



KETUA PENGARAH KESIHATAN MALAYSIA

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Tarikh : 17 Januari 2020

SENARAI EDARAN

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

MAKLUMAN KEJADIAN JANGKITAN NOVEL CORONAVIRUS (nCoV) DI WUHAN, REPUBLIK RAKYAT CHINA DAN LANGKAH KESIAPSIAGAAN BAGI MENGHADAPI POTENSI PENULARANNYA DI MALAYSIA

Dengan segala hormatnya perkara di atas adalah dirujuk.

2. Untuk makluman YBhg. Datuk / Dato' Indera / Dato' / Tuan / Puan, satu kejadian jangkitan virus baru yang dikenal sebagai *novel coronavirus* (nCoV) yang melibatkan penduduk setempat di Wuhan yang terletak di Wilayah Hubei, Republik Rakyat China, telah dilaporkan oleh Pertubuhan Kesihatan Antarabangsa (WHO). Berikut merupakan beberapa fakta penting dari kenyataan rasmi yang telah dikeluarkan oleh mereka pada 13 Januari 2020 melalui WHO *Event Information Site* (EIS) dan pemakluman tambahan melalui saluran lama sesawang mereka :

- i. *On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China.;*
- ii. *On 7 January 2020, a new type of coronavirus (novel coronavirus, nCoV) was detected, and the genetic sequence of this virus had been shared with WHO by China on 12 January 2020. This virus is different from any other human coronavirus discovered so far.*
- iii. *As of 11 January 2020, a total of 41 cases with pneumonia with positive nucleic acid for nCoV were detected in Wuhan City, including seven (7) cases in severe condition, one (1) death, while the remaining cases are in stable condition. The fatal cases was a 61-year-old male with severe underlying medical condition, with*

frequent contact with Huanan Market. There were 763 close contact have been followed up and placed under medical observation.

- iv. The clinical signs and symptoms are mainly fever, with a few patients having difficulty in breathing and chest radiographs showing invasive lesions of both lungs;*
- v. Epidemiological investigations revealed that most patients either visited or worked in the Huanan Seafood Market Wholesale Market, Wuhan City. Live wild and farmed animals were also at the market and authorities in China are investigating whether any animal were infected with nCoV.*
- vi. On 13 January 2020, The Ministry of Health of Thailand reported an imported case of infection caused by the nCoV recently identified in Wuhan, China. The case was a traveler from Wuhan, China, and was found to have fever on arrival to Suvarnabhumi Airport on 8 January 2020. A clinical diagnosis of mild pneumonia was made after referral to a government hospital and laboratory testing subsequently confirmed that the nCoV was the cause. Subsequently, on 16 January 2020, Japan also reported their first confirmed nCoV involving traveler from Wuhan China.*
- vii. To date, there is possible limited human-to-human transmission of this nCoV, however there have been no infections reported among health care workers.*
- viii. Although the source of the nCoV causing this cluster of pneumonia and the mode of transmission are unknown, it would be prudent to remind populations and health workers of the basic principle to reduce the general risk of transmission of acute infection.*
- ix. WHO does not recommend any specific measures for travellers. In case of symptoms suggestive of respiratory illness either during or after travel, travellers are encouraged to seek medical attention and share travel history with their healthcare provider;*
- x. WHO advises against the application of any travel or trade restrictions on affected country based on the current information available on this event.*

3. Secara ringkas, sebagai langkah kesiapsiagaan bagi menghadapi potensi penularannya di Malaysia, YBhg. Datuk / Dato' Indera / Dato' / Tuan / Puan adalah diminta untuk mengambil tindakan **segera** berhubung perkara-perkara berikut:

