular, please email MOH_INFO@moh.gov.sg.

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


Distribution List
All registered medical practitioners
GCEOs, CEOs, CMBs, COOs, CHROs of Public Hospitals
Directors/Medical Directors/Executive Directors of National Specialty Centres and Medical Centres
CEOs, COOs, and Medical Directors of Community Hospitals
CEOs, COOs and Directors of Clinical Services of Polyclinics
CEOs, GMs, MDs of Private Hospitals
CEOs/Clinic Managers of Private Ambulatory Surgical Centres, Private Specialist Clinics
CEOs/Clinic Managers of Renal Dialysis Centres
Licensees and Managers of GP Clinics
**ANNEX A**

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

Patient presents to **polyclinics and SASH-GP clinics** with ARI symptoms (e.g. cough, fever, sore

Medically unstable (e.g. Heart Rate >110/min, $O_2$ saturation <92%, Resp. Rate >20/min, BP <90/60mmHg)

Yes

Refer to Emergency Department (ED) Via 995 ambulance

No

Meet MOH Suspect Case Definition

Swab and Discharge
1. Perform COVID-19 swab
2. Treat and discharge with 5 days MC
3. Advise patient to don a mask, take private transport with windows wound down, rest at home and self-isolate

Yes

Assessed to require admission (based on routine considerations)

Yes

Is the patient 16 years old and below?^

Yes

For patients 16 years old^ and below, refer to KKH via dedicated ambulance

No

For patients above 16 years old, refer to NCID/ED via dedicated ambulance

Clinic to arrange for dedicated ambulance by calling 6220 5298

^ If the child is older, cooperative and the parent(s) agree(s), the practitioner may assess and perform the COVID-19 swab for the child accordingly.

Is the patient working and/or living in communal settings (e.g. residential, custodial or special care facilities; **Annex C**)?

Yes*

Is the patient undergoing haemodialysis and/or chemotherapy?

Yes*

Treat and send home with MC of 5 days, rest at home, self-isolate, and advise if symptoms worsen/persist to seek re-evaluation at the same clinic

No

No

Is the patient 16 years old and below?^

Yes

No

* AND ARI symptoms at first presentation

* If the child is older, cooperative and the parent(s) agree(s), the practitioner may assess and perform the COVID-19 swab for the child accordingly.
WORKFLOW FOR GP CLINICS NOT PERFORMING SWAB-AND-SEND-HOME (SASH)

Patient presents to **GP clinics** with ARI symptoms (e.g. cough, fever, sore throat)

- Medically unstable
  - (e.g. Heart Rate >110/min, O₂ saturation <92%, Resp. Rate >20/min, BP <90/60mmHg)

  No

- Meet MOH Suspect Case Definition

  No

  Is the patient working and/or living in communal settings (e.g. residential, custodial or special care facilities; **Annex C**)?

  No

  Is the patient undergoing haemodialysis and/or chemotherapy?

  No

  Treat and send home with MC of 5 days, rest at home, self-isolate, and advise if symptoms worsen/persist to seek re-evaluation at the same clinic

  Yes

  Is the patient 16 years old and below?

  No

  Assess to require admission (based on routine considerations)

  No

  Refer to NCID Screening Centre/ SGH Fever Screening Area/ SASH GP Clinic/ Polyclinic (Excluding Clementi Polyclinic)

  - Advise patient to don a mask, take private transport with windows wound down (see Appendix for referral template)
  - SASH result will be uploaded into NEHR

  Yes

  For patients 16 years old and below, refer to KK via dedicated ambulance

  - For patients above 16 years old, refer to NCID/ED via dedicated ambulance
  - Clinic to arrange for dedicated ambulance by calling 6220 5298

- **Refer to ED**
  - Via 995 ambulance
Examples of Communal Settings (Residential, Custodial or Special Care Facilities)

1. Medical Practitioners should check if patients presenting with ARI symptoms work at and/or live in any of the following settings, and SASH/ refer them for COVID-19 testing if they do.

2. After swabbing, patients should be treated and discharged with 5 days MC, advised to put on a mask, take private transport with windows wound down and to self-isolate in their place of residence (on a best-effort basis). If they are unable to be individually isolated in their place of residence, they may be cohort-isolated together with other symptomatic persons (e.g. in a sick bay) until their symptoms resolve.

3. Patients should be informed of positive/ negative COVID-19 test results and followed-up thereafter as per usual SOP.

<table>
<thead>
<tr>
<th>Residential facilities</th>
<th>Custodial facilities</th>
<th>Special care facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SAF camps</td>
<td>• Prisons, detention centres, lock ups and inadmissible persons’ rooms</td>
<td></td>
</tr>
<tr>
<td>• SPF communal living facilities and operational quarters on board vessels</td>
<td>• Residential homes for persons in need of custodial arrangement (e.g. Singapore Boys’ Home and Singapore Girls’ Home)</td>
<td></td>
</tr>
<tr>
<td>• SCDF/HTA dormitories</td>
<td>• SAF/SCDF Detention Barracks</td>
<td></td>
</tr>
<tr>
<td>• Backpackers’ hostels and boarding/guest houses</td>
<td></td>
<td>• Institute of Mental Health (IMH)</td>
</tr>
<tr>
<td>• Boarding facilities, such as pre-tertiary hostels/boarding schools and university hostels</td>
<td></td>
<td>• Nursing homes (including Psychiatric Nursing Homes)</td>
</tr>
<tr>
<td>• Layer farms, abattoirs and poultry slaughterhouses</td>
<td></td>
<td>• Inpatient hospices</td>
</tr>
<tr>
<td>• Prison staff quarters</td>
<td></td>
<td>• Residential Long-Term Care facilities</td>
</tr>
<tr>
<td>• Community rehabilitation centres, halfway houses and shelters for ex-offenders</td>
<td></td>
<td>• MSF Safe Sound Sleeping Places</td>
</tr>
<tr>
<td>• HDB janitor quarters</td>
<td></td>
<td>• Residential homes for persons in need of care, such as voluntary children’s homes, welfare homes, adult disability homes, children disability homes, community group homes, senior group homes, sheltered homes, transitional shelters, crisis shelters and disability hostels</td>
</tr>
</tbody>
</table>
APPENDIX

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

Referral Form for Swabbing (7May170C)