



MINISTRY OF HEALTH
SINGAPORE

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29 February 2024

Please refer to Distribution List

INTEGRATING OUR COVID-19 RESPONSE PROTOCOLS INTO OUR BROADER PUBLIC HEALTH PROGRAMMES

This Circular informs you of plans to manage COVID-19 as an endemic disease and to integrate COVID-19 responses into broader public health programmes from 1 March 2024.

- A summary of the key updates is provided in Table 1 below.

Table 1: Updates to the management of COVID-19

Details	Implementation Date	Para
Mask-wearing Requirement in Healthcare and Community Care Settings		
a. Removal of mask-wearing mandate for patients, visitors and staff in outpatient settings, including polyclinics, GP clinics, specialist outpatient clinics, dialysis centres, Traditional Chinese Medicine clinics and dental clinics; Medically vulnerable persons, seniors, and persons with acute respiratory infection (ARI) symptoms are strongly encouraged to continue wearing masks in these outpatient settings	1 Mar 24	5 - 7
Maintaining the National Vaccination Programme (NVP) for COVID-19		
b. Updated COVID-19 vaccination recommendations (i.e. individuals who have not been vaccinated against COVID-19 are recommended to receive two initial vaccine doses) and precautions	1 Mar 24	10
c. Removal of COVID-19 vaccination requirement for permanent residence, long term pass, and work pass applications and renewals; Work Permit and S Pass holders in the Construction, Marine Shipyard and Process (CMP) sectors or residing in dormitories will	1 Mar 24	11

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



Details	Implementation Date	Para
continue to be offered COVID-19 vaccination as part of the Migrant Worker Onboard Centre programme		
d. Vaccination Incident Reporting mainstreamed	1 Mar 24	13
e. Certification of medical ineligibility for COVID-19 vaccination no longer required for individuals aged 18 and above	1 Mar 24	15
f. Removal of summative COVID-19 vaccination status; COVID-19 vaccination records to be displayed as line items; The public can continue to access COVID-19 vaccination records through HealthHub, or physical vaccination cards	1 Mar 24	16
Regularising COVID-19 Support Schemes		
g. Cessation of COVID-19 Oral Antivirals (OAV) subsidies in outpatient settings (including primary care), ambulatory settings of public hospitals, nursing homes, as well as home medical and home palliative care providers	27 Mar 24	17 - 18
h. Cessation of free Personal Protective Equipment (PPE) for OAV clinics	27 Mar 24	19
i. Cessation of Vaccination Support Grant (VSG) for NVP Public Health Preparedness Clinics (PHPCs)	1 Apr 24	20
j. Cessation of free supply of oxygen tanks to NVP PHPCs	1 Mar 24	21
COVID-19 Patient Management and Recovery in the Community		
k. Cessation of Community Treatment Facilities (CTF) and Community Isolation Facilities (CIF) for COVID-19; Cessation of COVID-19-related hotlines like the MOH Home Recovery Buddy and Testing Ops hotlines	1 Mar 24	23
l. Handling of COVID-19 deceased aligned with other respiratory diseases; Cessation of requirement for doctors to issue a memo for COVID-19 deceased to funeral service providers through next-of-kin	1 Mar 24	24
COVID-19 Testing, Notification and Surveillance		
m. Cessation of mandatory COVID-19 case notifications for doctors and labs	1 Mar 24	26
n. Cessation of recommendation to test ARI cases with recent travel history for COVID-19	1 Mar 24	29

Background

3. With broad population immunity from vaccination and infection, Singapore successfully stood down most border and community measures following adjustment of the Disease Outbreak Response System Condition (DORSCON) to Green on 13 February 2023. Notwithstanding this shift, we continued to maintain close vigilance on

the global and local COVID-19 situation, especially for new SARS-CoV-2 variants that may be more severe or transmissible. We also maintained preparatory responses for potentially severe variants of concern (VOC).

