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EU-MALAYSIA CHAMBER OF
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Unofficial Translation

DIRECTOR GENERAL OF HEALTH MALAYSIA

CIRCULAR LETTER

Dated: 13th January 2021

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DISTRIBUTION LIST

YBhg. Datuk/Dato' Indera/Dato'/Datin/Tuan/Puan,

COVID-19 CASE AND CLOSE CONTACT MANAGEMENT DURING COVID-19 PNDEMIC FOR YEAR 2021

1. OBJECTIVE

1.1. This Circular Letter aims to inform the management of non and mild symptoms COVID-19 cases at residences.

2. BACKGROUND

2.1. At the National Security Council (NSC) Special Session: COVID-19 Management No. 1 Year 2021 on 4 January 2021 and the MOH Disaster Management Executive Committee Meeting on 11 January 2021, it was agreed for positive cases of COVID-19 under category 1 (non-symptomatic - asymptomatic) and category 2 (mild symptoms) to be isolated at home/ place of residence/hotel or Quarantine Centre and Low Risk Treatment Center (PKRC) or hospital, according to the suitability of the places of residence.

2.2. For states that have sufficient capacity to manage COVID-19 cases, the cases can be managed using the COVID-19 Management Guidelines in Malaysia, Edition 5

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3. POSITIVE COVID-19 CASE MANAGEMENT IN PLACES OF RESIDENCE

- 3.1. The Health District Office (HDO) will receive COVID-19 case notifications from medical practitioners or receive a list of cases through the MySejahtera application.
- 3.2. This list of positive cases will be provided by (HDO) once on daily basis, to be communicated for health status screening, severity of the disease and the suitability to be isolated at home.
- 3.3. A COVID-19 Assessment Center (CAC) needs to be established to examine patients. It includes clinical evaluation, support of family members as well as the suitability of the residence to undergo isolation at the determined premise.
- 3.4. The State Health Department (*JKM*) needs to identify the appropriate location for this CAC, whether in primary health facilities (health clinic (*KK*), Rural Clinic (*KD*), Community Clinic, Maternal and Child Health Clinic (*KKIA*)) or *PKRC*.
- 3.5. Assessment methods can be performed physically or virtually (virtual consultation) using the checklist included in Appendix 1. It is recommended that the first assessment to be done physically.
- 3.6. Summary of the flow chart of case management work process is as in Appendix 2.
- 3.7. Clinical Protocol Guidelines at Primary Care for Category 1 and Category 2 COVID-19 Cases are included for reference.

3.8. COVID-19 cases detected among industrial workers can be managed according to the procedure as below:

3.8.1. Positive cases of COVID-19 category 1 and 2 are isolated in the worker dormitory according to the suitability of the premise. If it is not suitable, the employer must provide the appropriate premise such as hotel and in accordance with subregulation (1A) in the regulation 2 of the Prevention and Control of Infectious Disease (Medical Services and Retirement of People Transferred to Quarantine Station) (No. 2) (Amendment) 2020 [P. U. (A) 402/2020].

3.8.2. Whereas when an officer is authorized to direct an employer for his foreign worker under his employment to undergo a COVID-19 detection test, the employer must bear the cost of the test if it is done in a health facility or laboratory managed by the Government; as stated in subregulation (3) of regulation 3 of the Infectious Disease Prevention and Control Regulations (Fee for Coronavirus Disease Testing Test 2019) (COVID-19) (Amendment) (No.2) 2020 [PU (A) 401/2020].

4. COVID-19 CLUSTER AND CLOSE CONTACT MANAGEMENT

4.1. Detection and isolation of close contacts are very important to determine the transmission of COVID-19 infection.

4.2. All close contacts should be identified and directed to isolation and observation at home. However, COVID-19 detection testing is only performed on symptomatic close contact ONLY.

4.3. The number of samples taken depends on the size of the cohort which is the total number of individuals exposed in the cluster:

- a) if less than 50 people, 20 samples are sufficient; and
- b) if more than 50 people, 30 samples are sufficient or 10% in accordance to whichever is lower.

4.4. All close contacts with the negative COVID-19 detection screening test results should be quarantined by cohorting at the residence such as prison cell, hostel or any appropriate house; based on risk assessment of the vulnerable individual as well as the premise to be used.

4.5. Quarantine is to be conducted for 10 days from the deadline for exposure to positive cases with self-health monitoring. If there is a symptomatic individual, the case is isolated and COVID-19 detection test is performed. Quarantine on this cohort should be continued for another 10 days from the date of the positive COVID-19 case.

