ANNEX 2

1. OVERALL MANAGEMENT OF COVID-19 IN MALAYSIA

**Figure 1:** Overall management and response of COVID-19 cases in Malaysia.

**CASE DETECTION THROUGH MULTIPLE SOURCES**
- 1. Surveillance system (COVID-19 sentinel / SARIR / Pre-op)
- 2. Point of Entry
- 3. Management of COVID-19 At Point of Entry
- 4. Health Alert Card
- 5. Targeted screening
- 6. Passive Case Detection from healthcare facilities

**CASE MANAGEMENT**
- Annex 2a: Management of Suspected, Probable and Confirmed COVID-19 Case
- Annex 2b: Management of Suspected Case Not Admitted
- Annex 2c: Clinical Management of Confirmed COVID-19 Case in Adult and Paediatric
- Annex 2d: Management of Probable COVID-19 Case
- Annex 2f: Quarantine And Treatment Center (PTC)
- Annex 2g: Management of Close Contact if Confirmed Case

**CASE NOTIFICATION & REGISTRATION**
- Annex 1: Case Definition
- Annex 7: Notification Form
- Annex 12: Management of Close Contacts of Confirmed Case
- Annex 13: Field Response Activity

**VACCI NATION**
- Annex 48a: GP Pencarian Vaksin COVID-19 (Versi 1)
- Annex 48b: Clinical Guidelines on COVID-19 vaccination (ASTRAZENeca)

**LOGISTIC**
- PPE, Medical Devices
- Human Resource Mobilization

**ADMIN/FINANCE**
- Annex 6a: Health alert & Mental Health alert card
- Annex 6b: Health alert & Mental Health alert card

Ministry of Health Malaysia
Updated on 17th February 2022
2. MANAGEMENT OF SUSPECTED, PROBABLE AND CONFIRMED COVID-19 CASE

2.1 Criteria for Hospital Admission

a. Confirmed COVID-19 patients shall be admitted to the hospital if fulfil any of the following criteria.
   i. All category 3 to 5 disease
   ii. Those found to be unstable after evaluation in COVID-19 assessment centres (category 2 moderate – see Annex 2m).
   iii. Uncontrolled comorbidity such as DKA, Hypertensive emergency, unstable angina etc.
   iv. Immunocompromised¹
   v. Age < 1 years old (category 3 and above) or paediatric with significant comorbidity² (Category 2 and above)
   vi. Pregnant mothers in category 2 moderate and above.
   vii. Pregnant mothers with BMI ≥35 kg/m² at booking.
   viii. Pregnant mothers who are not fully vaccinated with medical /obstetrics morbidities, regardless of COVID category.
   ix. Unable to perform self-care/self-monitoring and no suitable caregiver.

b. Suspected or Probable COVID-19 cases who are clinically ill.

¹Refer appendix 1 for the list of immunocompromised conditions.

²Current evidence suggests that children with medical complexity, with genetic, neurologic, or metabolic conditions, or with congenital heart disease can be at increased risk for severe illness from COVID-19. Children with obesity, diabetes, asthma or chronic lung disease, thalassaemia, sickle cell disease, or immunosuppression can also be at increased risk for severe illness from COVID-19 (CDC 2021; NIH 2021; RCPCH 2021). Refer Appendix 2 for List of Comorbidities for Paediatrics.

Note:
Refer to Annex 2m (Guidelines on Home Monitoring and Clinical Protocol at Primary Care) and Annex 23a (Guidelines on Management of COVID-19 in Obstetrics) for suitability of home quarantine.

Confirmed COVID-19 cases who are not suitable for home isolation can also be admitted directly to low risk COVID-19 quarantine and treatment centers if deemed stable, after discussion with relevant physician.
3. CONFIRMED CASE OF COVID-19

All confirmed COVID-19 cases need to be:
  a. Isolated either at home, quarantine center, PKRC or hospital.
  b. Notified as COVID-19 case to District Health Office (PKD) as soon as possible.
  d. Field Investigation by District Health Office (PKD) as per Annex 13: Field Response Activity.

