



**MINISTRY OF HEALTH**  
SINGAPORE

MH 34:24/8

8 May 2020

See Distribution List

**MOH CIRCULAR 119/2020**

**REVISION OF SUSPECT CASE DEFINITION FOR CORONAVIRUS DISEASE 2019 (COVID-19) AND SWAB-AND-SEND-HOME CRITERIA**

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 Pneumonia<sup>1</sup>
- (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<sup>2</sup> with a case of COVID-19 infection; OR**
  - (iii) Stayed in a **foreign worker dormitory<sup>3</sup>; OR**

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<sup>1</sup> Excludes cases of nosocomial pneumonia and aspiration pneumonia with no links to confirmed cases.

<sup>2</sup> 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).

<sup>3</sup> 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<sup>4</sup>**
- (c) Any person with **prolonged febrile<sup>5</sup> 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<sup>6</sup>, 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.

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<sup>4</sup> 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).

<sup>5</sup> Fever, of any duration, with measured or reported temperature of  $\geq 37.5^{\circ}\text{C}$ .

<sup>6</sup> SGH Fever Screening area is only operational from 9am to 5pm.

6. For clarification on this circular, please email [MOH\\_INFO@moh.gov.sg](mailto:MOH_INFO@moh.gov.sg).



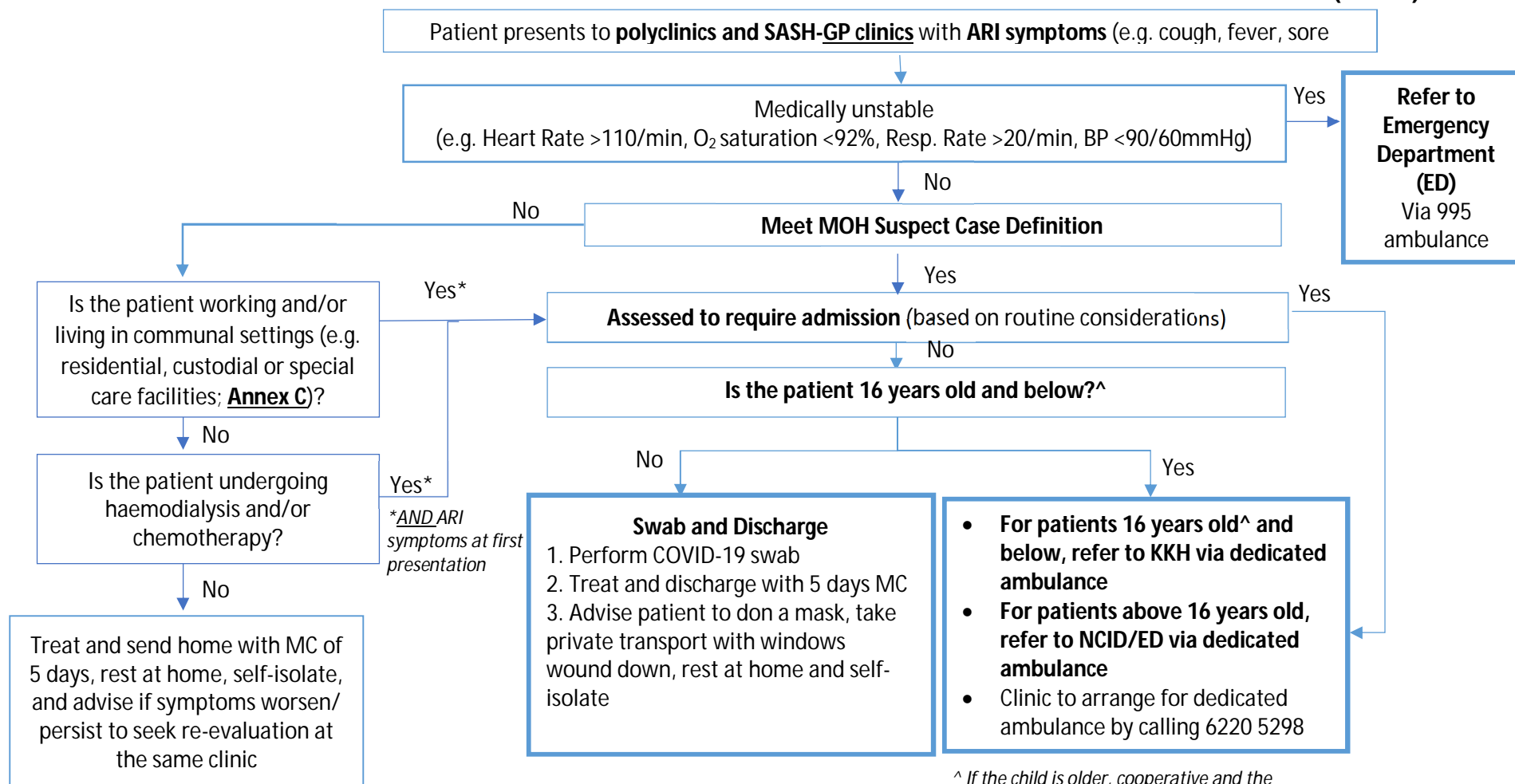
A/PROF KENNETH MAK  
DIRECTOR OF MEDICAL SERVICES  
MINISTRY OF HEALTH

***The case definition in this circular supersedes MOH CIRCULAR 97A/2020 titled "REVISION OF SUSPECT CASE DEFINITION FOR CORONAVIRUS DISEASE 2019 (COVID-19)", dated 16 April 2020.***