- a) Hebahan maklumat berkaitan kejadian kluster ini dan langkah-langkah pencegahan serta kawalan infeksi yang sewajarnya perlu diberi penekanan kepada anggota kesihatan di semua peringkat termasuk di Pintu Masuk Antarabangsa Negara. Adalah amat penting anggota-anggota kesihatan yang terlibat di dalam pengurusan pesakit seperti di Klinik Kesihatan, di hospital terutama kepada anggota di Jabatan Kecemasan, Wad Perubatan, Wad Pediatrik, Unit Rawatan Rapi, Jabatan Forensik dan makmal mengamalkan langkah-langkah pencegahan dan kawalan infeksi yang optimum pada setiap masa. Begitu juga, dengan anggota perkhidmatan sokongan bukan klinikal.
- b) Memberi penekanan dan memperkukuhkan aktiviti saringan demam sedia ada dalam kalangan pengembara oleh anggota-anggota yang bertugas di Pintu Masuk Antarabangsa Negara. Sekiranya mengesan mana-mana pengembara yang demam dan bergejala, pemeriksaan hendaklah dilakukan semula di Pusat Kuarantin Kesihatan atau tempat pemeriksaan yang terletak di Pintu Masuk Antarabangsa Negara. Jika individu terbabit merupakan kes *Patient Under Investigation* (PUI), kes hendaklah dirujuk ke fasiliti kesihatan yang telah dikenalpasti. Begitu juga, amalkan langkah-langkah pencegahan dan kawalan infeksi yang optimum pada setiap masa.
- c) Menggunakan Borang Notis (Rev/2010) bagi proses notifikasi segera melalui saluran yang telah dikenal pasti sekiranya terdapat kes PUI yang dikesan dari mana-mana fasiliti kesihatan. Sila pilih item nombor 44 yang tersenarai di 'Bahagian B: Diagnosis Penyakit' Borang Notis berkenaan, iaitu yang dinyatakan sebagai 'Lain-lain' dan catatan novel coronavirus (nCoV) sebagai nama penyakit.
- d) Bersiap sedia dengan *Rapid Response Team* (RRT) dan *Rapid Assessment Team* (RAT) di peringkat daerah yang akan diaktifkan sekiranya terdapat pemakluman kes PUI, yang mengamalkan langkah-langkah pencegahan dan kawalan infeksi yang optimum pada setiap masa semasa menjalankan siasatan kes dan kontak di lapangan.

- e) Saringan pesakit di Klinik Kesihatan dan Jabatan Kecemasan hospital diperkukuhkan bagi memastikan kes-kes PUI akan dirujuk dan dikendalikan dengan mematuhi langkah-langkah pencegahan dan kawalan infeksi.
 - f) Sebarang proses rujukan dan pemindahan kes PUI dari mana-mana fasiliti kesihatan ke hospital dikenal pasti akan menggunakan *designated ambulance* dan proses *disinfection* akan dilakukan di hospital yang menerima kes ini.
 - g) Pengkhususan bagi pengurusan kes PUI dijangkiti meliputi rawatan di wad isolasi di hospital kerajaan dengan kemudahan yang diperlukan untuk memastikan risiko penularan wabak dalam kalangan anggota kesihatan yang memberikan perawatan adalah terkawal.
 - h) Kemudahan unit rawatan rapi turut dipertingkatkan dari segi pengurusan pesakit, rawatan dan kawalan infeksi.
 - i) Penggunaan *personal protective equipment (PPE)* bagi semua anggota kesihatan yang terlibat perlu diberikan penekanan dan *stockpile* termasuklah ubat-ubatan bagi menghadapi wabak perlu dipastikan mencukupi untuk menampung keperluan di fasiliti kesihatan masing-masing.
 - j) Memastikan peralatan dan kelengkapan bahan bagi melaksanakan ujian pengesanan di peringkat makmal adalah mencukupi dan peralatan berkaitan berfungsi dengan baik.
4. Mengambil kira perkembangan semasa, terdapat keperluan untuk memaklumkan mengenai tatacara pengurusan bagi memastikan kesiapsiagaan menghadapi insiden tersebut di Malaysia sentiasa berada di tahap yang optima. Justeru, YBhg. Datuk / Dato' Indera / Dato' / Tuan / Puan adalah dimohon untuk merujuk kepada dokumen bertajuk "*Interim Guidelines for Management of Novel Coronavirus (nCoV) In Malaysia*" seperti yang dilampirkan untuk maklumat selanjutnya.
5. KKM akan terus memantau situasi kejadian penyakit ini dan sebarang perkembangan terkini dari pihak WHO akan dimaklumkan dari masa ke semasa. Sebarang pertanyaan lanjut mengenai perkara ini boleh dikemukakan kepada para pegawai berikut:

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Nama Pegawai : Dr. Wan Noraini Wan Mohamed Noor
No. Telefon : 03-8884 4119 atau 019-220 2637
E-mel : drwnoraini@moh.gov.my

6. Perhatian YBhg. Datuk / Dato' Indera / Dato' / Tuan / Puan adalah amat diperlukan bagi memaklumkan mengenai perkara ini kepada anggota di bawah seliaan masing-masing, seterusnya memantapkan pelaksanaan aktiviti kesiapsiagaan di lapangan. Kerjasama dari pihak YBhg. Datuk / Dato' Indera / Dato' / Tuan / Puan berhubung perkara ini adalah amatlah dihargai.

Sekian, terima kasih

Saya yang menjalankan amanah,


(DATUK DR. NOOR HISHAM BIN ABDULLAH)

s.k.

Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam)
Kementerian Kesihatan Malaysia

Timbalan Ketua Pengarah Kesihatan (Perubatan)
Kementerian Kesihatan Malaysia

Timbalan Ketua Pengarah Kesihatan (P&ST)
Kementerian Kesihatan Malaysia

Pengarah
Bahagian Kawalan Penyakit

SENARAI EDARAN

Pengarah
Bahagian Perkembangan Perubatan

Pengarah
Bahagian Pembangunan Kesihatan Keluarga

Pengarah
Bahagian Perkembangan Kesihatan Awam

Pengarah
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Pengarah
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Jabatan Kesihatan Negeri Perak

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Jabatan Kesihatan Negeri Melaka

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Jabatan Kesihatan Negeri Pahang

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Pengarah
Jabatan Kesihatan Negeri Kelantan

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Interim Guidelines Novel Coronavirus (nCoV) Management In Malaysia 2020

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This guideline will be updated from time to time (last update Jan. 2020)

CASE DEFINITION

1. PUI of Novel Coronavirus (nCoV)

A person with fever **AND**
clinical sign/symptoms suggestive of pneumonia OR severe respiratory infection with
breathlessness **AND**
had history of travel to or reside in Wuhan City, China within the last 14 days; **OR**
close contact¹ with a confirmed case of novel coronavirus (nCoV)

2. Confirmed Case of nCoV:

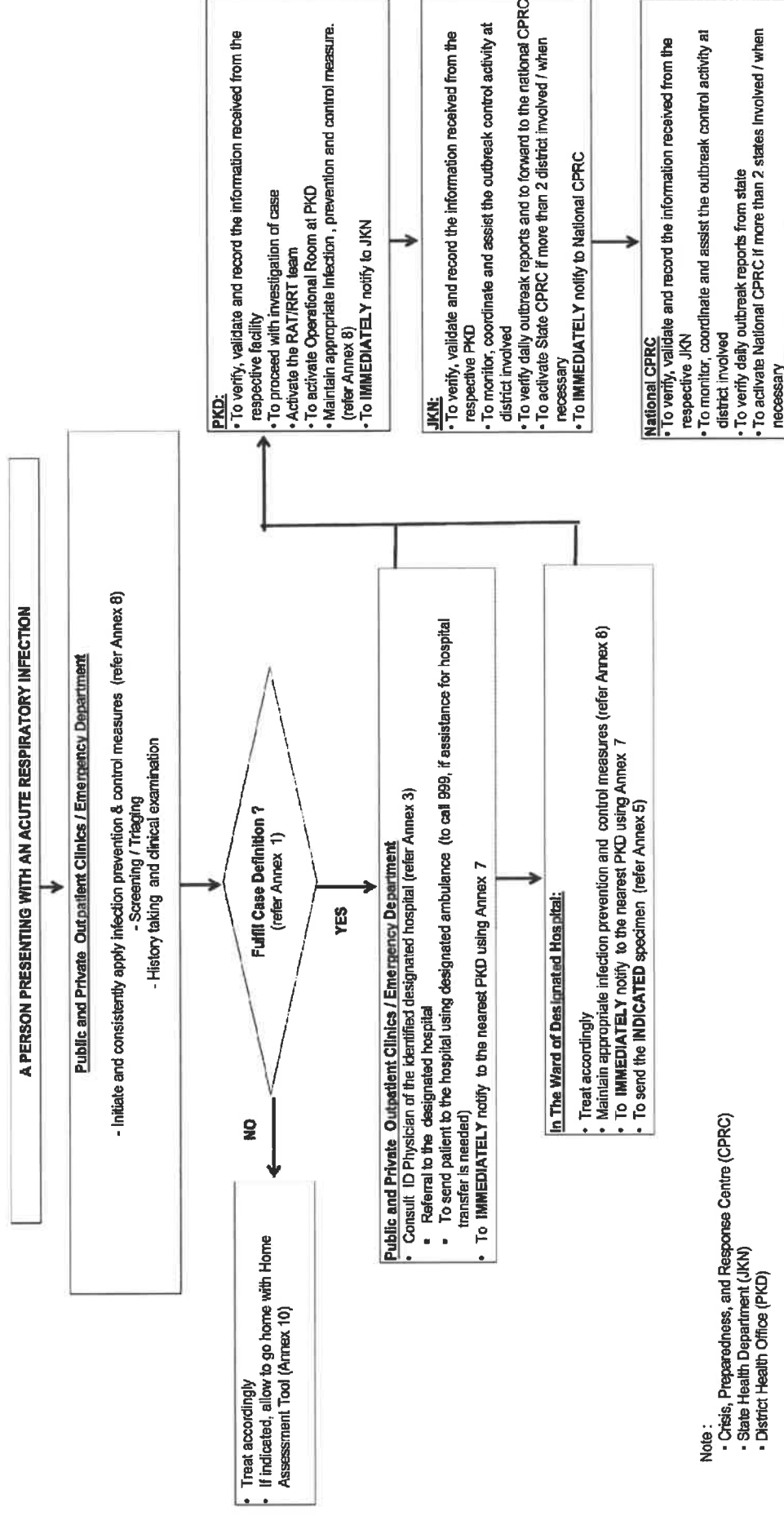
A person with laboratory confirmation of infection with the Novel Coronavirus (nCoV)

¹ close contact define 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. lived with,
visited) at the same place as a case.