4. While there have been surges of COVID-19 infection globally and in Singapore, no new VOC has emerged since DORSCON Green. Singapore weathered two major COVID-19 infection waves without the need to impose further restrictions. As COVID-19 becomes an endemic disease, such occasional infection waves are to be expected. It is timely to progressively stand down the remaining COVID-19 response protocols, and integrate them into our broader public health programmes.

Mask-wearing Requirement in Healthcare and Community Care Settings

5. From 1 March 2024, MOH will step down the masking requirements at lower-risk healthcare settings. Mask-wearing will no longer be compulsory for patients, visitors and staff in outpatient settings, including polyclinics, General Practitioner clinics, specialist outpatient clinics, dialysis centres, Traditional Chinese Medicine clinics and dental clinics. However, medically vulnerable persons, seniors, and persons with acute respiratory infection (ARI) symptoms are strongly encouraged to continue wearing masks in these settings.

6. To protect medically vulnerable persons and seniors, MOH will maintain the current masking requirements for patients, visitors and staff in higher-risk healthcare settings, including inpatient wards, emergency departments and residential care facilities¹. Emergency Department patients should continue to be masked, if tolerated. This is intended to be a standing requirement, to improve general infection control practices in these areas. As per current practice, inpatients of hospitals and residents of residential care facilities are not required to wear a mask, as it is impractical to expect them to be masked all the time during their stay in the hospital or in their residence. Nevertheless, as a good practice, they are encouraged to wear a mask, when they are unwell or develop ARI symptoms.

7. Ancillary services (e.g. radiology, physiotherapy) will follow requirements of the respective settings they serve. For example, masking requirements for inpatient physiotherapy is to follow the inpatient requirement. For shared spaces or mixed used facilities, visitors and staff will adhere to the higher standard across settings served.

Maintaining the National Vaccination Programme for COVID-19 Vaccination

8. Vaccination is our primary defence against COVID-19, as it remains effective in preventing severe illness and deaths. To encourage the public to keep up to date with their vaccination, the National Vaccination Programme (NVP) for COVID-19 will be maintained, to provide fully subsidised vaccination for all Singapore Citizens, Permanent Residents, Long Term Pass holders and certain Short Term Pass holders. The Vaccine Injury Financial Assistance Programme for COVID-19 vaccination

¹ This includes Nursing Homes, Psychiatric Rehabilitation Homes, Psychiatric Sheltered Home, Inpatient Hospice.

(VIFAP) will continue to provide financial assistance to persons who experience serious side effects assessed to be related to the COVID-19 vaccines received under the NVP, as per **Circular 31/2021** and **Circular 144/2021**.

9. COVID-19 vaccines will continue to be available at five Joint Testing and Vaccination Centres (JTVCs), more than 200 Public Health Preparedness Clinics (PHPCs) and polyclinics offering COVID-19 vaccinations under the NVP. PHPCs, particularly those under the Healthier SG programme, are encouraged to offer COVID-19 vaccination, as the operations of JTVCs are progressively consolidated.

Updated COVID-19 Vaccination Recommendations and Precautions

10. As per **Circular 12/2024**, in consultation with the Expert Committee on COVID-19 Vaccination (EC19V), the following changes will be made to COVID-19 vaccination recommendations and precautions from 1 March 2024:

- a. Individuals who have not been vaccinated against COVID-19 are recommended to receive two initial vaccine doses.
- b. The advice to avoid strenuous physical activity after vaccination with Moderna/Spikevax, Pfizer-BioNTech/Comirnaty or Novavax/Nuvaxovid will be updated to apply to only male vaccinees aged 12-29 years, for a duration of 1 week.
- c. COVID-19 vaccines can now be administered with other vaccines across all ages eligible for the vaccine.
- d. No stipulated period of observation after COVID-19 vaccination, other than in persons at increased risk of anaphylaxis who should be observed for 30 minutes.
- e. Emergency drugs and equipment required for COVID-19 vaccine providers will be aligned to that required under prevailing regulatory requirements relevant to the licensable healthcare service which the licensee is licensed for, and is stipulated in the “Licence Conditions for Providing or Intending to Provide Emergency Life Saving Measures” as per **Circular 39/2023**.
- f. No need to restrict non-steroidal anti-inflammatory drugs (NSAIDs) use after COVID-19 vaccine administration.

