



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

9 Mar 2020

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MOH CIRCULAR 73/2020

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

As of 8 March 2020, 12 pm, there are 106,075 confirmed cases of COVID-19 infection globally, including 25,380 cases outside of mainland China. COVID-19 cases have been reported in more than 100 countries (see **Annex A** for update on the global situation). Among the remaining countries which are not reporting cases, some may lack adequate surveillance capacity. Hence, heightened vigilance must be exercised when assessing patients with any recent travel history (i.e. in the last 14 days from onset of symptoms).

2. In addition, as of 8 March 2020, we have 24 imported cases from China, two imported cases from Indonesia, and five imported cases who between them had recent travel history (within the incubation period) to Italy, France, Germany, the United Kingdom, the United States, Portugal and South Africa.

UPDATE OF SUSPECT CASE DEFINITION

3. 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 pneumonia or severe respiratory infection with breathlessness **AND** who within 14 days before onset of illness had **travelled abroad (i.e. to any country outside of Singapore)**.
- b) A person with an acute respiratory illness of any degree of severity who, within 14 days before onset of illness had:



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- i. Been to any of the **areas requiring heightened vigilance**¹ as listed on the Healthcare Professionals Portal:
<https://www.moh.gov.sg/hpp/all-healthcare-professionals>; **OR**
- ii. Been to **any hospital abroad**; **OR**
- iii. Close contact² with a case of COVID-19 infection.

4. Please note that transit only in an airport located in an affected country is not considered as having travelled to the affected country.

5. We would like to remind medical practitioners of the following:

- a) Medical practitioners should exercise vigilance when assessing any patient with any travel history within 14 days of onset of illness and presenting with acute respiratory symptoms, even if these falls short of a clinical diagnosis of pneumonia (i.e. not fulfilling limb a of the suspect case definition). Medical practitioners should be mindful that with further spread of COVID-19 internationally, the risk of importation will increase from countries that have not been included as yet in the list on the Health Professionals Portal.
- b) COVID-19 infection can occur **concurrently** with other infections. Medical practitioners managing patients with other infections presenting or progressing atypically should have a high index of suspicion for COVID-19 co-infection, especially for those with prolonged fever and acute respiratory infection (ARI) symptoms.
- c) In addition to laboratory test results, medical practitioners must exercise clinical judgment in assessing patients. Typical results for different infections, as well as the possibility of false-positive results, must be considered when interpreting laboratory test results. For example, dengue IgM may be falsely positive in different scenarios and clinicians should have a high index of suspicion for COVID-19 co-infection in patients presenting with acute respiratory symptoms, which are not a common feature of dengue.

¹ Refers to affected areas with high disease load or high connectivity to Singapore. As of 9 March 2020, these are: Mainland China, Republic of Korea, Italy, Iran, France, Germany, Spain, Japan and the United Kingdom. Please check the Healthcare Professionals Portal regularly for updates.

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;
- Anyone who had close (i.e. less than 2m) and prolonged contact (30 min or more) with a case (e.g. shared a meal).



CLARIFICATION ON TRAVEL AND HEALTH DECLARATION FOR MANAGEMENT OF VISITOR ACCESS AND STAFF WHO TRAVEL

6. With the evolving global situation resulting in the constant revisions of the case definition, travel advisories and inbound travel restrictions, MOH will like to outline the general principles for how these revisions should be applied towards travel and health declaration process within the healthcare institutions for patients, visitors and vendors, the access criteria into the healthcare institutions (HCIs) as well as the management of staff who have travelled abroad. Please see **Annex B** for the general principles.
7. MOH will continue to monitor the global situation closely and propose additional measures as proportionate to risk. As the global situation is rapidly evolving, we encourage all medical practitioners to keep abreast of the latest updates on the areas requiring heightened vigilance by referring to the Healthcare Professionals Portal: <https://www.moh.gov.sg/hpp/all-healthcare-professionals>.
8. Your continued vigilance against possible cases of COVID-19 is greatly appreciated.
9. For clarification on this circular, please email MOH_INFO@moh.gov.sg.



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IMPORTANT

The case definition in this circular supersedes MOH CIRCULAR 64/2020 and MOH CIRCULAR 65/2020 titled, "REVISION OF SUSPECT CASE DEFINITION FOR CORONAVIRUS DISEASE 2019 (COVID-19)" dated 3 March 2020.

Distribution List

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Update on the Global situation as of 8 March 2020, 12 noon

- (a) The **Republic of Korea** has reported 7,134 cases and 50 deaths, an increase of 367 cases and 6 deaths in the past one day.
- (b) **Italy** has reported 5,883 cases and 233 deaths, an increase of 1,247 cases and 36 deaths in the past one day.
- (c) **Iran** has reported 5,823 cases and 145 deaths, an increase of 1,076 cases and 21 deaths in the past one day.
- (d) **France** has reported 949 cases and 16 deaths, an increase of 336 cases and 7 deaths in the past one day.
- (e) **Germany** has reported 795 cases, an increase of 125 cases in the past one day.
- (f) **Spain** has reported 516 cases and 10 deaths, an increase of 116 cases and 5 deaths in the past one day.
- (g) **Japan** has reported 454 cases, an increase of 47 cases in the past one day.
- (h) The **United Kingdom** has reported 210 cases and 2 deaths, an increase of 47 cases and 1 death in the past one day.