4. CRITERIA FOR ENDING ISOLATION PRECAUTIONS

4a. Not hospitalized

<table>
<thead>
<tr>
<th>Clinical category</th>
<th>Vaccination status</th>
<th>Period of isolation</th>
<th>Testing requirements before discharge</th>
<th>Other requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1 – 2</td>
<td>Fully vaccinated</td>
<td>7 days</td>
<td>Nil</td>
<td>Mild symptoms such as cough, running nose can persist even after the end of period of isolation</td>
</tr>
<tr>
<td></td>
<td>Not fully vaccinated/unvaccinated</td>
<td>10 days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 4b. Hospitalised

<table>
<thead>
<tr>
<th>Clinical category</th>
<th>Vaccination status</th>
<th>Period of isolation¹</th>
<th>Testing requirement s before discharge</th>
<th>Other requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>Fully vaccinated</td>
<td>7 days²</td>
<td>Nil</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not fully vaccinated/ unvaccinated</td>
<td>10 days²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 2-3, immunocompromised</td>
<td>Fully vaccinated</td>
<td>7 days²</td>
<td>Nil</td>
<td>At least 24 hours have passed since resolution of fever without the use of fever-reducing medications. And Other symptoms such as dyspnea, cough have improved.</td>
</tr>
<tr>
<td></td>
<td>Not fully vaccinated/ unvaccinated</td>
<td>10 days²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 4-5, not immunocompromised</td>
<td>Irrespective of vaccine status</td>
<td>10 – 20 days³</td>
<td>Nil</td>
<td></td>
</tr>
<tr>
<td>Immunocompromised⁴</td>
<td>Irrespective of vaccine status</td>
<td>Decided on case-to-case basis. Consult Infectious diseases physician.</td>
<td></td>
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</tr>
</tbody>
</table>

**Notes:**

1. Admitted patients can be discharged once clinically stable to complete their isolation at home.
2. Category 1-3 (not immunocompromised) who need continued in-patient hospital care for their other medical/surgical problems can be transferred to the non-covid ward after day 7/ day 10, if their symptoms have improved or after a maximum isolation period of 14 days after symptom onset.
3. Category 5 patients in ICU, who still require ICU care beyond 20 days of illness, can also be discharged from COVID care.
4. Refer to appendix 1 for immunocompromising conditions.
5. CRITERIA FOR DISCHARGE TO CONTINUE HOME MONITORING

Patient can also be considered for home isolation until the end of their isolation period if ongoing care needs can be met at home and:

- Patient can be monitored by virtual CAC or other modalities until the end of the isolation period.
- Patient is able to come back to the hospital, if there is any deterioration in medical condition.

6. ARRANGET FOR PATIENT TRANSFER HOME TO COMPLETE THE ISOLATION PERIOD

a. Patient should have a personal vehicle for transportation and cannot use public transport.
b. High risk individuals such as unvaccinated, elderly, those with multiple comorbid, pregnant or immunocompromised should not be the designated driver.
c. The patient should be given clear instructions on what to do when they leave the ward to minimise risk of exposure to staff, patients, and visitors on their way to their transport. The transport is not allowed to stop anywhere enroute home.
d. Need to ensure patient has a digital or written home surveillance order with expected date of release from isolation.
e. The patient and the driver should wear facemask for the duration of the journey.
f. The patient should sit in the back of the vehicle with as much distance from the driver as possible.
g. Vehicle windows should be (at least partially) open to improve ventilation.
h. Vehicles should be cleaned at the end of the journey. Cleaning includes areas that patient have been in direct contact with and surfaces near to where the patient was sitting.
i. Ensure the patient has a supply of tissues and a waste bag for disposal for the duration of the journey; the waste bag should then be taken into their house, put into another waste bag and held for a period of 72 hours before disposal with general household waste.
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. For children with significant co-morbidities, please ensure they have enough medications upon discharge. Get a new appointment with the respective primary team for follow-up post completion of quarantine period.

