



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/15

5 June 2015

All registered TCM practitioners

MOH CIRCULAR 27/2015

UPDATE ON MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (MERS-COV) CLUSTER IN SOUTH KOREA

As of 5 June 2015, the Korea Centers for Disease Control and Prevention (CDC) has reported 41 cases of MERS-CoV infection (with four deaths). Of these, at least eight were tertiary cases with a history of exposure to a secondary case. Thus far, the transmission of the disease has been limited to household and hospital contacts. As of 5 June, at least 1,600 close contacts were placed in isolation at state-designated facilities or at their homes.

2. Although the risk of an imported case from South Korea remains low in view of the limited community transmission, TCM practitioners should remain vigilant and refer the following patients, in addition to the patients who fit the current case definition of suspect MERS-CoV¹ infection, to the nearest General Practitioner for further evaluation immediately.

- a) Patients who present with clinical signs and symptoms of pneumonia or severe respiratory infection with breathlessness, **AND** with travel history to South Korea in the 2 weeks before onset.

¹ Patients who fulfil the following are suspected MERS-CoV infection:

- a) A person with clinical signs and symptoms suggestive of **pneumonia or severe respiratory infection with breathlessness**.

AND any of the following:

- Travel to or residence within the last 2 weeks in the Arabian Peninsula and neighbouring countries in the Middle East, **OR**
- The disease occurs as part of a cluster that occurs within a 2-week period, without regard to place of residence or history of travel, unless another aetiology has been identified, **OR**
- The disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, particularly patients requiring intensive care, without regard to place of residence or history of travel, unless another aetiology has been identified.

- b) A person with an acute respiratory illness of any degree of severity who, within 2 weeks before onset of illness, had close contact with a probable or confirmed case of MERS-CoV infection, while the case was ill.



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- b) Patients who present with fever and respiratory symptoms, **AND** recent exposure in a healthcare facility in South Korea or the Middle East within the last two weeks
3. TCM Practitioners should advise family members and other close contacts of suspect cases to be vigilant for symptoms of MERS-CoV and seek medical attention as soon as possible if they feel unwell.
4. For clarification of this circular, please email MOH_INFO@moh.gov.sg.



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DIRECTOR OF MEDICAL SERVICES
MINISTRY OF HEALTH



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SINGAPORE

MH 34: 24/15

05 June 2015

致：注册中医执业者

MOH CIRCULAR NO. 27/2015

中东呼吸系统综合征冠状病毒（MERS-CoV）疫情在韩国的发展

截至 2015 年 6 月 5 日，韩国疾病预防控制中心报道了 41 起 MERS-CoV 确诊病例（4 名受感染病人已病逝）。其中，最少八起病例是因接触二代感染者而染病。目前，病毒的传播只限于患者家属，同院病患与家属，及医疗护理人员。从 2015 年 6 月 5 日，已有大约 1,600 人因与 MERS-CoV 病患近距离接触史而被令隔离在韩国政府指定的隔离所或居家隔离。

2. 目前 MERS-CoV 在韩国社区内没有持续性传播的迹象，因此新加坡从韩国输入 MERS-CoV 病例的几率并不大。尽管如此，中医执业者应该提高警戒，将符合以下条件的疑似病例立即转介到邻近的西医诊所接受进一步诊治，并且注意 MERS-CoV 疑似病例的定义¹：

- a) 病人呈现气喘，以及类似肺炎及严重呼吸道感染症状，并且在症状开始两周前有到过韩国的旅行史，或
- b) 病人呈现发烧及呼吸道感染症状，并且在两周内到过韩国或中东国家的医疗机构。

3. 中医执业者应嘱咐疑似病例的家属和有近距离接触者要警惕 MERS-CoV 的症状，一旦身体不适，应尽快求医。

¹符合以下条件的患者将被列为 MERS-CoV 疑似病例处理：

- a) 病人呈现气喘，以及类似肺炎及严重呼吸道感染症状 **并且**
 - 近两周内到过或居住在阿拉伯半岛及周边的中东国家，或
 - 近两周内曾接触 MERS-CoV 病集群（不论居住地点或旅行史），或
 - 是医疗工作者，尤其是在加护病房照顾严重呼吸道疾病病人的医护人员（不论居住地点或旅行史）
- b) 病人呈现急性呼吸系统疾病，并且在发病两周内与 MERS-CoV 疑似或确诊病例有所接触。



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4. 欲澄清此公文内容，请电邮MOH_INFO@moh.gov.sg。



卫生部医药总监
王建忠副教授

以上文件以英语原文为准



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