Annex 2: MANAGEMENT OF SUSPECTED, PROBABLE AND CONFIRMED COVID-19 CASE

1. OVERALL MANAGEMENT OF COVID-19 IN MALAYSIA

**CASE DETECTION THROUGH MULTIPLE SOURCES**
1. Surveillance system (COVID-19哨点 / SARIS / Pre-op)
2. Annex 2g: Surveilance COVID-19
3. Point of Entry
4. Management Of COVID-19 At Point of Entry
5. Annex 6a: Health Alert Care
6. Targeted screening
7. Annex 2g: Surveilance COVID-19
8. International Health Regulation’s Focal Point (NIP)
9. Guideline on Pre-Admission COVID-19 Screening
10. Passive Case Detection from healthcare facilities

**CASE NOTIFICATION & REGISTRATION**
1. Annex 1a: Case Definition
2. Annex 2c: Screening and Triaging
3. Annex 2d: Work Process of Pre-Hospital Care and Emergency and Triage Department
5. Annex 2g: Surveilance COVID-19
6. Annex 2d: Guideline for Handling Dead Bodies of Suspected / Probable /Confirmed COVID-19 Death

**PLANNING**
1. Facility and Service Preparedness

**OPERATION**
1. Annex 2b: Field Investigation Form

**SOEHR**
1. PPE, Medical Devices
2. Human Resource Mobilization

**ADMIN/ FINANCE**

Figure 1: Overall management and response of COVID-19 cases in Malaysia.
2. MANAGEMENT OF SUSPECTED, PROBABLE AND CONFIRMED COVID-19 CASE

2.1 Criteria for Hospital Admission

a. Confirmed COVID-19 patients (laboratory confirmed case) shall be admitted to the hospital if fulfil any of the following criteria.
   i. All category 3 to 5 disease (moderate to severe).
   ii. Those found to be unstable after evaluation in COVID-19 assessment centres.
   iii. Age > 60 years old (all category of disease).
   iv. Uncontrolled comorbidity\(^1\) such as DKA, Hypertensive emergency, unstable angina etc.,
   v. End Stage Renal Failure (ESRF) on dialysis.
   vi. Immunocompromised\(^2\)
   vii. Pregnant mothers > 22 weeks
   viii. Pregnant mother with comorbidity (at any gestational age)
   ix. Age < 2 years old (category 2 and above) or all paediatric age group with comorbidity.
   x. Unsuitable for home quarantine management.

COVID-19 positive who are asymptomatic or mildly symptomatic can be admitted directly to low risk COVID-19 quarantine and treatment centers after discussion with relevant physician.

b. Suspected or Probable COVID-19 cases who are clinically ill\(^3\)

Suspected or probable case who are not clinically ill but are not suitable for home surveillance can be admitted to quarantine station.

\(^1\)Comorbidities known to be associated with severe covid-19 includes chronic kidney disease, Obesity (BMI\(\geq\)30kg/m\(^2\)), Pulmonary conditions (Moderate to severe COPD/Asthma/Pulmonary fibrosis), Cardiac conditions (heart failure, coronary heart disease), Hypertension, Diabetes mellitus, Chronic liver disease, immunocompromised.

\(^2\)Includes solid or bone marrow transplant recipients, people with cancer undergoing active chemotherapy, cancers of the blood and bone marrow, HIV infected with low cd4 count and not on suppressive ART therapy, splenectomised individuals, on prolonged corticosteroids or other immunosuppressives.

\(^3\)The clinical condition of the patient is based on clinical judgement of the clinician in-charge.
2.2 Criteria for Low Risk Covid-19 Quarantine and Treatment Centre (PKRC) Admission

a. All confirmed COVID-19 patients who fulfilled home monitoring criteria, but do not have a suitable home condition.
b. Those in section 2.1 but deemed stable for admission to PKRC after discussion with relevant physician.
c. Able to ambulate without assistance and self-administer medications.
d. Do not have ongoing clinical needs such as haemodialysis.
e. Category 1 or 2 COVID-19 patients who are less than 28 weeks of gestation with no added comorbidities. (Baseline assessment has been done by medical personnel and discussed with the designated obstetrics and medical team). This criterion may be adapted to individual facilities based on capacity and operational considerations. To refer Annex 23: Guidelines on Management of COVID-19 in Obstetrics & Gynaecology.