c. Upon discharge, all patients should be provided with a complete **COVID-19 Patient’s Discharge Note (Appendix 3)** and **Health Education Pamphlet: Guideline for COVID-19 Patient Discharged from Hospital (Appendix 4)**.
Appendix 1

Immunocompromising conditions and treatments include but are not limited to:

a. Active treatment for solid tumor and hematologic malignancies.
b. Receipt of solid-organ transplant and taking immunosuppressive therapy.
c. Receipt of CAR-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy).
d. Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome).
e. Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV).
f. Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.
Appendix 2

List of comorbidities for paediatrics: (If in doubt, please contact the paediatrician)

i. Immunodeficiency:
   - Child on immunosuppressive drugs;
   - HIV with CD4 <50 or had opportunistic infections over last 6 months;
   - Primary immunodeficiency (e.g., Severe combined immunodeficiency (SCID), Chronic granulomatous disease (CGD), Bruton’s disease)

ii. Child with swallowing problem, impaired cough or airway clearance (e.g., Cerebral palsy)

iii. Children who are life-dependent on long term ventilation (home oxygen therapy, BIPAP, CPAP, tracheostomy)

iv. Obese/syndromic child/genetic syndrome/delayed development with medically complex diseases

v. Uncontrolled diabetes mellitus

vi. Thalassemia with severe iron overload

vii. Post kidney transplant (first 3 months or on immunosuppressant)

viii. Congenital heart disease (single ventricle pathology, cyanotic heart disease not operated, symptomatic heart failure)

ix. Severe persistent bronchial asthma

x. Other chronic respiratory problems: repaired congenital thoracic abnormality,
   a. Cystic fibrosis, bronchopulmonary dysplasia, bronchiectasis, interstitial lung
   b. disease, bronchiolitis obliterans

xi. Chronic gastroenterology problems: inflammatory bowel disease, child on home TPN, decompensated liver disease, active or relapsed autoimmune liver disease.
<table>
<thead>
<tr>
<th>1. NAME/ NAMA:</th>
<th>2. AGE/ UMUR:</th>
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<tbody>
<tr>
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<td>3. IC NO. / PASSPORT/NO. KP:</td>
<td>4. GENDER/ JANTINA:</td>
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<tr>
<td>5. DATE OF ADMISSION/TARIKH KEMASUKAN</td>
<td>6. DATE OF DISCHARGE /TARIKH DISCAJ:</td>
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<td>7. FINAL DIAGNOSIS/ DIAGNOSA AKHIR:</td>
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<tr>
<td>Comorbid:</td>
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<tr>
<td>Complication:</td>
<td></td>
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<tr>
<td>Highest Category:</td>
<td></td>
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<tr>
<td>Date of Positive Swab Taken:</td>
<td></td>
</tr>
<tr>
<td>Date of 1st Symptoms, if any:</td>
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</tr>
<tr>
<td>8. NOTE FOR FOLLOW UP, IF ANY / CATATAN UNTUK RAWATAN SUSULAN, JIKA PERLU</td>
<td></td>
</tr>
<tr>
<td>8.1 Follow up / Rawatan susulan</td>
<td></td>
</tr>
<tr>
<td>a. Hospital /Health Clinic/ Panel Clinic</td>
<td></td>
</tr>
<tr>
<td>Hospital / Klinik Kesihatan/ Klinik Panel:</td>
<td></td>
</tr>
<tr>
<td>b. TCA PRN/Rawatan susulan bila perlu</td>
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<tr>
<td>8.2 Summary of Management &amp; Medications During Admission / Ringkasan Rawatan &amp; Ubat di Wad</td>
<td></td>
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<tr>
<td>8.3 Discharge Medication List (if any)/ Senarai Ubat Discaj (jika ada):</td>
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<tr>
<td>Note/ Nota</td>
<td></td>
</tr>
<tr>
<td>• 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)</td>
<td></td>
</tr>
<tr>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td>9. MC NO. / NO. SIJIL CUTI SAKIT:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>10. DETAILS OF ATTENDING PHYSICIAN/BUTIRAN PEGAWAI PERUBATAN</td>
<td></td>
</tr>
<tr>
<td>Signature/Tandatangan:</td>
<td></td>
</tr>
<tr>
<td>Name of Attending Physician/Nama Pegawai Perubatan:</td>
<td></td>
</tr>
<tr>
<td>Official Stamp/ Cop Rasmi:</td>
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<tr>
<td>Date/ Tarikh:</td>
<td></td>
</tr>
</tbody>
</table>