Updated COVID-19 Vaccination Requirements

11. The COVID-19 vaccination requirements for Permanent Residence, Long Term Pass and Work Pass applications and renewals will be removed from 1 March 2024, to align with prevailing recommendations for the rest of the population, as most applicants are young and at lower risk of severe disease, and are also likely to have immunity from previous infections. Work Permit and S Pass holders in the Construction, Marine Shipyard and Process (CMP) sectors or residing in dormitories

will continue to be offered COVID-19 vaccination as part of the Migrant Worker Onboard Centre programme.

12. As per **Circular 06/2023**, COVID-19 vaccination continues to be strongly encouraged for all workers in the healthcare and community sector (including healthcare students). For staff who are not fully vaccinated², enterprises and/or institutions in the healthcare and community care sector should work with these individuals on ways that they can protect themselves from infection while at work. Schools and students must abide by the institutions' guidelines and/or restrictions related to patient contact for staff who are not fully vaccinated.

Updated Processes for COVID-19 Vaccination

13. Vaccination Incident Reporting will be stepped down from 1 March 2024. COVID-19 vaccination-related errors and adverse events should be captured and reported according to existing record-keeping and reporting requirements as per all vaccines.

14. Mandatory notification of COVID-19 vaccination to the National Immunisation Registry (NIR) is no longer a requirement. Nonetheless, vaccination providers are strongly encouraged to continue notifying NIR, to ensure that our population vaccination records remain comprehensive, and individuals can access their vaccination records. Clinics may ingest an individual's overseas COVID-19 vaccination records into the NIR without the need for serology testing or a digital certificate if they provide acceptable documentary proof, akin to the approach for ingesting other vaccination records.

15. The process for certification of medical ineligibility for COVID-19 vaccines under the NVP was mainly to support exemption from Vaccination-Differentiated Safe Management Measures. From 1 March 2024, doctors no longer need to update the medical ineligibility status for COVID-19 vaccination in the IT systems, for individuals aged 18 and above. Doctors may continue to document medical ineligibility for NVP COVID-19 vaccines for individuals below 18 years old, so that they may be offered the Sinovac-CoronaVac vaccine under the paediatric Sinovac after mRNA (pSAM) programme.

16. Summative COVID-19 vaccination status (e.g., "vaccinated" or "unvaccinated") will be removed from IT systems from 1 March 2024. Vaccination records will continue to be displayed as line items, as per other vaccines. All Singapore Citizens, Permanent Residents and Long-Term Pass Holders aged 15 years and older may continue to view or download their vaccination records by logging in to the HealthHub app using their Singpass. Non-Singpass users may refer to their physical vaccination card.

Regularising COVID-19 Support Schemes

Cessation of COVID-19 Oral Antivirals Subsidies

² Have not received two initial vaccine doses.

17. With effect from 27 March 2024, the subsidy for Oral Antivirals (OAV) in outpatient settings (including primary care), ambulatory settings of public hospitals, nursing homes, as well as home medical and home palliative care providers, will cease. Clinics should check that they are able to bill COVID-19 OAVs as an unsubsidised drug in their billing system from 27 March 2024 onwards. Clinics may continue to place orders for fully subsidised OAVs (Paxlovid) until 21 March 2024 with the last date of clinic dispensing of the subsidised OAV to patients not later than 26 March 2024³.

18. For patients at Public Healthcare Institutions (PHIs) who need COVID-19 OAVs but have financial difficulties, discretionary financial assistance (e.g. Medication Assistance Fund Plus) remains available.

Cessation of free Personal Protective Equipment supply for OAV Clinics

19. The provision of free Personal Protective Equipment (PPE) for OAV clinics will cease from 27 March 2024. This means that the last free PPE re-supply will be delivered between 18 to 20 March 2024 (Order window 10 – 12 March). Clinics may purchase PPE from their own channels thereafter.

