



**MINISTRY OF HEALTH**  
SINGAPORE

MH 34:24/8

23 Feb 2020

All registered medical practitioners

**MOH CIRCULAR 54A/2020**

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

As of 23 February 1200h, 78,770 cases of COVID-19, including 2,462 deaths had been reported globally. Of the 78,770 cases, 76,936 (including 2,442 deaths) were reported in mainland China, with a large proportion in Hubei province. Other areas in mainland China have also experienced significant human-to-human transmission, such as Guangdong, Henan and Zhejiang province.

2. There has also been a significant increase in cases in South Korea. As of 23 February 1200h, a total of 556 cases, including 4 deaths were reported. 76% of South Korea's cases were from clusters in Daegu City (306 cases) and Cheongdo County (114 cases), and the South Korean government had designated Daegu City and Cheongdo County as 'special care zones'. Therefore, **travellers who have recently been to Daegu City or Cheongdo County, in South Korea (see Annex A), are assessed to be at a higher risk exposure to COVID-19.**

3. New visitors with recent travel history to mainland China within the last 14 days have not been allowed entry into Singapore, or to transit through Singapore, from 1 February 2020, 2359h. Persons returning from mainland China have also been subjected to Leave of Absence, or Stay Home Notice. All other persons in Singapore would no longer have frequent or close contact with recent travellers from mainland China.

**UPDATE OF SUSPECT CASE DEFINITION**

4. 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** within 14 days before onset of illness had:
  - i. Been to **mainland China**; **OR**
  - ii. Been to **Daegu City** or **Cheongdo County**, South Korea.

- 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 contact**<sup>1</sup> with a case of COVID-19 infection.

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

## CLINICAL PRESENTATION

6. Common presenting symptoms observed in cases in Singapore so far were fever >38°C, cough, and sore throat. A small proportion of cases also reported fatigue/malaise and diarrhoea. Clinical findings included lung crepitations on auscultation or abnormal chest radiograph. For majority of cases, the course of the infection has been found to be uncomplicated, during which fever resolved within a few days, and the mild symptoms experienced were predominantly respiratory. For the minority of cases with more severe disease, these cases were associated with factors such as older age, presence of comorbidities, and shortness of breath, with prolonged fever.

7. All medical practitioners should note the following:

- a) As more countries are reporting COVID-19 cases, heightened vigilance must be exercised when assessing patients with any recent travel history (i.e. in the last 14 days from onset of symptoms), pneumonia, and severe or prolonged acute respiratory symptoms.
- 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,

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<sup>1</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;
- Anyone who stayed (e.g. household members) at the same place as a case.



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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.

## **STRICT HAND HYGIENE PRACTICES AND APPROPRIATE PPE USAGE**

8. Healthcare workers are reminded to strictly adhere to hand hygiene practices as well as adopt appropriate PPE usage at various clinical settings (please refer to previous MOH circular on 07 February 2020).

## **UNWELL HEALTHCARE STAFF SHOULD NOT COME TO WORK**

9. 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.

10. They should wear a mask and seek medical attention, as necessary. They should also update their employer or institution point-of-contact promptly.

11. Your continued vigilance against possible cases of COVID-19 is greatly appreciated.

12. For clarification on this circular, please email [MOH\\_INFO@moh.gov.sg](mailto:MOH_INFO@moh.gov.sg).



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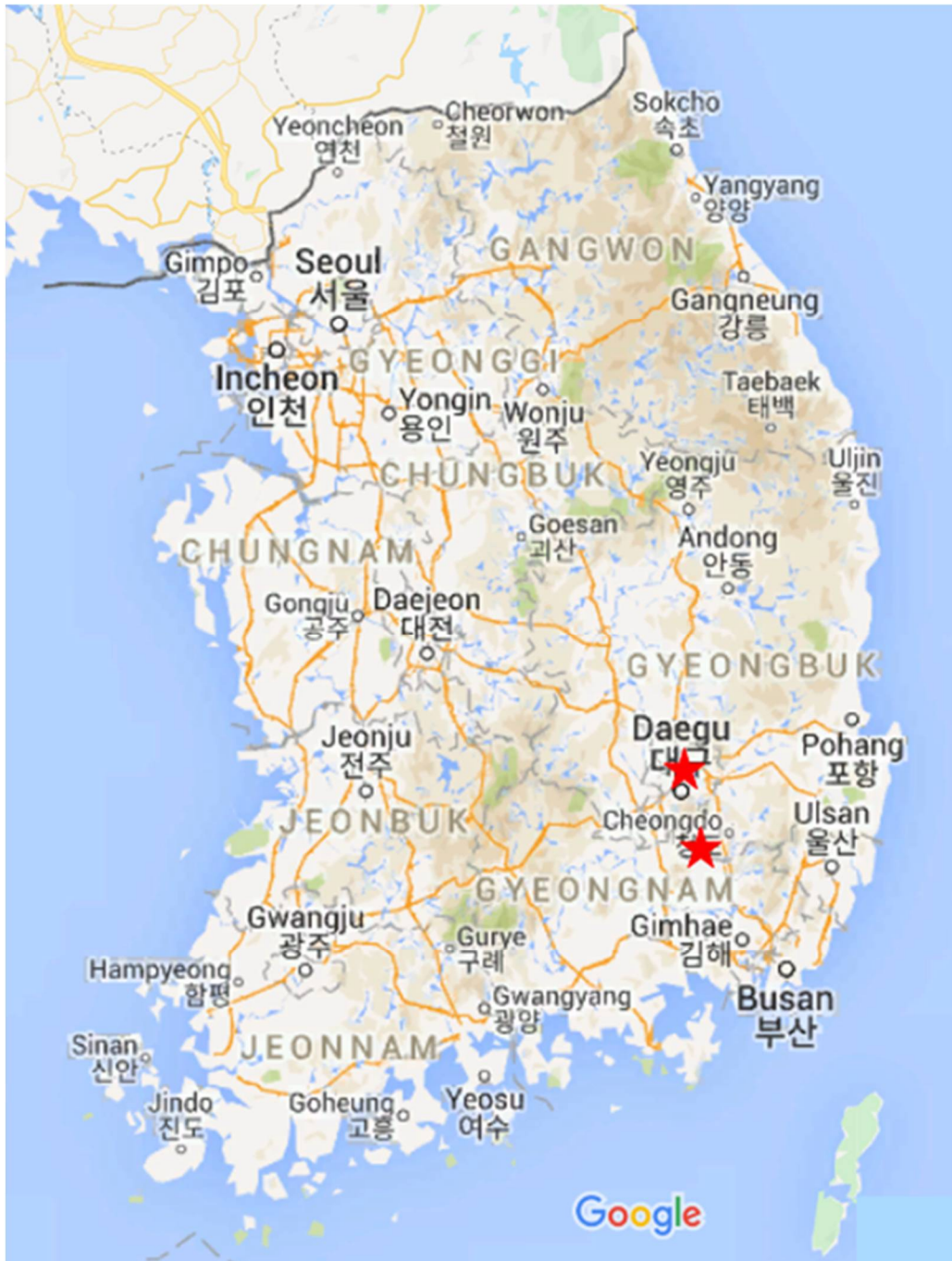
### **IMPORTANT**

***The case definition in this circular supersedes MOH CIRCULAR 54/2020 titled, "REVISION OF SUSPECT CASE DEFINITION FOR CORONAVIRUS DISEASE 2019 (COVID-19)" dated 23 February 2020***



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**MAP INDICATING LOCATIONS OF DAEGU CITY AND CHEONGDO COUNTY IN SOUTH KOREA**



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