2.3 Criteria for Home Monitoring

Cases who fulfil the following criteria are suitable to be monitored at home. Criteria depends on age, symptoms, and comorbidities of cases.
a. Adults
   i. Less than 60 years old with CAT 1 and CAT 2 Mild without or with stable/controlled comorbidities.
   ii. Above 60 years old irrespective of symptoms or comorbidity shall be admitted to PKRC or hospital (e.g., diabetes mellitus, cardiovascular disease, chronic pulmonary disease including asthma, chronic renal disease, hypertension, obesity-BMI≥30 kg/m²).
b. Paediatrics:
   i. COVID-19 CAT 1: All paediatric age group with no comorbidity and with suitable caregivers.
   ii. COVID-19 CAT 2 Mild: Two years of age and above with no comorbidity and with suitable caregivers.
c. Pregnancy:
   Pregnant mothers who are diagnosed with COVID-19 will be assessed by health officers of the Ministry of Health for suitability of home quarantine. Among the criteria includes:
   i. Category 1 or 2 disease
   ii. Less than 22 weeks of gestational period
   iii. Confirmed intrauterine pregnancy by early scan
   iv. No additional comorbidities
   v. No history of any per vaginal bleeding or hyperemesis
d. Suitable caregiver available for patient.

e. Suitable home condition.

f. Able to adhere to Standard Operating Procedure (SOP).


3. CONFIRMED CASE OF COVID-19

All confirmed cases need to be:

a. Admitted to Hospital / PKRC or provided with home isolation order.

b. Notified as COVID-19 case to District Health Office (PKD) as soon as possible.

c. Managed clinically as per recommendation in Annex 2e: Clinical Management of Confirmed COVID-19 Case in Adult and Paediatrics

d. Field Investigation by District Health Office (PKD) as per Annex 13: Field Response Activity

4. CRITERIA FOR TRANSFER TO A STEP-DOWN FACILITY

Confirmed case of COVID-19 who fulfilled the following criteria:

a. More than 7 days have passed since onset of illness.

b. Asymptomatic or improved symptoms.

c. Stable vitals and no hypoxia.

d. Stable comorbid if any.

e. Improved or stable laboratory data including inflammatory markers (especially C-reactive protein or lactate dehydrogenase).

f. Able to ambulate without assistance and self-administer medications.

g. Do not have ongoing clinical needs such as haemodialysis.

Patient can be transferred to identified Step Down Centers until discharge

- Step Down Center can be to an identified ward in district hospital or an area which is suitable within the acute hospital.

- The coordination and management of these centers is under the responsibility of the hospital.

- Daily monitoring by medical personnel must be done in this center.

5. CRITERIA FOR DISCHARGE TO CONTINUE HOME MONITORING

Patient can also be considered for home isolation until the end of their isolation period if;

- Fulfil the criteria stated in section 4.

- Home condition is suitable for home monitoring.

- Daily monitoring via phone calls by COVID-19 Assessment Centre (CAC) can be done by the district.
6. CRITERIA FOR DISCHARGE FROM INFECTIOUS DISEASE WARD or HOME ISOLATION FOR CONFIRMED COVID-19 CASE

6.1. Patients with laboratory-confirmed COVID-19 can be discharged from isolation wards or home isolation when they fulfil the following criteria:

a. **Patients with mild illness (category 1-3) and not severely immunocompromised***:

   - At least 10 days have passed since symptom onset.
   - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications.
   - Other symptoms such as dyspnoea, cough have improved.

b. **Patients infected with SARS-CoV-2 who never develop COVID-19 symptoms**:

   Maybe discharged 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 (i.e., date the sample was taken)

c. **Patients with severe/critical illness (category 4-5) or severely immunocompromised***:

   - At least 10 days and up to 20 days have passed since symptoms first appeared.
   - At least 24 hours have passed since resolution of fever.
   - Clinical improvement in other symptoms.