Note : Please note that **transit** in an airport located in Wuhan city is **not** considered as having
travelled to Wuhan city.

FLOW CHART FOR MANAGEMENT OF ACUTE RESPIRATORY INFECTION WHEN nCoV IS SUSPECTED



ANNEX 3

SENARAI HOSPITAL RUJUKAN BAGI MENGENDALIKAN KES *PUI* DAN *CONFIRMED nCoV*

NEGERI	HOSPITAL RUJUKAN BAGI KES <i>PUI</i> DAN DISAHKAN <i>nCoV</i>
Perlis	Hospital Tengku Fauziah Jalan Tun Abd Razak, 01000 Kangar, Perlis Tel : 04-9738000 Faks : 04-9731767
Kedah	Hospital Sultanah Bahiyah KM 6, Jln Langgar, 05460 Alor Setar, Kedah Tel : 04-7406233 Faks : 04-7350233
	Hospital Langkawi Bukit Tekuh, Jalan Padang Maksirat 07000 Langkawi, Kedah Tel : 04-9663333 Faks : 04-9660121
Pulau Pinang	Hospital Pulau Pinang Jalan Resideni 10990 Pulau Pinang Tel : 04-2225333 Faks : 04-2281737
Perak	Hospital Raja Permaisuri Bainun Jalan Raja Ashman Shah 30400 Ipoh, Perak Tel : 05-2085000 Faks : 05-2531541
Selangor	Hospital Sungai Buloh Jalan Hospital 47000 Sungai Buloh, Selangor Tel : 03-61454333 Faks : 03-61454222
WP KL dan Putrajaya	Hospital Kuala Lumpur 23, Jalan Pahang, 50586 Kuala Lumpur Tel : 03-26155555 Faks: 03-26989845
Negeri Sembilan	Hospital Tuanku Ja'afar Jalan Rasah 70300 Seremban, N. Sembilan Tel : 06-7623333 Faks : 06-7625771

NEGERI	HOSPITAL RUJUKAN BAGI KES PUI DAN DISAHKAN nCoV
Melaka	Hospital Melaka Jalan Mufti Haji Khalil Melaka 75400 Melaka Tel : 06-2892344 Faks : 06-2841590
Johor	Hospital Sultanah Aminah Johor Bahru 80100 Johor Bahru, Johor Tel : 07-2231666 Faks : 07-2242694
Pahang	Hospital Tengku Ampuan Afzan Jalan Air Putih 25100 Kuantan, Pahang Tel : 09-5133333 Faks : 09-5142712
Terengganu	Hospital Sultanah Nur Zahirah Jalan Sultan Mahmud, Kuala Terengganu, 20400 Kuala Terengganu, Terengganu Tel : 09-6212121 Faks : 09-6221820/6221739
Kelantan	Hospital Raja Perempuan Zainab II 15586, Jalan Hospital, Bandar Kota Bharu, 15200 Kota Bharu, Kelantan Tel : 09-7452000 Faks : 09-7486951
	Hospital Kuala Krai 18000 Kuala Krai, Kelantan Tel : 09-9666333 Fax: 09-9666076
	Hospital Tumpat Jalan Kelaburan 62000 Tumpat, Kelantan Tel : 09-7263000 Fax: 09-7257082
Sabah	Hospital Queen Elizabeth Karung Berkunci No.2029 88586 Kota Kinabalu, Sabah Tel : 088-517555 Faks : 088-318605
	Hospital Duchess Of Kent, Sandakan KM 3.2, Jalan Utara 90000 Sandakan, Sabah Tel : 089-248 600, Talian Kecemasan:089-255 022 Faks : 089-213 607