Cessation of Vaccination Support Grant

20. From 1 April 2024, the provision of Vaccination Support Grant (VSG), a once-off grant to support NVP PHPCs to meet the mandatory requirements for COVID-19 vaccination precautions and post-vaccination care and management, will cease. This is aligned to the stepping down of the vaccination precautions and post-vaccination management requirements.

Cessation of Free Supply of Oxygen Tanks

21. In line with **Circular 12/2024**, emergency drugs and equipment required for COVID-19 vaccine providers will now be aligned with that required under prevailing regulatory requirements relevant to the healthcare service for which the licensee is licensed. As such, the free supply of oxygen tanks with delivery devices for NVP PHPCs will also cease from 1 March 2024.

COVID-19 Patient Management and Recovery in the Community

22. Doctors should generally manage patients with ARI symptoms and/or COVID-19 positive patients with mild symptoms in the community.

23. From 1 March 2024, MOH will stop the provision of Community Isolation Facilities (CIF) and Community Treatment Facilities (CTF) for COVID-19 patients. The last in-processing to CTF and CIF will be 29 February 2024, 2359hrs. Patients will

³ As OAV is a 5-day course and the existing batch of OAV (Paxlovid) expires on 31 March 2024, the last day of dispensing must be no later than 26 March 2024.

have to make their own alternative accommodation arrangements. Correspondingly, COVID-19-related hotlines like the MOH Home Recovery Buddy and Testing Ops hotlines will also cease on 1 March 2024.

24. From 1 March 2024, the handling of deceased persons with suspected or confirmed COVID-19 will be aligned with the handling of deceased persons with any other respiratory diseases – standard infection prevention precautions will apply. Doctors will not need to issue the “***Memo by Medical Practitioner for Personnel Managing Deceased Persons with Suspected or Confirmed COVID-19***” should a COVID-19 infected patient pass away.

COVID-19 Testing, Notification and Surveillance

25. As per **Circular 50/2023**, SARS-CoV-2 testing is no longer routinely required for every patient with ARI symptoms, although doctors can choose to do so as part of the diagnostic work-up.

26. COVID-19 surveillance will be integrated into the national surveillance programme for ARI, and mandatory COVID-19 case notifications will no longer be required under the **Infectious Diseases Act** with effect from 1 March 2024.

27. The reporting of COVID-19 case details through the Patient Risk Profile Portal (PRPP) and iConnect.COVID for the purpose of OAV subsidy should continue until 26 March 2024⁴.

28. As per current established reporting arrangements for severe COVID-19 surveillance, all acute care public hospitals and the five private hospitals⁵ should continue to submit weekly reports of COVID-19 hospitalised and ICU cases to MOH. Prevailing guidelines on the notification of infectious disease clusters also remain – institutions should continue to report infectious disease clusters to MOH⁶.

29. The ARI surveillance programme in primary care settings and hospitals will continue. However, patients with travel history in the 7 days prior to the onset of ARI symptoms are no longer required to be specifically tested for COVID-19.

30. Public Healthcare Institutions (including polyclinics) and PHPCs may continue to purchase ART kits from MOH.

⁴ Administratively, as OAV subsidies will only cease from 27 March 2024, PHPCs offering OAV are still required to submit test results via the Patient Risk Profile Portal, and polyclinics offering OAV are still required to submit test results via iConnect.COVID from 1 March to 26 March 2024, so as to ascertain the clinical eligibility of patients receiving OAV. This requirement will cease from 27 March 2024.

⁵ Gleneagles Hospital, Mount Elizabeth Hospital, Mount Elizabeth Novena Hospital, Parkway East Hospital, and Mount Alvernia Hospital.

⁶ For the triggers to report an infectious disease cluster or outbreak, hospitals may refer to the “Guidelines on Notification of Infectious Diseases in Singapore for Hospitals” and long-term care institutions may refer to the “Guidelines on the Notification of Clusters of Infectious Diseases in Singapore for institutions in long-term care sector”.