Distribution List

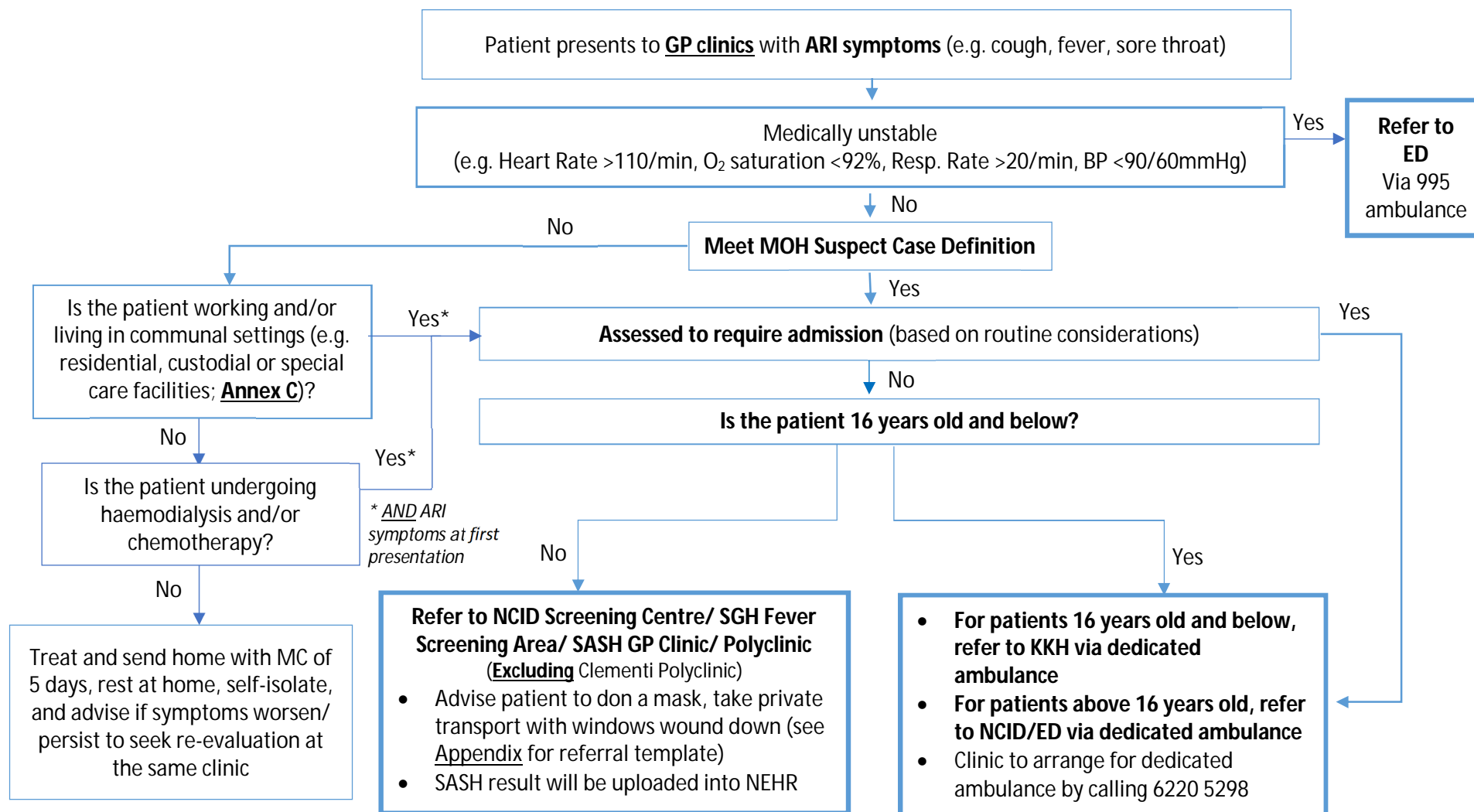
All registered medical practitioners  
GCEOs, CEOs, CMBs, COOs, CHROs of Public Hospitals  
Directors/Medical Directors/Executive Directors of National Specialty Centres and Medical Centres  
CEOs, COOs, and Medical Directors of Community Hospitals  
CEOs, COOs and Directors of Clinical Services of Polyclinics  
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

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



^ 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)



**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.

<b>Residential facilities</b>	<b>Custodial facilities</b>	<b>Special care facilities</b>
<ul style="list-style-type: none"> <li>• SAF camps</li> <li>• SPF communal living facilities and operational quarters on board vessels</li> <li>• SCDF/HTA dormitories</li> <li>• Backpackers' hostels and boarding/guest houses</li> <li>• Boarding facilities, such as pre-tertiary hostels/boarding schools and university hostels</li> <li>• Layer farms, abattoirs and poultry slaughterhouses</li> <li>• Prison staff quarters</li> <li>• Community rehabilitation centres, halfway houses and shelters for ex-offenders</li> <li>• HDB janitor quarters</li> </ul>	<ul style="list-style-type: none"> <li>• Prisons, detention centres, lock ups and inadmissible persons' rooms</li> <li>• Residential homes for persons in need of custodial arrangement (e.g. Singapore Boys' Home and Singapore Girls' Home)</li> <li>• SAF/SCDF Detention Barracks</li> </ul>	<ul style="list-style-type: none"> <li>• Institute of Mental Health (IMH)</li> <li>• Nursing homes (including Psychiatric Nursing Homes)</li> <li>• Inpatient hospices</li> <li>• Residential Long-Term Care facilities</li> <li>• MSF Safe Sound Sleeping Places</li> <li>• 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</li> </ul>

**APPENDIX**

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



Referral Form for  
Swabbing (7May170C