NEGERI	HOSPITAL RUJUKAN BAGI KES PUI DAN DISAHKAN nCoV
Sabah	Hospital Tawau Peti Surat 80 91007 Tawau, Sabah Tel : 089-773533 Faks : 089-778626
	Hospital Wanita dan Kanak-kanak Sabah Karung Berkunci No. 187 Jalan Hospital Likas 88996 Kota Kinabalu, Sabah Tel : 088 522600 Faks : 088 438512
	Hospital Lahad Datu Jalan Lahad Datu, Tawau 91110 Lahad Datu Tel : 089 895111 Faks : 089 884670
	Hospital Keningau Jalan Hospital Keningau 89007 Keningau Sabah Tel : 087 313000 Faks : 087 331595
Sarawak	Hospital Umum Kuching Jalan Tun Ahmad Zaidi Adruce 93586 Kuching, Sarawak Tel : 082-276666 Faks : 082-242751
	Hospital Miri Jalan Cahaya 98000 Miri, Sarawak Tel : 085-420033 Faks : 085-416514
	Hospital Bintulu Jalan Nyabau 97000 Bintulu, Sarawak Tel : 086-255899 Faks : 086-255866
	Hospital Sibu Batu 5 1/2, Jalan Ulu Oya 96000 Sibu, Sarawak Tel : 084 343333 Faks : 084337354
WP Labuan	Hospital Labuan Peti Surat 81006 87020 Labuan, WP Labuan Tel : 087-423922/ 423919 Faks : 087-423928

ANNEX 4a

AGIHAN MAKMAL YANG MENGENDALIKAN SAMPEL KLINIKAL MENGIKUT LOKASI FASILITI YANG MENGHANTAR

BIL.	LOKASI FASILITI YANG MENGHANTAR SAMPEL	MAKMAL YANG MENGENDALIKAN SAMPEL
A) FASILITI KESIHATAN KERAJAAN YANG MENGENDALIKAN SAMPEL PUI		
1.	Perlis	Hospital Sultanah Bahiyah, Alor Setar, Kedah
2.	Kedah	Hospital Sultanah Bahiyah, Alor Setar, Kedah
3.	Pulau Pinang	Hospital Pulau Pinang
4.	Perak	Hospital Raja Permaisuri Bainun, Ipoh, Perak
5.	Selangor	Hospital Sungai Buloh, Selangor
6.	WP Kuala Lumpur & Putrajaya	Hospital Kuala Lumpur
7.	Negeri Sembilan	Hospital Tuanku Jaafar, Seremban, N. Sembilan
8.	Melaka	Hospital Melaka
9.	Johor	Hospital Sultanah Aminah, Johor Bahru, Johor
10.	Pahang	Hospital Tengku Ampuan Afzan, Kuantan, Pahang
11.	Terengganu	Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu
12.	Kelantan	Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan
13.	Sarawak	Hospital Umum Kuching, Sarawak
14.	Sabah	Makmal Kesihatan Awam, Kota Kinabalu, Sabah
15.	WP Labuan	Makmal Kesihatan Awam, Kota Kinabalu, Sabah
Unit Virologi, Institut Penyelidikan Perubatan (IMR), Kuala Lumpur		
B) SAMPEL DALAM KALANGAN KONTAK RAPAT DENGAN KES YANG DISAHKAN nCoV (TERMASUK ANGGOTA KESIHATAN), YANG DIKESAN MELALUI AKTIVITI ACD DILAPANGAN		
16.	Semenanjung Malaysia	Makmal Kes. Awam Kebangsaan (MKAK) Sg. Buloh, Selangor
17.	Sarawak, Sabah dan WP. Labuan	Makmal Kes. Awam Kebangsaan (MKAK) Sg. Buloh, Selangor
D) SERUM DALAM KALANGAN KONTAK RAPAT DENGAN KES YANG DISAHKAN nCoV (TERMASUK ANGGOTA KESIHATAN), YANG DIKESAN MELALUI AKTIVITI ACD DI LAPANGAN		
18.	Seluruh negara	Unit Virologi, Institut Penyelidikan Perubatan (IMR), Kuala Lumpur

ANNEX 4b

SENARAI PEGAWAI UNTUK DIHUBUNGI UNTUK PENGHANTARAN SAMPEL DI LUAR WAKTU PEJABAT, Hujung Minggu dan Cuti Umum

a. Institut Penyelidikan Perubatan (IMR)

Unit Virologi, *Infectious Disease Research Centre*, Institut Penyelidikan Perubatan, Jalan Pahang, 50588 Kuala Lumpur

Tel No. : 03-2616 2671

Fax No : 03-2693 8094

b. Makmal Kebangsaan Kesihatan Awam (MKAK)

Unit Virologi, Disease Division, Makmal Kebangsaan Kesihatan Awam (MKAK), Sg Buloh 47000 Selangor