4.6. Screening test on the 10th day does not need to be conducted.

4.7. The employer is responsible for ensuring that these quarantined workers always comply with the SOP, conduct self-monitoring and do not meet with other employees to avoid continuous transmission at work.

5. Reference Document

5.1. Detailed information on COVID-19 case management can be obtained from:

- i. COVID-19 Management Guidelines in Malaysia on the official portal of the Ministry of Health Malaysia <https://www.moh.gov.my/>.
- ii. Clinical Protocol Guidelines at Primary Care for Category 1 and Category 2 of COVID-19 Positive Cases included.

6. EFFECTIVE DATE

This Circular Letter is effective from the date of this letter.

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7. QUESTIONS

7.1. YBhg. Datuk/ Dato' Indera/Dato'/Datin/tuan/puan are required to activate the hotline for managing inquiries and complaints related to COVID-19 positive case management at home.

7.2. If there are any questions related to this circular letter, please submit to:

- i. Director of Disease Control

Aras 3, Blok E10, Parcel E, Presint 1 Pusat Pentadbiran Kerajaan Persekutuan 62590, Putrajaya.

Phone. No: 03-8883 441214510

Fax. No: 03-8889 1013

- ii. Director of Family Health Development

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Pusat Pentadbiran Kerajaan Persekutuan 62590, Putrajaya.

Phone. No: 03-8883 4011 12165

Fax. No: 03- 8888 2210

8. Closure

YBhg. Datuk/Dato' Indera/Dato'/Datin/tuan/puan is responsible for ensuring that this circular is disseminated and complied with. The commitment of all health workers in preventing and controlling the spread of COVID-19 infection is greatly appreciated.

Thank you.

“SERVE FOR THE COUNTRY”

I who carry out the trust,



(TAN SRI DATO' SERI DR. NOOR HISHAM BIN ABDULLAH)

s.k Head Secretary

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APPENDIX 1

Home Assessment Tool * For Adult Covid-19 Patients Undergoing Quarantine at Home

Action () if you have the following symptoms

Symptoms	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	Notes
Sore Throat or flu											
Cough											
*Fever											
*Breathing difficulty (SOB)											
Loss of sense of taste											
Missing sense of smell											
Diarrhea											
Nausea and/or vomiting											
Fatigue (Lethargy)											
Muscle Pain (myalgia)											
Can do daily activities											
*Chest Ache											
*could not tolerate/ take food/ minimum											
*Worsening fatigue such as difficulty getting out of bed											
*Could not get up without help											
*Persistent and worsening symptoms such as cough, nausea, vomiting or diarrhea											
*Reduced level of awareness											

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<p><i>(Reduced level of consciousness)</i></p> <p>*Reduced frequency / quantity of urine within 24 hours</p>	

Note: If symptoms (*) are experienced by the case, it indicates the case in category 2 and should be referred to the clinic / hospital / COVID-19 evaluation centre for further evaluation.

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'HOME ASSESSMENT TOOL' FOR CHILDREN PATIENTS OF COVID-19 WHO CARRY OUT QUARANTIN AT HOME

(Filled by the parent / guardian of the child)

SYMPTOMS	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	NOTES
Fever											
Sore throat or flu											
Cough											
Vomiting or diarrhea											
Active when held											
*Symptoms over 7 days											
*Lethargy											
*No appetite											
*Complaining of chest or stomach pain											
*Cold feet and hand											
*Less urine than usual (within 24 hours)											
*Medical mental status											
*Seizures											

NOTE: If symptoms (*) are experienced by a COVID-19 positive child, the case should be referred to the hospital for further evaluation.