* Severely immunocompromised - Patient on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days.

**Note:**
- No COVID-19 test is required before patient is discharged from the ward.
- Hospitalised patients who are discharged early should be instructed to self-isolate at home (refer section 5) until the above criteria are fulfilled.

a. COVID-19 cases fulfilling the discharge criteria above but still requiring ongoing inpatient care such as stroke rehabilitation can be discharged from COVID care and transferred to the appropriate ward.
b. Category 5 patients in ICU, who still require ICU care beyond 20 days of illness, can also be discharged from COVID care. This is based on recent data that infectious viruses have not been isolated beyond day 20 of illness even in those critically ill.

6.2. Examples of Scenarios for the Discharge of COVID-19 Case

a. Scenario 1: Severe Illness
   c. Discharged from ICU at day 12 of illness on nasal prong Oxygen
   d. Off oxygen at day 14 of illness
   e. Recovered with minimal cough and no exertional dyspnoea on walking to toilet, diabetes and hypertension well controlled at day 18 of illness
   f. Conclusion: Fit for discharge at day 18 of illness

b. Scenario 2: Residual disease
   • Admitted for CVA and found to be positive COVID-19.
   • Pneumonia but does not require oxygen.
   • Conclusion: Discharged from COVID-19 ward and can be transferred to stroke ward at day 10 since the date of COVID-19 diagnostic test positive.

7. POST DISCHARGE PLAN FOR CONFIRMED COVID-19 CASE
   a. For patients with co-morbidities, to arrange appointment for the follow-up at the nearest health facilities and to ensure adequate supply of medications until the next appointment.

b. Upon discharge, all patients should be provided with a complete COVID-19 Patient’s Discharge Note (Appendix 1) and Health Education Pamphlet: Guideline for COVID-19 Patient Discharged from Hospital (Appendix 2).

8. ROLE OF PCR TESTING AFTER DISCHARGE FROM COVID-19 CARE
   a. Persons infected with SARS-CoV-2 and remain asymptomatic.
   For persons previously diagnosed with symptomatic COVID-19 and who remain asymptomatic after recovery, retesting is not recommended within 90 days (3 months) after the date of onset of illness. This recommendation applies even if the person recently had a close contact with an infected person.

b. Persons infected with SARS-CoV-2 and develops new symptoms.
   For persons who have recovered from symptomatic COVID-19 and develop new symptoms within 90 days, it is recommended that investigations be done to look for other causes for the symptoms. Isolate the patient and test for SARS-CoV2 infection, if alternative causes cannot be found, the symptoms are compatible with COVID-19 and the symptoms had developed after close contact with an infected person.
KEMENTERIAN KESIHATAN MALAYSIA
COVID-19 PATIENT DISCHARGE NOTE / NOTA DISCAJ PESAKIT COVID-19
Hospital/PKRC __________________________

1. NAME/ NAMA: ____________________________ 2. AGE/ UMUR: ____________________________


5. DATE OF ADMISSION/TARIKH KEMASUKAN: ____________________________ 6. DATE OF DISCHARGE / TARIKH DISCAJ: ____________________________

7. FINAL DIAGNOSIS/ DIAGNOSA AKHIR:
   Comorbid: ______________________________________________________________
   Complication: __________________________________________________________
   Date of Positive Swab Taken: ____________________________
   Date of 1st Symptoms, if any: __________________________________________
   Highest Category: ______________________________________________________

8. NOTE FOR FOLLOW UP, IF ANY / CATATAN UNTUK RAWATAN SUSULAN, JIKA PERLU
   8.1 Follow up / Rawatan susulan
   a. Hospital /Health Clinic/ Panel Clinic
      Hospital / Klinik Kesihatan/ Klinik Panel: ____________________________
   b. TCA PRN/Rawatan susulan bila perlu

   8.2 Summary of Management & Medications During Admission / Ringkasan Rawatan & Ubat di Wad

   8.3 Discharge Medication List (if any)/ Senarai Ubat Discaj (jika ada):

Note/ Nota
- Patients are eligible to return to work after Medical Certificate (MC) period has ended/ Pesakit layak untuk kembali bekerja setelah tamat tempoh Sijil Cuti Sakit (MC)
- The risk of spreading the infection to other people is considered minimal or nil once patients have completed the isolation period as advised by the doctor/Risiko jangkitan kepada orang lain dianggap minimum atau tiada setelah pesakit menamatkan tempoh isolasi seperti yang dinasihatkan oleh doktor.