Tel No : 03 61261200

Fax No : 03 61402249

No.	Nama Pegawai	Jawatan	Pejabat	No. H/P
Institut Penyelidikan Perubatan (IMR)				
1.	Dr. Ravindran Thayan	Ketua Unit Virologi	03-26162671	016-286 7647
2.	Dr .Rozainanee Mohd Zain	Pakar Patologi (Mikrobiologi Perubatan)	03-26162671	013-341 2468
Makmal Kebangsaan Kesihatan Awam (MKAK)				
1.	Pn Yu Kie A/P Chem	Pegawai Sains Mikrobiologi	03-61261304	013-2081724
2.	En Selvanesan A/L Sengol	Pegawai Sains Mikrobiologi	03-61261301	016-2657105
3.	Dr Donal Huda Nasril	Pakar Mikrobiologi	03-61261281	016-2217131

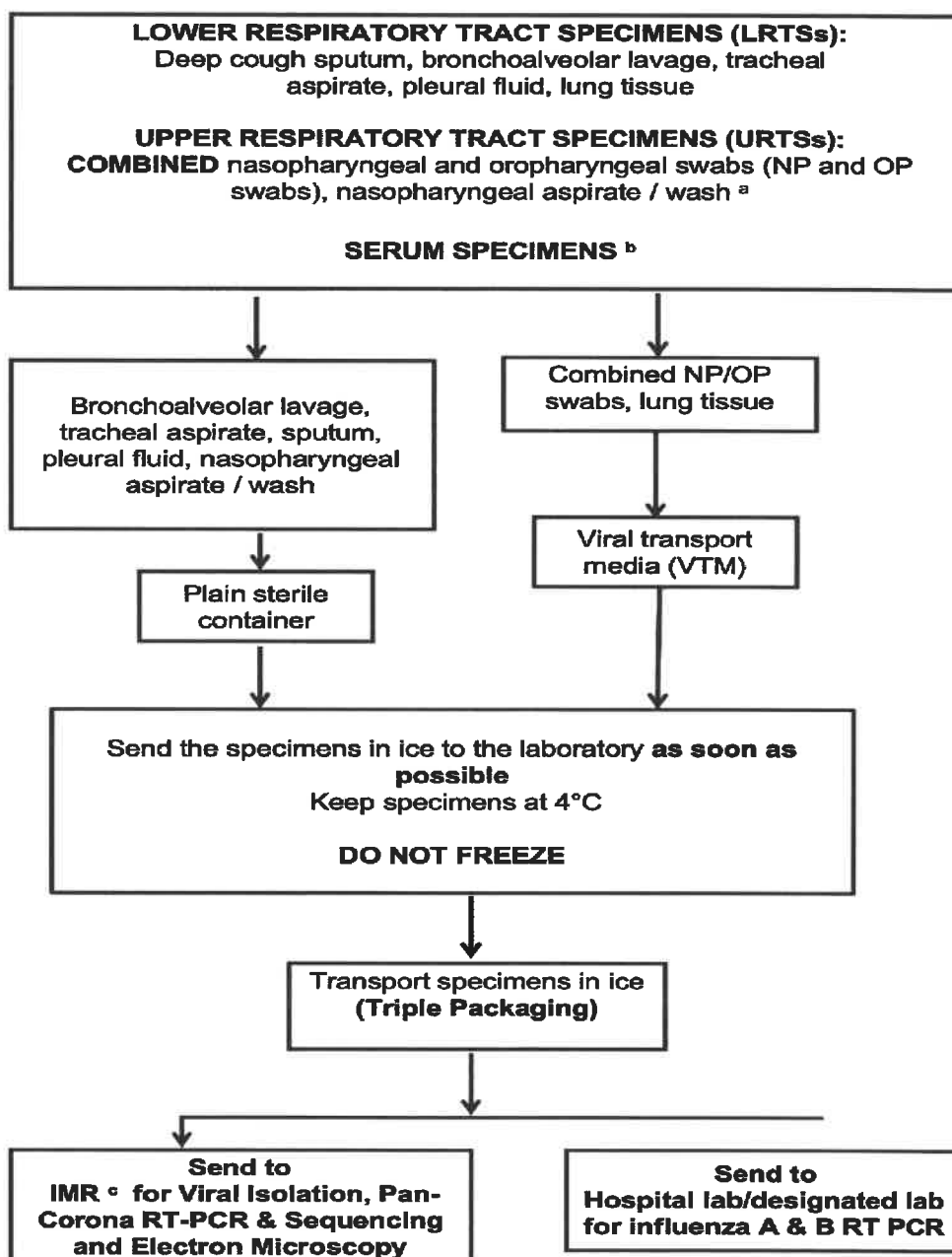
ANNEX 5a

CLINICAL SPECIMENS TO BE COLLECTED FROM SYMPTOMATIC PATIENTS

Category	Test	Type of sample	Timing	Storage and transportation
Symptomatic patient	RT-PCR	Lower respiratory tract specimen - Sputum - Aspirate - Lavage Upper respiratory tract specimen - Nasopharyngeal and oropharyngeal swabs - Nasopharyngeal wash / nasopharyngeal aspirate	Collect on presentation.	If the specimen will reach the laboratory in less than 72 hours, store and transport at 4°C. If the specimen will reach the laboratory in more than 72 hours, store at - 80°C and transport on dry ice.
	Serology	Serum	Day 5-8 presentation or upon discharge from hospital.	As above

