



**MINISTRY OF HEALTH**  
SINGAPORE

MH 34:24/8

11 May 2020

All registered TCM practitioners

**MOH CIRCULAR 123/2020**

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

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**

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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;

- (iii) Stayed in a **foreign worker dormitory**<sup>3</sup>; **OR**
  - (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.**

## SUSPECT CASE MANAGEMENT

3. With the activation of the Public Health Preparedness Clinics (PHPCs), **TCM practitioners should refer all patients with acute respiratory symptoms, irrespective of travel history, to the nearest PHPC.** This will allow the PHPC doctors to assess whether pneumonia is present or whether the case fulfils the suspect case definition, and if so, make an early referral to the hospital to exclude COVID-19 infection. You can search for your nearest PHPC at [www.phpc.gov.sg](http://www.phpc.gov.sg).

4. To strengthen active case finding, the following groups of persons presenting with ARI of any duration should also be referred to the nearest PHPC.

- (a) Persons working and/or living in communal settings (e.g. residential, custodial or special care facilities), (see Annex A for examples);
- (b) The following groups of immunosuppressed patients at higher risk of infection due to the longer duration of their treatment sessions:
  - (i) **End Stage Renal Disease (ESRD) patients** undergoing haemodialysis
  - (ii) **Cancer patients** undergoing chemotherapy

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- 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.

<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  $\geq 37.5^{\circ}\text{C}$ .

## IMPLEMENTATION OF SAFEENTRY

5. Alongside measures to reduce the risk of transmission in daily interactions and activities, we need to continue to strengthen our contact tracing regime through the use of technology.
6. As announced previously, business and services that are in operation must come on board SafeEntry to log the check-in of employees and visitors. As a start, deployment will be made mandatory for places where individuals are likely to be in close proximity for prolonged periods or in enclosed spaces, or where there is higher traffic.
7. **From 12 May 2020, all standalone TCM clinics and TCM clinics co-located in medical halls must deploy SafeEntry to track movement of employees, patients and their caregivers.**
8. Retail outlets like TCM medical halls without TCMPs on site should follow the guidance provided by Ministry of Trade and Industry / Enterprise Singapore. **As a minimum practice, MOH would like to encourage retail TCM medical halls to implement SafeEntry for customers and put in place safe-distancing management practices to prevent overcrowding.**
9. Updates on the list of facilities / places where SafeEntry must be deployed can be found at <https://www.safeentry.gov.sg/deployment> as more activities and services resume. MOH will continue to monitor the global and local situation closely and propose additional measures as proportionate to risk.
10. Your continued vigilance against possible cases of COVID-19 is greatly appreciated. For clarification on this circular, please email [MOH\\_INFO@moh.gov.sg](mailto:MOH_INFO@moh.gov.sg).



A/PROF KENNETH MAK  
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MINISTRY OF HEALTH

***The case definition in this circular supersedes MOH CIRCULAR 71/2020 titled "REVISION OF SUSPECT CASE DEFINITION FOR CORONAVIRUS DISEASE 2019 (COVID-19)", dated 5 March 2020.***

## ANNEX A

### Examples of communal setting (residential, custodial or special care facilities)

<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>



MINISTRY OF HEALTH  
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MH 34:24/8

11 May 2020

致：中医注册执业者

卫生部通告 123/2020

修订 2019 冠状病毒疾病（COVID-19）的疑似病例定义

最近几个星期，在宿舍场所和医疗保健机构，包括在社区关怀中心（CCF）和长期护理（LTC）设施工作的员工中，检测到 COVID-19 病例。卫生部正在扩大搜寻范围，积极寻找并对出现症状的个例进行检测，以便及早发现，避免疫情进一步扩散。

更新疑似病例的定义

2. 有鉴于此，疑似病例定义将被修改为以下标准：

- (a) 具疑似社区感染肺炎<sup>1</sup>的临床体征和症状的人士
- (b) 患有任何严重程度的急性呼吸系统疾病的人士（如咳嗽、喉咙痛、流鼻涕、失去嗅觉），无论是否发烧，并且在患病前的 14 天内：
  - i. 到国外旅行(新加坡境外)；或
  - ii. 与 COVID-19 患者有密切接触<sup>2</sup>；或
  - iii. 住在客工宿舍<sup>3</sup>；或

<sup>1</sup> 不包括与确诊病例无关的医院感染性肺炎和吸入性肺炎病例

<sup>2</sup> 密切接触的定义是：

- 为病患提供护理的人士，包括医疗保健员工或家属，或有其他同样密切肢体接触者；
- 在与个案同一地点逗留的人（例如家庭成员）；或
- 任何与个案有密切接触（即少过 2 米）和长时间接触（30 分钟或以上）的人士（例如共用一餐）。

<sup>3</sup> 对于居住在专门设有医疗站/诊所或有专门评估及检测工作流程的宿舍的外籍员工将另有安排。

- iv. 从事与 COVID-19 患者有接触而风险较高的职业，或在类似环境办公<sup>4</sup>
- (c) 任何患有连续/经久发热性急性呼吸道感染（ARI）症状 4 天或以上<sup>5</sup>，并且未见好转的人士