CLARIFICATION ON VISITOR ACCESS AND MANAGEMENT OF STAFF WHO TRAVEL

This clarification sets out the principles for how travel advisories, travel restrictions and suspect case definitions should be applied towards visitor screening and criteria for access to HCIs as well as the management of patients and staff who have travelled abroad.

- a. *Travel Advisories vs Travel Restrictions.* *Travel advisories* to affected areas reflect the risk of community transmission reported in a given country. Where the community transmission risks are high, it is prudent for non-essential travel to be deferred to reduce the individuals' risk of exposure. On the other hand, inbound *travel restrictions* are instituted to control the inflow of travellers into Singapore to reduce the risk of importation of infected cases. Countries which pose a risk of importation of the disease into Singapore may be subject to inbound travel restrictions, with visitors barred from entering or transiting Singapore, while Singapore residents¹ are required to serve a 14-day Stay-Home Notice (SHN) upon return.
- b. *Suspect Case Definition and Travel Declarations.* The *suspect case definition* alerts medical practitioners to maintain a higher level of suspicion for patients presenting with signs and symptoms of acute respiratory symptoms and/or pneumonia and travel history to affected areas, so that appropriate patient management options can be taken. Healthcare institutions (HCIs) are advised to require visitors and patients to submit health declaration for fever or acute respiratory symptoms, as well as *travel declarations* to areas covered by the suspect case definition, including visits to hospitals abroad.

2. As the global situation evolves, there may be some countries which may be listed in the suspect case definition, but not have any travel advisory or inbound travel restriction. Some countries may be in the suspect case definition and have travel advisory, but not inbound travel restrictions. This depends on the risk of community transmission and number of infected cases within the affected country.

APPROACH FOR VISITORS, VENDORS AND PATIENTS TO HCI

3. Visitors, vendors and patients should continue to be asked for health and travel declarations when seeking entry to HCIs. The following guidelines on access to HCI may be followed:

- a. **Any visitors or vendors with acute respiratory symptoms and/or fever, regardless of travel history, may be declined entry.** Anyone with acute respiratory symptoms and/fever, including patients, should be given a mask

¹ Refers to Singapore Citizens, Permanent Residents or Long-Term Pass holders

if available, and directed to any Public Health Preparedness Clinic (PHPC) or the Emergency Department for further medical assessment and evaluation.

- b. Any visitors or vendors who are serving SHN (i.e. who have returned from countries with inbound travel restrictions within the last 14 days) may also be declined, as such travellers should be serving their SHN.
- c. Patients with non-urgent planned appointments within their SHN will be asked to defer these appointments until after their SHN has lapsed, but those with urgent appointments may continue to be seen. The SHN officers will call ahead to the clinic or hospital so appropriate precautions may be taken.

4. Otherwise, visitors, vendors and patients returning from any travel abroad (other than those countries with inbound travel restrictions) may be allowed into HCIs if they are well and have no fever or acute respiratory symptoms.

APPROACH FOR HEALTHCARE WORKERS

5. Regardless of travel history, the prevailing guidance also applies that all workers at a healthcare setting with symptoms suggestive of an acute respiratory illness (fever, cough, sore throat, breathlessness, sputum production, fatigue/malaise) should not come to work and should stay at home and minimise close contacts with others. They should wear a mask and seek medical attention, as necessary. They should also update their employer or institution point-of-contact promptly.

6. Inbound travel restrictions. HCIs are advised to observe the list of affected regions/countries with inbound travel restrictions to inform staff to comply with the Stay-Home Notice (SHN).

7. Outbound travel advisories. HCIs should advise staff to avoid travel to countries/areas under MOH's travel advisory. As an additional precautionary measure, HCIs are also given the flexibility to discourage staff from travelling to areas requiring heightened vigilance. However, it is not necessary to require staff to work from home or take leave of absence from work if they are returning from affected areas that are not under inbound travel restrictions and if they are otherwise well.

8. HCIs should note that there is **no need** to test staff for COVID-19 when they complete their SHN or medical leave as long as their staff are feeling well.

9. Please refer to the table below for a summary of the approaches for management of visitors, vendors and HCWs:



Category	Travel History	Guidance on Access to HCI	Guidance on Staff Management
HCWs, visitors or vendors with fever and/or ARI symptoms	N.A.	Do not allow entry. Visitors or vendors should be given a mask and directed to a Public Health Preparedness Clinic (PHPC) or the hospital ED for further medical assessment.	Do not go to work. Staff should be advised to seek medical treatment and stay home during their medical leave period.
HCWs, visitors or vendors who are well, but on SHN <i>i.e. travel from countries with Inbound Travel Restriction in last 14 days</i>	Countries with inbound travel restriction <u>List of Countries as at 9 Mar 2020</u> <ul style="list-style-type: none"> • Mainland China • Republic of Korea • Iran • Northern Italy 	Do not allow entry. These visitors/vendors should be serving their SHN.	Do not allow back to work. Staff with travel history in last 14 days under this list should be <u>placed on SHN</u> . No need to test for COVID-19 before returning to work.