



**MINISTRY OF HEALTH**  
SINGAPORE

MH 34:24/8

MOH Circular No. 15/2022

11 February 2022

See Distribution List

**ADDENDUM TO MEDICAL CIRCULAR 07/2022: FURTHER EXTENSION OF SCOPE FOR CARE OF COVID-19 PAEDIATRIC PATIENTS UNDER PROTOCOL 2 (PRIMARY CARE)**

This circular updates healthcare providers on the further expansion of scope for COVID-19 low-risk<sup>1</sup> paediatric patients (See Annex A for Risk Criteria) aged 3 to 4 years old to be managed under Protocol 2 (Primary Care) (P2PC).

**Expanded Eligibility Criteria for Protocol 2 (Primary Care)**

2. P2PC was first introduced on 6 January 2022 as part of efforts to revise Healthcare Protocols to streamline the management of COVID-19 cases in partnership with our primary care doctors. Low-risk individuals with mild symptoms are diagnosed via a healthcare-administered Antigen Rapid Test (ART) and can recover at their place of residence safely under P2PC. The objectives of P2PC are to:

- a) Enable the management of low-risk, well patients in the community by primary care providers
- b) Preserve healthcare resources in healthcare institutions for patients who truly require them
- c) Encourage self-responsibility as we transition further into endemicity

3. A phased approach was adopted to support a smooth roll-out. P2PC was initiated for patients aged 12 years old and above at the start. With more local clinical data available on the paediatric population and their response to COVID-19, the eligibility criteria was subsequently expanded to include low-risk children aged 5 to 11 years old (both fully vaccinated and unvaccinated) since 22 January 2022.

4. Data from our local Children's Emergency (CE) at NUH and KKH have shown that the vast majority of COVID-19 patients aged 3 to 11 years old are well, mildly symptomatic, with few requiring admission. For the month of January 2022, < 5% of

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<sup>1</sup> Risk Criteria for Paediatric age group remains the same as stated in Medical Circular 07/2022 at time of release of this circular. Refer to Annex A for risk criteria.



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3- to 4-year olds who attended CE required admission. Amongst children on the Home Recovery Programme, escalation by telemedicine providers accounted for less than 1% of total cases seen. The vast majority of children aged 3 to 11 years old recovered uneventfully.

5. With local data supporting the evidence that COVID-19 paediatric patients from different age groups fare similarly, the P2PC eligibility criteria will be further **expanded to include low-risk children aged 3 to 4 years old, with effect from 12 Feb 2022.**

6. This expansion in P2PC eligibility criteria is in line with the move towards endemicity and will be part of our multi-pronged approach as we educate our population on the appropriate source of healthcare to seek when they test positive for COVID-19 but are mildly symptomatic and low-risk.

7. We appreciate the patience and support of healthcare providers as we adapt our care protocols to the evolving COVID-19 situation.



A/PROF KENNETH MAK  
DIRECTOR OF MEDICAL SERVICES  
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Licensees and Managers of Renal Dialysis Centres

## Annex A

### Risk Criteria for Paediatric Patients (<12 years old)

<b>PAEDS (&lt;12 years old) Risk Criteria</b>	<b>PAEDS Symptoms/Signs of Concern</b>																																												
<ul style="list-style-type: none"> <li>• <b>High Risk – Not Suitable for recovery at home</b> <ul style="list-style-type: none"> <li>• Prevailing Ineligible Criteria for Children                             <ul style="list-style-type: none"> <li>○ &lt;3 months old</li> </ul> </li> <li>• Comorbidities of Concern                             <ul style="list-style-type: none"> <li>○ Bone marrow/Organ transplant on immunosuppressant</li> <li>○ Active/current cancer on chemotherapy/treatment</li> <li>○ Leukemia/lymphoma/other <u>hematological</u> malignancies</li> <li>○ Disease or medications that suppress immune system</li> <li>○ ESRF on dialysis</li> <li>○ Poorly-controlled DM</li> <li>○ Poorly-controlled HTN</li> <li>○ Chronic/congenital respiratory conditions e.g. OSA, Chronic Lung Disease</li> <li>○ Congenital heart/circulatory conditions</li> <li>○ Neurodevelopmental conditions</li> </ul> </li> </ul> </li> <li>• <b>Intermediate Risk – Benefit from closer monitoring under HRP-Enhanced</b> <ul style="list-style-type: none"> <li>• Obesity: (BMI &gt;27.5)</li> <li>• Children 3 months to 3 years old</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Symptoms</b> <ul style="list-style-type: none"> <li>• Chest Pain</li> <li>• Shortness of Breath</li> <li>• Chest Palpitations</li> <li>• Drowsy/lethargic</li> <li>• High Fever &gt;40°C</li> <li>• Prolonged Fever &gt;38°C (continuously for 5 days or more)</li> <li>• Significant pain/discomfort anywhere</li> <li>• Headache worse than usual or not better with usual pain medications</li> <li>• Prolonged respiratory symptoms for 5 days or more</li> <li>• Persistent diarrhea/vomiting/abdominal pain and unable to take fluids (clinically unwell and fluid intake &lt;50%)</li> <li>• Dehydrated - Poor urine output (&lt;4 times/day)</li> <li>• Concerns of MIS-C/Kawasaki Disease</li> </ul> </li> <li>• <b>Signs</b> <ul style="list-style-type: none"> <li>• SpO2 ≤ 94%</li> <li>• Tachycardia (Refer to table below)</li> <li>• Tachypnea (Refer to table below)</li> </ul> </li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2">AGE</th> <th colspan="2">HEART RATE</th> <th colspan="2">RESPIRATORY RATE</th> </tr> <tr> <th>Minimum</th> <th>Maximum</th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>Birth – &lt; 3 months</td> <td>90</td> <td>180</td> <td>30</td> <td>60</td> </tr> <tr> <td>3 months – &lt; 6 months</td> <td>80</td> <td>160</td> <td>30</td> <td>60</td> </tr> <tr> <td>6 months – &lt; 1 year</td> <td>80</td> <td>140</td> <td>25</td> <td>45</td> </tr> <tr> <td>1 year – &lt; 6 years</td> <td>75</td> <td>130</td> <td>20</td> <td>30</td> </tr> <tr> <td>6 years – &lt; 10 years</td> <td>70</td> <td>110</td> <td>16</td> <td>24</td> </tr> <tr> <td>10 years – &lt; 15 years</td> <td>60</td> <td>90</td> <td>14</td> <td>20</td> </tr> <tr> <td>15 years and above</td> <td>60</td> <td>90</td> <td>12</td> <td>16</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">*Doctor to exercise clinical judgement on whether to activate 995 vs 993 (via CMTG)</p>	AGE	HEART RATE		RESPIRATORY RATE		Minimum	Maximum	Minimum	Maximum	Birth – < 3 months	90	180	30	60	3 months – < 6 months	80	160	30	60	6 months – < 1 year	80	140	25	45	1 year – < 6 years	75	130	20	30	6 years – < 10 years	70	110	16	24	10 years – < 15 years	60	90	14	20	15 years and above	60	90	12	16
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