31. Given that most countries have lifted entry and domestic requirements related to COVID-19, the need for authenticated test results has reduced significantly. COVID-19 test results should be documented and communicated to patients as per other test results.

Maintaining Preparedness and Readiness against Future Public Health Threats

32. Even as we take these steps to integrate our COVID-19 response into our broader public health programmes, MOH will remain vigilant for new variants that may emerge from time to time, and ensure that we continue to preserve our healthcare capacity.



PROF KENNETH MAK
DIRECTOR-GENERAL OF HEALTH
MINISTRY OF HEALTH

This Circular supersedes the following circulars:

MOH CIRCULAR 06/2023 titled "UPDATED GUIDANCE ON MASK-WEARING AND VACCINATION REQUIREMENT FOR STAFF, STUDENTS AND VISITORS IN HEALTHCARE AND COMMUNITY CARE SETTINGS", dated 14 February 2023.

MOH CIRCULAR 07/2023 titled "UPDATED GUIDANCE ON THE PROVISION OF TCM SERVICES AND SAFE MANAGEMENT MEASURES FOR TCM SERVICE PROVIDERS WITH STEPPING DOWN TO DORSCON GREEN", dated 16 February 2023.

Distribution List

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CEOs/Clinic Managers of General Practitioner Clinics
All Registered Medical and Dental Practitioners
All Registered TCM Practitioners
All Registered Allied Health Professionals
Licensed Retail Pharmacies
Allied Health Associations and Societies
TCM Associations and Societies
Licensees/Clinic Managers of Renal Dialysis Centres

Annexes

Annex A	FREQUENTLY ASKED QUESTIONS (FAQs)
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FREQUENTLY ASKED QUESTIONS (FAQS)

1. How can I check my COVID-19 vaccination records?

Singpass users can view or download your vaccination records by logging in to the HealthHub app using your Singpass account. If you do not have Singpass access yet, please apply for Singpass. All Singapore Citizens, Permanent Residents and Long Term Pass Holders aged 15 years and above are eligible for Singpass. If you are not a Singpass user, you may request that the vaccination provider issues a vaccination card documenting the vaccine received.

2. Given that subsidies for COVID-19 OAVs will cease from 27 Mar 2024, do clinics charge patient for prescribing OAV to them?

From 27 Mar 2024 onwards, clinics that have purchased COVID-19 OAVs will fully charge out COVID-19 oral antivirals for all patients. Clinics may charge patient at MOH recommended selling price to patients⁷. Clinics that are issued free COVID-19 OAVs are required to return all the unused free stock to MOH via Zuellig Pharma.

3. How can clinics purchase COVID-19 OAVs from 27 Mar 2024 onwards?

Clinics can purchase COVID-19 OAVs from Zuellig Pharma⁸. A valid HSA Special Access Route (SAR) permit is required for purchase of Molnupiravir.

4. Do doctors and laboratories still need to notify COVID-19 positive cases?

With effect from 1 March 2024, doctors and laboratories do not need to notify COVID-19 positive cases under the Infectious Diseases Act.

Administratively, as OAV subsidies will only cease with effect from 27 March 2024, PHPCs offering OAV are still required to submit test results via the Patient Risk Profile Portal (PRPP), and polyclinics offering OAV are still required to submit test results via iConnect.COVID from 1 March to 26 March 2024, so as to ascertain the clinical eligibility of patients receiving OAV. This requirement will cease from 27 March 2024.

5. Should doctors continue to input ART test results into PRPP or iConnect.COVID?

Doctors may continue to do so on a voluntary basis, if it is their current workflow to do so. In the absence of this input, doctors should relay test results (if any) to the patient directly, or through a doctor's memo or physical results slip.

⁷ For Paxlovid and Molnupiravir, the MOH recommended selling price to patient is \$1,095 (before GST) per treatment course, subject to change.

⁸ The cost of COVID-19 OAV per treatment course is \$1,040 (before GST), subject to change.

See FAQ 4 for administrative requirements between 1 March to 26 March 2024 for purposes of OAV subsidy.