9. MC NO. / NO. SIJIL CUTI SAKIT: ____________________________

10. DETAILS OF ATTENDING PHYSICIAN/BUTIRAN PEGAWAI PERUBATAN
    Signature/Tandatangan: ____________________________
    Name of Attending Physician/Nama Pegawai Perubatan: ____________________________
    Official Stamp/ Cop Rasmi: ____________________________
    Date/ Tarikh: ____________________________

Please bring this “Discharge Note” during follow up/Sila bawa bersama ‘Nota Discaj’ ini semasa rawatan susulan
This “Discharge Note” is not to be used in Court /”Nota Discaj” ini bukan untuk kegunaan Mahkamah
Risalah ini bertujuan untuk menyampaikan informasi dan nasihat kesihatan kepada pesakit COVID-19 yang telah sembuh dan dibenarkan pulang ke rumah.

**APAkah yang anda perlu lakukan semasa di rumah?**

- Pastikan anda bercerah secukupnya.
- Minum air untuk kekalkan hidrasi.
- Segelintir pesakit mungkin masih mengalami kelelahan, lenguh badan, batuk dan kesak nafas ketika berjalan atau menaiki tangga yang mungkin berlaku setelah radang paru-paru yang serius.
- Pastikan pengudaraan blik dalam keadaan baik dengan membuka tingkap.

**PERKARA YANG ANDA PERLU TAHU**

Apa yang kita tahu mengenai COVID-19

- Anda tidak lagi berada dalam tempoh bahaya penyakit.
- Kebarangkalian untuk anda menjangkiti orang lain adalah sangat rendah atau tiada setelah anda menamatkan tempoh pengasingan seperti yang dinasihatkan oleh doktor.

Perkara yang kita belum pasti


**ELAKKAN 3C, AMALKAN 3W**

1. **Crowded Places (Tempat sesak)**
   - Kerap cucci tangan dengan air dan sabun
   - Pakai penutup mulut dan hidung jika berhujah
   - Memakai masker
   - Menjaga jarak satu sama lain (6-10 feet)
   - Menghantar dan menerima kehadiran sendiri

2. **Confined Spaces (Tempat terbatas)**
   - Pusingkan, lompat, naik tangga
   - Tempat duduk yang rileks

3. **Close Conversation (Bercakap jarak dekat)**
   - Mempersiapkan disinfektan
   - Kalkulator
   - Lihatlah penerangan

