



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

20 Feb 2020

All registered TCM practitioners

MOH CIRCULAR 52/2020

REVISION OF SUSPECT CASE MANAGEMENT FOR COVID-19

Based on the COVID-19 cases in Singapore so far, the National Centre of Infectious Diseases (NCID) has observed that a significant number of cases have mild symptoms in the initial phase of infection. These patients typically experience mild flu-like symptoms such as fever and cough, and they can be infectious during this initial period. This risk of infection can be reduced with appropriate measures.

2. The Ministry of Health (MOH) activated the Public Health Preparedness Clinics (PHPCs) on 18 Feb 2020 to focus our primary care efforts to better detect and manage COVID-19 infections. The PHPCs will provide subsidised treatment, investigations and medications during the COVID-19 outbreaks.

3. With the activation of PHPCs, suspect cases whose conditions are medically stable should be referred to the nearest PHPC or polyclinic for further evaluation immediately. You can search for your nearest PHPC at www.phpc.gov.sg.

4. If the patient is medically unstable (i.e. hypotensive or breathless), please call the SCDF (995) ambulance and inform the ambulance operator that you are referring a COVID-19 suspect case.

5. Your continued vigilance against possible cases of COVID-19 is greatly appreciated. For clarification on this circular, please email MOH_INFO@moh.gov.sg.

A handwritten signature in blue ink, appearing to read 'A/Prof Kenneth Mak'.

A/PROF KENNETH MAK
DIRECTOR OF MEDICAL SERVICES
MINISTRY OF HEALTH

IMPORTANT

The case management in this circular supersedes MOH CIRCULAR 30/2020 titled, "REVISION OF SUSPECT CASE DEFINITION FOR 2019 NOVEL CORONAVIRUS (2019-nCoV)" dated 5 February 2020



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

ANNEX A

FREQUENTLY ASKED QUESTIONS ON COVID-19

1. What is COVID-19?

The etiological agent of the pneumonia cluster in Wuhan city in end-2019 has been determined to be a novel coronavirus known as the Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2). COVID-19 is the name of the disease caused by the virus.

Coronaviruses are a large family of viruses that can cause illnesses ranging from the common cold to Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The global case fatality rate is about 2.0%. Source of transmission is assessed to be predominantly through contact and droplet.

2. What are clinical features of COVID-19?

Common symptoms noted for COVID-19 include fever, cough and shortness of breath. Other common symptoms noted in coronavirus infections include runny nose, sore throat, headache and malaise.

3. What is the latest suspect case definition?

The latest case definition in effect can be found in MOH circular 30/2020 disseminated to all registered TCM practitioners. It can be accessed at www.go.gov.sg/moh-tcmp-circulars.

- a) A person with clinical signs and symptoms suggestive of pneumonia or severe respiratory infection with breathlessness **AND** travel to mainland China within 14 days before onset of illness; or
- b) A person with an acute respiratory illness of any degree of severity who, within 14 days before onset of illness had:
 - i. Been to Hubei Province (including Wuhan city) or **Zhejiang Province (including Hangzhou city)**, China; **OR**
 - ii. Been to a hospital in mainland China; **OR**
 - iii. Had close contact¹ with a case of 2019 novel coronavirus infection; **OR**

¹ 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.

- iv. **Had frequent or close contact during work² with recent travellers from mainland China (travel history in the last 14 days).**

4. Are there recommended measures that I should take in my clinic?

TCM clinics are recommended to take the following measures, where applicable:

a) Triage

- i. Triage should be carried out outside the clinic premise, if possible;
- ii. Patients that fulfil suspect case definition and whose conditions are medically stable should be asked to visit the nearest PHPC or polyclinic for further evaluation immediately. You can search for your nearest PHPC at www.phpc.gov.sg;
- iii. Give the patient a surgical mask to wear if he/she has respiratory symptoms;

b) Infection control

- i. Minimize potential congregation of patients by scheduling patients on appointment basis, if possible;
- ii. Wear a surgical mask if in contact with patients with acute respiratory symptoms;
- iii. Staff attending or screening patients at triage are to take necessary precautions and use appropriate Personal Protection Equipment (PPE) i.e. surgical mask and gloves;
- iv. TCM practitioners, staff and volunteers should step up infection control e.g. frequent handwashing with soap and water, especially after each patient contact;

c) Surveillance on staff/volunteers well-being

- i. Perform travel declaration for staff/volunteers;
- ii. Put in place surveillance process to identify and manage unwell staff/volunteers, including temperature taking twice a day;

d) Caregiver management

- i. Record information of all caregivers, including date and time of visit, name, NRIC number, contact number and residential address for contact tracing purpose, if necessary;

² Persons who attended business meetings/discussions, frontline staff in hospitality and tourism (e.g. hotels, shops, tours) with regular dealings with travellers from mainland China.