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
GARIS PANDUAN DISCAJ PESAKIT COVID-19 DARI HOSPITAL

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 berehat secukupnya.
- Minum air untuk kekalan hidrasi.
- Segelintir pesakit mungkin masih mengalami kelelahan, lenguh badan, batuk dan sesak nafas ketika berjalan atau menaiki tangga yang mungkin berlaku setelah radang paru-paru yang serius.
- Pastikan pengurusan bilik dalam keadaan baik dengan membuka tingkap.

ADA操纵 SAYA BOLEH KEMBALI BEKERJA?

Ya, anda boleh kembali bekerja sebaik sahaja cuti sakit anda berakhir.

PERKARA YANG ANDA PERLU TAHU

Apa yang kita tahu mengenai COVID-19

- Anda tidak lagi berada dalam tempoh bahaya penyakit.
- Kebarangkalian untuk anda menjangkkiti 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)
2. Confined Spaces (Tempat terbatu)
3. Close Conversation (bercakap pada dekat)

1. Wash (Cuci)
2. Wear (Pakai)
3. Warn (Amaran)

Updated on 17th February 2022
<table>
<thead>
<tr>
<th>NASIHAT AM</th>
<th>ADAKAH EMOSI SAYA STABIL?</th>
<th>SEGERA DAPATKAN BANTUAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pastikan memakai topeng muka jika perlu berada secara dekat.</td>
<td>Gangguan emosi</td>
<td>1. Anda mengalami demam semula</td>
</tr>
<tr>
<td>Cuci tangan dengan kerap menggunakan sabun dan air atau ‘hand sanitizer’.</td>
<td>Kerisauan melampaui</td>
<td>2. Anda mengalami sesak nafas atau sesak nafas sedia ada menjadi semakin teruk</td>
</tr>
<tr>
<td>Menutup mulut dan hidung sekitanya batuk atau bersin.</td>
<td>Kesukaran tidur atau konsentrasi</td>
<td>3. Anda mengalami sakit dada atau sakit dada sedia ada menjadi semakin teruk</td>
</tr>
<tr>
<td>Amalkan kebersihan diri.</td>
<td>Putus asa</td>
<td>4. Tidak boleh makan atau minum</td>
</tr>
<tr>
<td>Pastikan pengambilan makanan yang berkhiasat dan air yang mencukupi.</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><strong>Hospital:</strong> __________________________</td>
</tr>
</tbody>
</table>
| Ahli keluarga yang berumur 65 tahun ke atas dinasihatkan untuk lebih berwaspadakan mengambil berat langkah-langkah pencegahan yang disarankan. | **No Telepon:** __________________________ | **#KitaTeguhKitaMenang**  
**#StrongerTogether** |
| Dinasihatkan untuk tidak menerima atau menghadkan tetamu di rumah. | Jauhi diri dari tempat yang sesak. |
GUIDELINES FOR COVID-19 PATIENT DISCHARGED FROM HOSPITAL

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 your 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).

AVOID 3C, PRACTICE 3W

- Wash (Cuci)
  - Kerap cuci tangan dan dengan sabun

- Wear (Pakai)
  - Pakai penutup mulut dan hidung jika berjaga

- Warn (Amaran)
  - Jika bersama, amanah dan tindakan lain
**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: ____________________

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