



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

29 Jun 2020

All registered TCM practitioners

MOH CIRCULAR 173/2020

REVISION OF SWAB-AND-SEND-HOME CRITERIA AND SUSPECT CASE DEFINITION FOR CORONAVIRUS DISEASE 2019 (COVID-19) WITH EFFECT FROM 1 JULY 2020

MOH will be expanding the Swab-and-Send-Home (SASH) criteria to enhance active case finding to include all persons with acute respiratory infection (ARI) aged 13 and above **from 1 July 2020**. The suspect case definition has been updated accordingly.

ENHANCED SWAB-AND-SEND-HOME (SASH) CRITERIA

2. Eligible persons who fall under either (i) suspect case criteria or (ii) enhanced SASH criteria will be swabbed under the SASH programme when they are seen at primary care.
3. With effect from 1 July 2020 (Wednesday), the enhanced SASH criteria will include **the following groups of persons** presenting with symptoms of acute respiratory infection (ARI)¹ of any duration, with or without fever:
 - a) Persons working and/or living in communal settings² (e.g. residential, custodial or special care facilities), (see Annex A for examples).
 - b) The following groups of immunosuppressed patients²:
 - (i) End Stage Renal Disease (ESRD) patients undergoing haemodialysis
 - (ii) Cancer patients undergoing chemotherapy.
 - c) All other persons aged 13 years old and above³.**

¹ E.g. symptoms of cough, sore throat, runny nose, anosmia.

² Including children aged 12 and younger.

³ This includes students from Secondary One who are diagnosed with ARI but yet to reach 13 years old on the day of visit (i.e. their 13th birthday falls within this year).



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UPDATE OF SUSPECT CASE DEFINITION

4. Please note the **update** to the suspect case criteria:

- (a) A person with clinical signs and symptoms suggestive of Community-Acquired Pneumonia⁴
- (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 contact⁵ with a case of COVID-19 infection; OR
 - (iii) Stayed in a foreign worker dormitory⁶; OR
 - (iv) Worked in occupations or environments with higher risk of exposure to COVID-19 cases⁷
- (c) Any person with prolonged febrile⁸ acute respiratory infection (PARI) symptoms of 4 days or more, and not recovering **AND who had not undergone prior swabbing for ARI symptoms in the same episode of illness (under the enhanced SASH criteria).**

5. Patients presenting with PARI, but who have already swabbed negative under the enhanced SASH criteria (i.e. ARI of any duration) but continued to be unwell (i.e. same acute episode), **would not be classified as suspect cases.**

⁴ Excludes cases of nosocomial pneumonia and aspiration pneumonia with no links to confirmed cases.

⁵ 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).

⁶ Separate processes apply to foreign workers from a dormitory that has dedicated medical station/ clinic or dedicated workflow for assessment and swabbing.

⁷ 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).

⁸ Fever, of any duration, with measured or reported temperature of $\geq 37.5^{\circ}\text{C}$.



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

7. The continued risk of possible resurgence of COVID-19 transmission in the community requires all TCM providers/TCMPs to maintain vigilance and preparedness. Strict social distancing and infection prevention and control measures must be implemented for all **staff, patients and caregivers**, including:

- a. No entry for anyone who presents with flu-like symptoms or on medical leave due to ARI;
- b. Check-in using SafeEntry;
- c. TCM providers to put in place safe-distancing measures to prevent overcrowding;
- d. To wash their hands with soap and water for at least 20 seconds or applying at least 60% alcohol-based disinfection rubs before entry;
- e. To wear a mask⁹ at all times; and
- f. To maintain a distance of at least 1m between groups (e.g. from other patients and/or caregivers).

8. MOH will continue to monitor the evolving COVID-19 situation closely and propose additional measures as proportionate to risk. 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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MINISTRY OF HEALTH

The case definition in this circular supersedes MOH CIRCULAR 123/2020 titled "REVISION OF SUSPECT CASE DEFINITION FOR CORONAVIRUS DISEASE 2019 (COVID-19)", dated 11 May 2020.

