



MINISTRY OF HEALTH
SINGAPORE

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MH 34:85

10 February 2010

All Registered Medical Practitioners
All Licensees of Healthcare Establishments

MOH CIRCULAR 4/2010

STEPPING DOWN TO DORSCON GREEN, GUIDANCE ON INFECTION CONTROL MEASURES AND TREATMENT OF INFLUENZA A (H1N1-2009) FOR PRIMARY CARE FACILITIES

DORSCON GREEN

1 MOH will step down the flu alert status from DORSCON yellow to DORSCON green with effect from 12 February 2010.

2 In revising the alert, MOH has taken into account that at this stage, indications are that the global Influenza A (H1N1) activity has declined in most areas. Some areas continue to have evidence of active but declining transmission, including North Africa and limited areas of Eastern Europe and East Asia. In addition, Influenza A (H1N1-2009) has generally been observed to cause mild infection in the majority of cases, and there has been no increase in the virulence of the virus since it was first reported in April 2009. Effective vaccines against the Influenza A (H1N1-2009) have also been available to the local community since early Nov 09.

UPDATE ON THE LOCAL INFLUENZA A (H1N1-2009) SITUATION

3 The weekly number of polyclinic attendances for Acute Respiratory Infections (ARIs) has largely been below the epidemic level¹ since the week of 9-15 August 2009. Locally, seasonal increases in Acute Respiratory Infection (ARI) numbers have been observed in the months of January/February and May/June annually. The recent increase in ARI numbers in mid-January is likely a part of the fluctuating seasonal trends. Since 24 January, the ARI numbers are noted to be on a downward trend. The proportion of influenza-like illness (ILI) among ARIs remains low at about 3% since the week of 8 – 14 November 2009². MOH will continue to monitor the weekly number of polyclinic attendances for ARIs.

¹ The epidemic level is computed based on (mean + 2 standard deviations) of the weekly polyclinic attendances of ARI over the past 5 years (2004 to 2008).

² Updates on polyclinic attendances for acute respiratory infections and influenza biosurveillance can be found at <http://www.moh.gov.sg/mohcorp/default.aspx>



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg

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INFECTION CONTROL MEASURES

4 As a good practice, patients presenting with an acute febrile illness (including ILI) should be segregated and provided with surgical masks to minimise cross-infections. Temperature screening is at the discretion of individual clinics.

5 Healthcare professionals should don at least a surgical mask when examining patients with ILI, and the appropriate PPE (N95 mask, gloves and gown) when performing high risk procedures.

6 Advice on maintaining personal hygiene and social distancing measures (e.g. staying at home and not going to work or school) should be given to all cases of ILI.

7 Healthcare workers and patients, especially those at higher risk of developing complications from influenza, are recommended to receive the Influenza A(H1N1-2009) vaccine.

TREATMENT OF INFLUENZA A (H1N1-2009)

8 Anti-viral treatment can potentially reduce morbidity and mortality. However, as the prevalence of Influenza A (H1N1-2009) from our bio-surveillance data remains low, doctors should exercise clinical judgment and take into account the patient's risk of developing influenza related complications and the risks and benefits of treatment in deciding whether to prescribe anti-virals.

9 The duration of Medical Certificates for ILI is at the discretion of doctors³.

NOTIFICATION

10 Medical practitioners are required to notify (i) clinically suspected cases who are seriously ill and who need to be referred to hospitals and (ii) laboratory confirmed Influenza A (H1N1-2009) cases within 24 hours of referral or diagnosis, respectively. Medical practitioners are also required to submit the Notification of Death from Influenza A (H1N1-2009) within 24 hours of death (for confirmed cases, and for deaths in which influenza A (H1N1-2009) is strongly suspected and cannot be excluded). Notifications should be done via the Communicable Diseases Live & Enhanced Surveillance System (CDLENS) at <http://www.cdLens.moh.gov.sg> or by fax to 62215538. The MD131 can also be downloaded from the MOH website at <http://www.moh.gov.sg>.

STAND DOWN OF PANDEMIC PREPAREDNESS CLINICS (PPC)

11 MOH has also reviewed the status of PPCs under DORSCON green and has decided that from 12 February 2010, all PPCs may stand down.

³ This para supersedes para 10d of the MOH Circular 79/2009 on the Updates on Management of Influenza A (H1N1-2009) dated 1 July 09, as well as para 4 of Annex A of the same MOH Circular 79/2009 on the Guidelines for Management of Influenza A (H1N1-2009).

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12 PPCs should take stock of Tamiflu supply from MOH and ensure that the Health Check System entries are updated. MOH will contact all PPCs at a later date with more details on the collection of Tamiflu supplies from MOH stockpile and initiate the billing process for each PPC. Only Tamiflu supply that was initially pushed out on consignment basis is returnable. The balance quantity that was sold to patients (excluding those used for staff's prophylaxis) will be billed accordingly. Any subsequent orders that were already paid upfront are not returnable or entitled to a refund. Personal Protective Equipment will also not be collected. The whole procedure is expected to take a few weeks and we seek your patience and kind understanding in this matter.

CONTINUED VIGILANCE

13 **Given the unpredictable nature of pandemic influenza, all healthcare professionals and institutions should continue to exercise vigilance, care and maintain good infection control measures at all times.**

14 H1N1 continues to be the predominant influenza strain and is likely to remain so in the months ahead. MOH will continue to monitor the global and local flu situation. Significant changes to the influenza virulence and/or activity may require the elevation of the DORSCON level, and all healthcare establishments should be prepared to respond accordingly at short notice.

FOR CLARIFICATION

15 For further clarifications of this circular, please email us at moh_info@moh.gov.sg.



PROF K SATKU
DIRECTOR OF MEDICAL SERVICES
MINISTRY OF HEALTH

cc CEOs and CMBs, Restructured Hospitals
Directors, National Centres
CEOs, Singhealth and NHG Polyclinics
President, Singapore Medical Association
President, College of Family Physicians, Singapore
CEO, Health Promotion Board
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