- ii. Limit to 1 accompanying caregiver per patient;
- iii. Temperature screening of caregiver;

e) Environmental cleanliness

- i. Clean all surfaces, especially frequently touched surfaces and floor daily with a disinfectant. The following agents can be used:
 - Bleach (diluted to 1 part bleach in 49 parts water, 1000ppm, or according to manufacturer's instructions) Bleach solution should be prepared fresh and left on the surface for a contact time of at least 10 minutes; OR
 - Alcohol/alcohol-impregnated wipes (e.g. isopropyl 70%, ethyl alcohol 60%) for the wipe down of surfaces for up to 15 minutes where the use of bleach is not suitable e.g. metal; OR
 - Any other disinfectants that are effective against coronavirus;
- ii. Staff should wear disposable surgical masks and gloves before commencing any cleaning or waste disposal activity. After cleaning activities, remove used masks and gloves properly, place and seal then in a bag and discard the bag in ordinary waste bins. Wash hands thoroughly with soap and water, and dry them.

5. What happens after I refer a suspect case to a PHPC?

- a) The equipment and room used to examine patient should be cleaned and disinfected;
- b) There is no need for the staff and/or TCM practitioner to self-quarantine after seeing a suspect case, but to self-monitor for 14 days from the last exposure to suspect case (twice-daily temperature taking and monitoring for symptoms);
- c) MOH will initiate contact tracing if there is a positive case, and will follow up with the clinic on further measures.



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致：中医注册执业者

卫生部通告 **52/2020**

修改 2019 冠状病毒疾病（COVID-19）疑似个案的管理

根据本地至今的 COVID-19 病例，国家传染病中心观察到，大部分病例在初期感染阶段出现轻微症状。这些病人一般会出现轻微的感冒症状，例如发烧和咳嗽，并在初期就可能具有传染性。这种受感染的风险可以通过适当的措施来降低。

2. 卫生部于 2020 年 2 月 18 日启动公共卫生防范诊所（PHPC），集中精力开展基层医疗的工作，以更好地检测和控制 COVID-19 的感染。在 COVID-19 爆发期间，PHPC 将提供受津贴的治疗、检查和药物。
3. 随着 PHPC 的启动，病情稳定的疑似病例应立即转诊到最靠近的 PHPC 或综合诊疗所，以便立即作进一步的评估。您可以上网到 www.phpc.gov.sg 查询最靠近您的 PHPC。
4. 如果病人病情不稳定（即低血压或呼吸急促），请拨电 995 呼叫民防部队救护车，并通知救护车操作员病人是 COVID-19 的疑似病例。
5. 非常感谢您对 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。

卫生部医药总监
麦锡威副教授

以上文件以英语原文为准

重要提示

此通告取代卫生部于 2020 年 2 月 5 日发出的通告 30/2020 题为“修订 2019 新型冠状病毒 (2019-nCoV) 的疑似病例定义”当中所描述的疑似个案管理指示。



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附件 A

关于 COVID-19 的常见问题解答

1. COVID-19 是什么？

在 2019 年底，导致武汉市出现肺炎感染群的病原体被确定为一种新型冠状病毒，名为严重急性呼吸道综合征冠状病毒 2（SARS-CoV-2）。由此病毒引起的疾病称为 2019 冠状病毒疾病 (COVID-19)。

冠状病毒是一种大型病毒家族，它可以导致普通感冒、严重急性呼吸道综合征（SARS）和中东呼吸综合征（MERS）等疾病。全球死亡率约为 2.0 %。病毒主要通过接触和飞沫传播。