**ADAkah saya boleh kembali bekerja?**

Ya, anda boleh kembali bekerja sebaik sahaja cuti sakit anda berakhir.
<table>
<thead>
<tr>
<th>NASIHAT AM</th>
<th>ADAKAH EMOSI SAYA STABIL ?</th>
<th>SEGERA DAPATKAN BANTUAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Praktikkan penjarakan sosial sekurang-kurangnya 1 meter dari satu sama lain.</td>
<td>Gangguan emosi kerap kali berlaku semasa dan setelah jangkitan COVID-19.</td>
<td>Sila berjumpa doktor yang berdekan atau hubungi hospital yang telah memberi rawatan COVID-19 sebelum ini sekrinya anda mengalami gejala seperti berikut:</td>
</tr>
<tr>
<td>Pastikan memakai topeng muka jika perlu berada secara dekat.</td>
<td>Anda dinasihatkan untuk meminta bantuan sekiranya terdapat simptom-simptom berikut:</td>
<td>1. Anda mengalami demam semula</td>
</tr>
<tr>
<td>Cuci tangan dengan kerap menggunakan sabun dan air atau 'hand sanitizer'.</td>
<td>- Gangguan emosi</td>
<td>2. Anda mengalami sesak nafas atau sesak nafas sedia ada menjadi semakin teruk</td>
</tr>
<tr>
<td>Menutup mulut dan hidung sekiranya batuk atau bersin.</td>
<td>- Kerisauan melampau</td>
<td>3. Anda mengalami sakit dada atau sakit dada sedia ada menjadi semakin teruk</td>
</tr>
<tr>
<td>Amalkan kebersihan diri.</td>
<td>- Kesukaran tidur atau konsentrasi</td>
<td>4. Tidak boleh makan atau minum</td>
</tr>
<tr>
<td>Pastikan pengambilan makanan yang berkhiasat dan air yang mencukupi.</td>
<td>- Putus asa</td>
<td>Hospital : ____________________________</td>
</tr>
<tr>
<td>Ahli keluarga yang berumur 65 tahun ke atas dinasihatkan untuk lebih berwaspadai dan mengambil berat langkah-langkah pencegahan yang disarankan.</td>
<td>Anda boleh merujuk ke fasiliti kesihatan berdekatan sama ada klinik atau hospital. Anda juga boleh menghubungi talian hotline dibawah untuk tindakan selanjutnya.</td>
<td>No Telefon : ____________________________</td>
</tr>
<tr>
<td>Dinasihatkan untuk tidak menerima atau menghadkan tetamu di rumah.</td>
<td>Talian Sukongkan Psikososial COVID-19</td>
<td>#KitaTeguhKitaMenang #StrongerTogether</td>
</tr>
<tr>
<td>Jauhi diri daripada tempat yang sesak.</td>
<td><em><strong>011-63996482</strong></em>&lt;br&gt;<em><strong>011-63994236</strong></em>&lt;br&gt;<em><strong>03-29359935</strong></em>&lt;br&gt;Perkhidmatan ini dikendalikan oleh petugas psikologi KKM dan sukarelawan MERCY.</td>
<td>Updated on 28 May 2021</td>
</tr>
</tbody>
</table>
This brochure is designed to provide information and advice for COVID-19 patients after going home.

**WHAT SHOULD YOU DO AT HOME AFTER DISCHARGE?**

- Once you get home, rest adequately.
- Stay hydrated, and get plenty of sleep.
- You may continue to feel fatigue, have body aches, cough, and shortness of breath on walking or climbing stairs, which can occur after a serious viral pneumonia.
- Make sure the room is well ventilated by opening the windows.

**CAN I GO BACK TO WORK?**

Yes, you can return to work immediately after your sick leave is over.

**INFORMATION YOU SHOULD KNOW**

What we know about COVID-19

- You are over the period of danger.
- The risk of you spreading to those close to you is considered minimal or nil once you have completed the isolation period as advised by our doctor.

What we don’t know for sure yet

- The duration of protection after COVID-19 infection is uncertain yet. Therefore, you should always follow the good practice of 3C and 3W (refer to diagrams beside).
## General Advice
- Practice social distancing of at least 1 meter from others.
- Required to wear face mask when in close contact with people.
- Wash your hands with soap and water or use hand sanitizer regularly.
- Cover your mouth and nose whenever you cough or sneeze.
- Maintain good personal hygiene and cleanliness.
- Keep good hydration and nutrition.
- Consider extra protection for household members over 65 years or with underlying illness.
- Please avoid or limit the number of visitors to your house.
- Avoid going to crowded areas.

## AM I COPING WELL?
Emotional disturbance is common during and after COVID infection.
- Please ask for help if you experience symptoms below:
  - Mood disturbances
  - Frequent worries
  - Difficulty sleeping or concentrating
  - Feel hopelessness and restlessness
  - Suicidal thought

## Seek Medical Attention
See your nearest doctor immediately or contact the hospital you were discharged from if you develop any of the following symptoms:
1. New onset of fever
2. New onset or worsening shortness of breath
3. New onset or worsening of chest pain
4. Unable to tolerate orally

Hospital: ____________________________
Contact No: _________________________

Updated on 28 May 2021