⁹ Minimally a reusable mask



ANNEX A

Examples of Communal Settings (Residential, Custodial or Special Care Facilities)

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



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致：中医注册执业者

卫生部通告 173/2020

于 **2020 年 7 月 1 日** 修订符合拭子检测计划标准及 2019 冠状病毒疾病（**COVID-19**）的疑似病例定义

卫生部将从 **2020 年 7 月 1 日** 起，扩大拭子检测计划（Swab-And-Send-Home，简称 **SASH**）符合标准。所有年龄在 **13 岁** 或以上的急性呼吸道感染患者都必须接受 **SASH** 拭子检测。疑似病例定义也相应有所更新。

扩大 SASH 符合标准

2. 符合以下 (i) 疑似病例定义或 (ii) 更新后的 **SASH** 符合标准的人士将在基层医疗机构接受 **SASH** 拭子检测。
3. 从 2020 年 7 月 1 日（星期三）起，无论是否有发烧或病程长短，只要出现急性呼吸道感染症状¹的人士，将被视为符合 **SASH** 标准：
 - a) 在群体环境工作和/或居住的人士²（例如住宅、监护或特别护理设施）（见附件 A）；
 - b) 下列患有免疫抑制的患者²：
 - (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
 - c) 所有 **13 岁** 或以上的人士³。

¹ 如咳嗽、咽喉疼痛、流鼻涕、失去嗅觉等症状。

² 包括 12 岁以下的儿童。

³ 这包括在就诊当天被诊断患有急性呼吸道感染，但未满 13 岁的人士（即他们的 13 岁生日在今年内）。



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更新疑似病例的定义

4. 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⁴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⁵；或
 - (iii) 住在客工宿舍⁶；或
 - (iv) 从事与冠状病毒疾病（COVID-19）患者有接触而风险较高的职业，或在类似环境办公⁷。
- (c) 任何患有连续/经久发热性急性呼吸道感染（PARI）症状 4 天或以上⁸，并未见好转的人士，**并且**在同一场急性呼吸道疾病中**未接受拭子检测**（属于符合 **SASH** 标准范围内）。

5. 患有 PARI，但已在 SASH 下检测 COVID-19 阴性的患者，**将不被归类为 COVID-19 疑似病例**。

6. 随着公共卫生防范诊所（PHPC）和 SASH 的启动，无论病人是否有出境旅游史，**中医师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 SASH PHPC**。这将允许 SASH PHPC 医生评估病人是否患有肺炎、属于 SASH 符合标准或疑似病例的定义。如果符合以上所列，医生可以为病人进行 COVID-19 拭子检测，或尽早转诊至医院，以排除 COVID-19 感染。您可上网到 www.phpc.gov.sg 查询最靠近您的 SASH PHPC。

⁴ 不包括医院获得性肺炎和吸入性肺炎的病例，并与 2019 冠病确诊病例无关。

⁵ 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）。

⁶ 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。

⁷ 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）

⁸ 无论病程长短，测量或报道 $\geq 37.5^{\circ}\text{C}$ 的发烧



7. COVID-19 在社区重新传播的风险持续存在，需要所有中医服务提供者/中医师保持警惕和做好准备。中医服务提供者/中医师必须为所有员工、病人和看护者实施严格的社交距离和感染预防与控制措施，包括：

- a) 不允许任何出现类似流感症状或正因急性呼吸道感染而值病假的人士进入场所；
- b) 使用 SafeEntry 系统登记进入场所；
- c) 所有中医服务提供者也必须实施严谨的安全距离措施，以避免出现拥挤现象；
- d) 在进入场所前，访客需用肥皂和清水洗手至少 20 秒，或使用含有至少 60 % 的酒精消毒搓手液；
- e) 时刻穿戴口罩⁹；和
- f) 在不同群组之间保持至少 1 米的距离（例如与其他病人和/或看护者）。

8. 卫生部将继续密切地关注全球和本地的情况，并采取与风险相应的防范措施。感谢您对 COVID-19 的可疑病例保持警惕。

9. 若对此通告有疑问，请发送电邮至 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 5 月 11 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 123/2020 当中所描述的疑似病例定义。

⁹ 至少穿戴可重复使用性口罩



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"> • 新加坡武装部队（SAF）军营 • 新加坡警察部队（SPF）群体生活设施和船上运作区 • 新加坡民防部队/内政团队学院（SCDF/HTA）宿舍 • 背包宿舍和宾馆 • 寄宿设施，例如大专宿舍/寄宿学校和大学宿舍 • 农场、屠宰场及家禽屠宰场 • 监狱职员宿舍 • 社区复健中心、中途宿舍和前犯收容所 • 建屋发展局（HDB）卫生环境清洁工作人员宿舍 	<ul style="list-style-type: none"> • 监狱、拘留中心、收容室及禁止进入的人员室 • 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） • 新加坡武装部队/新加坡民防部队（SAF/SCDF）拘留营 	<ul style="list-style-type: none"> • 心理卫生学院（IMH） • 疗养院（包括精神病患疗养院） • 住院病人疗养院 • 长期护理住宿设施 • 社区及家庭发展部（MSF）“安全舒适睡眠”场所 • 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