2. COVID-19 的临床特征是什么？

COVID-19 常见的症状包括发烧、咳嗽和呼吸短促。冠状病毒感染的其他常见症状包括流鼻涕、喉咙痛、头痛和萎靡。

3. 最新的疑似病例定义是什么？

最新的疑似病例定义可参阅卫生部向所有注册中医师发出的第 30 / 2020 通告。您可上网到 www.go.gov.sg/moh-tcmp-circulars 参阅最新通告。

- a) 具疑似肺炎的临床体征和症状或严重呼吸道感染伴呼吸急促症状，并在发病前的14 天内到过中国大陆的人士；或
- b) 患有任何严重程度的急性呼吸系统疾病的人士，并在发病前14 天内：
 - i. 到过中国湖北省（包括武汉市）或浙江省（包括杭州市）；或
 - ii. 到过中国大陆的医院；或
 - iii. 曾与2019新型冠状病毒感染病例密切接触¹；或
 - iv. 在工作过程中与近期来自中国大陆的旅客（最近14天的旅行史）曾频繁或密切接触

¹ 密切接触的定义是：

- 为病人提供护理的人士，包括医护人员或家属，或有其他类似的密切身体接触者；
- 在同一个地点住（例如住过、探访过）的人士。

² 参加商务会议/讨论会的人士、定期与来自中国大陆的旅客打交道的接待和旅游业（例如酒店、商店、旅游）的前线人员。

4. 我的诊所可以采取什么措施？

中医诊所应该酌情采取以下措施：

a) 对病人分诊

- i. 若情况允许，应该在诊所外对病人进行分诊；
- ii. 符合疑似病例定义但病情稳定的病人应立即转诊到最靠近的公共卫生防范诊所 (PHPC) 或综合诊疗所，以便立即作进一步的评估。您可以上网到 www.phpc.gov.sg 查询最靠近您的 PHPC；
- iii. 若病人有呼吸道症状，应该提供并让病人戴上手术口罩；

b) 感染控制措施

- i. 若情况允许，应该以预约方式安排病人看诊，尽量减少病人聚集的可能；
- ii. 在接触患有急性呼吸道症状的病人时，应戴上手术口罩；
- iii. 负责分诊或接待的职员应该采取必要的预防措施，并使用适当的个人防护配备，即手术口罩和手套；
- iv. 中医师、职员和志工应该加强感染控制的防范，例如经常用肥皂清洗双手，尤其是在每次接触病人后。

c) 对职员/志工的监测

- i. 要求职员/志工申报旅游史；
- ii. 设立监测程序，包括每天测量体温两次，以及时识别和管理身体不适的职员/志工；

d) 对看护者的管理

- i. 请记录所有看护者的资料，包括来访日期和时间、姓名、身份证号码、联络号码以及住址，必要时以便进行追踪；
- ii. 每名病人只限一名看护者；
- iii. 对看护者进行体温检查；

e) 保持环境干净



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- i. 每日常用消毒剂清理所有物品的表面，尤其是经常被触碰的物品和地板。您可使用以下消毒剂：
- 漂白剂（以 1 份漂白剂对 49 份清水进行稀释，或按照制造商的指示）漂白剂应该现调现用，并允许留在所要消毒的表面至少 10 分钟的接触时间；或
 - 酒精/酒精浸渍的擦布（例如异丙基 70 %，乙醇 60 %）对于不适合使用漂白剂的物品（例如铁），可用以擦拭最多 15 分钟；或
 - 其他对冠状病毒有效的消毒剂；
- ii. 工作人员在开始进行任何清洁或废物处理活动前，应戴上一次性手术口罩和手套。清洗后，将用过的口罩和手套妥善脱下，放入袋子后封密，然后将袋子丢弃在普通垃圾桶里。用肥皂和水彻底洗手，然后擦干。

5. 我在转诊一名疑似病患到 PHPC 后，应该注意些什么？

- a) 用来检查病人的设备或房间应该清洗消毒；
- b) 诊所职员或中医师无需自我隔离，但应该从最后一次接触疑似病患那天起自我监测 14 天（每天两次体温检测和症状监测）；
- c) 如果疑似病患之后被确诊，卫生部将对密切接触者展开追踪，并与诊所采取进一步的措施。



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