LABORATORY TESTING FOR INPATIENT

Note: 2 sets of Respiratory samples to be taken

**NOTE:**

^a Serum sample to be collected in serum separator tube and send to IMR.

^b Do not use wooden shaft / cotton swab. Use dacron / rayon / polyester swabs.

^c Please consult with the IMR Officer first before sending the samples.

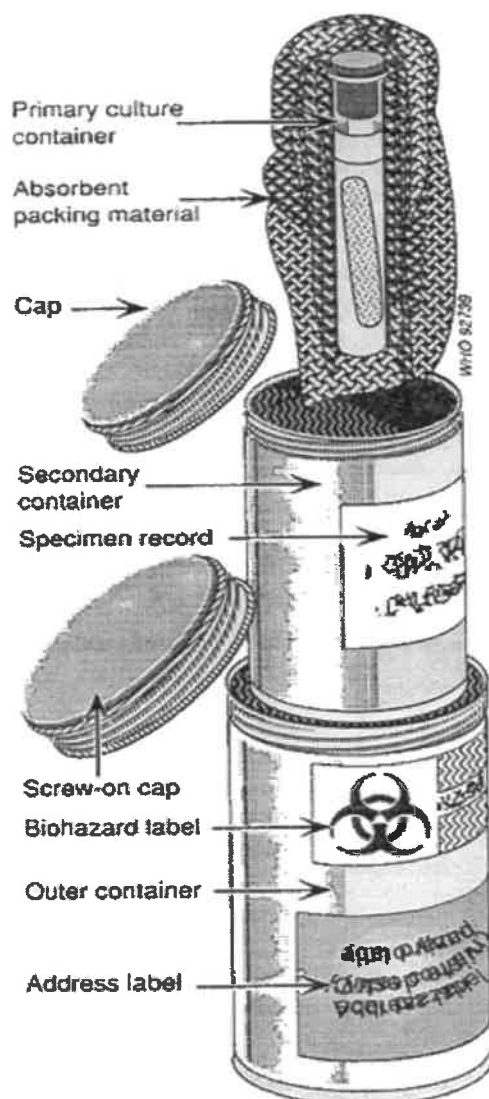
• Sample from contacts to be send to MKAK

• All clinical sample while awaiting to be send to IMR

➢ If transportation of sample is within 72 hours, store at 2-8°C

➢ If transportation of sample is after 72 hours, store at -80°C

TRIPLE LAYER PACKAGING

**NOTE:**

This annex is a summary of specific MOH Malaysia guidance on transport of biological specimens which has already been published. For further information, kindly refer to this document:

- i. Standard Operating Procedure for Transport of Biological Specimens in Malaysia. Ministry of Health Malaysia, 2012.

HEALTH ALERT CARD



MINISTRY OF HEALTH MALAYSIA

**HEALTH ALERT CARD
FOR TRAVELERS AND FLIGHT CREW RETURNING
FROM WUHAN, CHINA**

Keep this card for the next 14 days after returning to Malaysia. Monitor your body temperature and look out for fever ($\geq 38^{\circ}\text{C}$) and symptoms of cough with breathless. If these symptoms were to develop or worsen and you are not feeling well, please seek medical treatment at nearest healthcare facility **IMMEDIATELY**.

As such, kindly practice the following:

- i. Cover your mouth and nose using tissue whenever you cough or sneeze. Throw the tissue in the thrash after you use it. Wash your hands with soap and water or use hand sanitizer regularly;
- ii. Always follow cough etiquette
- iii. use face mask whenever being in public or close contact with people;
- iv. Always maintain good personal hygiene and cleanliness

Attention To The Attending Doctor:

The person who is presenting this **ALERT CARD** to you had recently travelled or returned from Wuhan, China or other affected countries with active transmission (within the past 14 days). If the person presents with fever ($\geq 38^{\circ}\text{C}$), pneumonia or severe respiratory infection with breathless, please refer him/her **IMMEDIATELY** to the nearest hospital.