### 疑似病例的管理

3. 随着公共卫生防范诊所（PHPC）的启动，无论病人是否有出境旅游史，中医都应该把所有患有急性呼吸道症状的病人转诊到最靠近的 PHPC。这将允许 PHPC 医生评估病人是否患有肺炎或符合疑似病例的定义，把病人尽早转诊至医院，以排除 COVID-19 感染。您可上网到 [www.phpc.gov.sg](http://www.phpc.gov.sg) 查询最靠近您的 PHPC。

4. 为了加强和积极地找出个例，ARI 患者无论病程长短，凡符合以下条件，也应该转诊到最靠近的 PHPC。

- (a) 在群体环境工作和/或居住的人士（例如住宅、监护或特别护理设施），（见附件 A）；
- (b) 下列患有免疫抑制，并由于接受治疗的时间较长而感染风险较高的患者：
- i. 接受血液透析的末期肾脏疾病患者
  - ii. 接受化疗的癌症患者

### 执行 SAFEENTRY 的使用

5. 除了采取措施减少日常交流和活动以便降低传播风险之外，我们也必须继续通过采用科技来加强我国的“追踪接触者”（contact tracing）措施。

6. 据之前所宣布，正在运营的商业和服务必须采用 SafeEntry 登记员工和访客的入境。交通量较高，或人与人接触时间较长，或空间封闭的场所，必须率先实施 SafeEntry 的强制性使用。

<sup>4</sup> 这包括但不限于任何在以下领域工作的员工（医疗保健员工和非医疗保健人员）：

- 公共和私人医疗保健设施，涵盖急症护理、基层医疗、中级和长期护理以及社区护理设施
- 宿舍或参与宿舍爆发控制行动
- 隔离设施
- 社区关怀设施/社区康复设施
- 救护车和专用病人交通工具（包括私人出租车辆）

<sup>5</sup> 无论病程长短，测量或报道 > 37.5°C 的发烧



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TEL (65) 6325 9220  
FAX (65) 6224 1677  
WEB [www.moh.gov.sg](http://www.moh.gov.sg)

7. 从 2020 年 5 月 12 日起，所有独立中医诊所和设在中药店的中医诊所，必须安置并执行 **SafeEntry** 的使用，以便追踪员工、病人及其看护者的出入。

8. 没有中医师驻诊的中药零售商店应该遵守贸工部/新加坡企业发展局的指示。卫生部鼓励中药零售店安置并使用 **SafeEntry** 并且采取安全管理措施，以避免出现拥挤现象。

9. 随着更多的活动和服务逐渐恢复，您可到以下网站查询哪些设施/场所必须安置并使用 **SafeEntry** <https://www.safeentry.gov.sg/deployment>。卫生部将继续密切关注全球和本地的情况，并采取与风险相应的防范措施。

10. 感谢您对 COVID-19 的可疑病例保持警惕。若对此通告有疑问，请发送电邮至 [MOH\\_INFO@moh.gov.sg](mailto:MOH_INFO@moh.gov.sg)。



卫生部医药总监  
麦锡威副教授

以上文件以英语原文为准

此通告取代卫生部于 2020 年 3 月 5 日发出题为“修订 2019 冠状病毒疾病 (COVID-19) 的疑似病例定义”的通告 71/2020 当中所描述的疑似病例定义。



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群体环境（住宅、监护或特别护理设施）例子

住宅设施	监护设施	特别护理设施
<ul style="list-style-type: none"> <li>• 新加坡武装部队 (SAF) 军营</li> <li>• 新加坡警察部队 (SPF) 群体生活设施和船上运作区</li> <li>• 新加坡民防部队/内政团队学院 (SCDF/HTA) 宿舍</li> <li>• 背包宿舍和宾馆</li> <li>• 寄宿设施, 例如大专宿舍/寄宿学校和大学宿舍</li> <li>• 农场、屠宰场及家禽屠宰场</li> <li>• 监狱职员宿舍</li> <li>• 社区复健中心、中途宿舍和前犯收容所</li> <li>• 建屋发展局 (HDB) 卫生环境清洁工作人员宿舍</li> </ul>	<ul style="list-style-type: none"> <li>• 监狱、拘留中心、收容室及禁止进入的人员室</li> <li>• 需要监护安排的人士的住宅 (例如: 新加坡男童收容所和新加坡女童收容所)</li> <li>• 新加坡武装部队/新加坡民防部队 (SAF/SCDF) 拘留营</li> </ul>	<ul style="list-style-type: none"> <li>• 心理卫生学院 (IMH)</li> <li>• 疗养院(包括心理卫生疗养院)</li> <li>• 住院病人疗养院</li> <li>• 长期护理住宿设施</li> <li>• 社区及家庭发展部 (MSF) “安全舒适睡眠” 场所</li> <li>• 为需要看护人士所提供的住宿, 例如: 自愿儿童院、福利院、成人伤残院、儿童伤残院、残障儿童院、乐龄安老院、过渡收容所、危机收容所和残疾人士宿舍</li> </ul>