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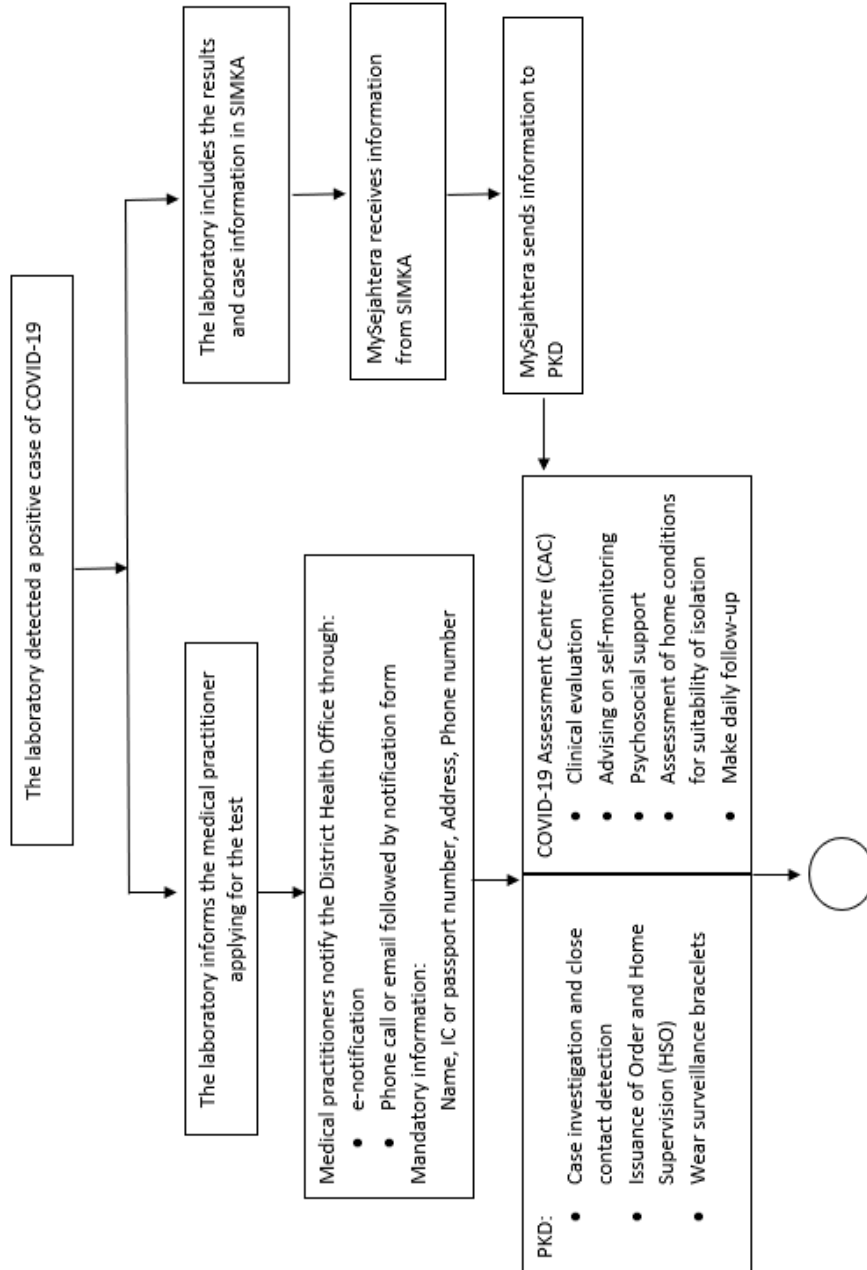
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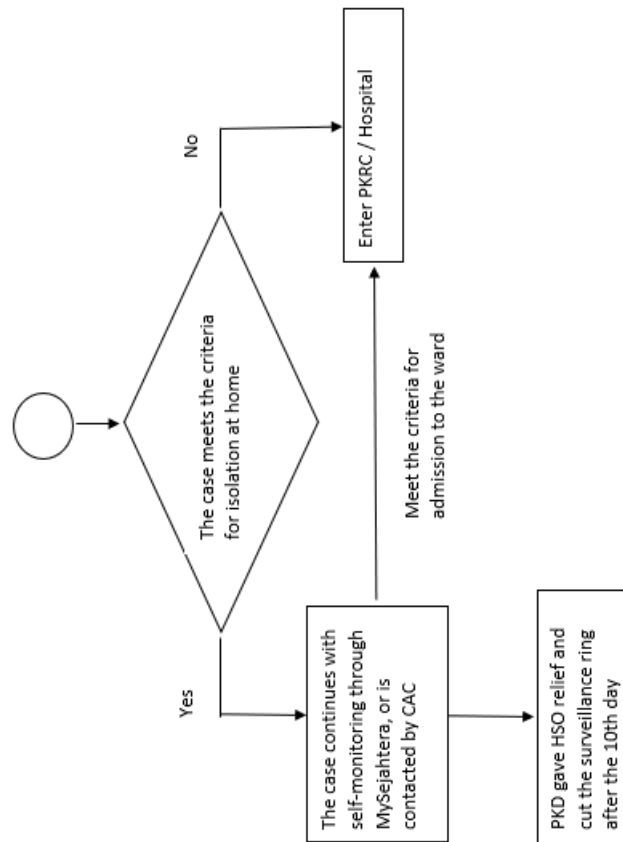
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APPENDIX 2

COVID-19 CASE MANAGEMENT FLOW CHART CATEGORY 1 & 2 AT RESIDENCE





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