KEMENTERIAN KESIHATAN MALAYSIA

KAD AMARAN KESIHATAN BAGI PELAWAT DAN ANAK KAPAL YANG BARU PULANG DARI WUHAN, CHINA

Simpan kad ini selama 14 hari setelah kembali ke Malaysia. Pantau suhu badan anda dan awasi gejala seperti demam ($\geq 38^{\circ}\text{C}$), batuk dan susah bernafas. Sekiranya anda mengalami gejala atau bertambah teruk dan berasa tidak sihat, sila dapatkan rawatan dengan **SEGERA** di fasiliti Kesihatan yang terdekat.

Begitu juga, jika anda mempunyai gejala tersebut:

- i. Tutup mulut dan hidung anda menggunakan tisu apabila anda batuk atau bersin. Sejurus selepas itu, buang tisu yang telah digunakan kedalam tong sampah. Cuci tangan dengan sabun dan air atau bahan pencuci tangan (*hand sanitizer*) selepas batuk atau bersin;
- ii. Amalkan adab batuk yang baik;
- iii. Pakai penutup mulut dan hidung (*mask*) apabila terpaksa berhubung / berurusan dengan orang lain;
- iv. Pastikan anda menjaga kebersihan diri sepanjang masa.

Kepada Pengamal Perubatan Yang Merawat Pesakit Ini

Individu yang membawa kad ini adalah merupakan penumpang atau anak kapal yang baru pulang dari Wuhan, China atau negara yang mengalami penularan aktif jangkitan (dalam tempoh 14 hari yang lepas). Jika anda mendapati beliau mengalami gejala seperti demam ($\geq 38^{\circ}\text{C}$), radang paru-paru, jangkitan respiratori serius dan susah bernafas, sila rujuk ke hospital yang berhampiran dengan **SEGERA**.

NOTIFICATION FORM

JADUAL (Peraturan 2) Borang (Peraturan 2) AKTA PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT 1988 PERATURAN-PERATURAN PENCEGAHAN DAN PENGAWALAN PENYAKIT BERJANGKIT (BORANG NOTIS (PINDAAN) 2011 NOTIFIKASI PENYAKIT BERJANGKIT YANG PERLU DILAPORKAN <i>(Seksyen 10, Akta Pencegahan Dan Pengawalan Penyakit Berjangkit 1988)</i>		
Borang Notis: Rev/2010 No. Siri:		
A. MAKLUMAT PESAKIT		
1. Nama Penuh (HURUF BESAR):		
Nama Pengiring (Ibu/Bapa/Penjaga): <i>(Jika belum mempunyai Kad Pengenalan diri)</i>		
2. No. Kad Pengenalan Diri / Dokumen Perjalanan ☐ Sendiri ☐ Pengiring <i>(Untuk Bukan Warganegara)</i>		
No. Daftar Hospital / Klinik Nama Wad: Tarikh Masuk Wad: / /		
3. Kewarganegaraan: Warganegara: ☐ Ya ☐ Tidak Keturunan: Sukuketurunan: <i>(Bagi O/Asli, Pribumi Sabah/Sarawak)</i> Negara Asal: Status Kedatangan: ☐ Izin ☐ Tanpa Izin ☐ Penduduk Tetap		
4. Jantina: ☐ Lelaki ☐ Perempuan 5. Tarikh Lahir: / / 6. Umur: Tahun Bulan Hari 7. Pekerjaan: <i>(Jika tidak bekerja, nyatakan status diri)</i>		
8. No. Telefon: ☐ Rumah ☐ Tel. Bimbit ☐ Pejabat - <i>(Untuk dihubungi)</i>		
9. Alamat Kediaman		
10. Alamat Tempat Kerja / Belajar:		
B. DIAGNOSIS PENYAKIT		
☐ 1. Poliomyelitis ☐ 2. Viral Hepatitis A ☐ 3. Viral Hepatitis B ☐ 4. Viral Hepatitis C ☐ 5. Viral Hepatitis (Others) ☐ 6. AIDS ☐ 7. Chancroid ☐ 8. Cholera ☐ 9. Dengue Fever ☐ 10. Dengue Haemorrhagic Fever ☐ 11. Diphtheria ☐ 12. Dysentery ☐ 13. Ebola ☐ 14. Food Poisoning ☐ 15. Gonorrhoea ☐ 16. Hand, Food and Mouth Disease ☐ 17. Human Immunodeficiency Virus Infection ☐ 18. Leprosy (Multibacillary) ☐ 19. Leprosy (Paucibacillary) ☐ 20. Leptospirosis ☐ 21. Malaria - Vivax ☐ 22. Malaria - Falciparum ☐ 23. Malaria - Malariae ☐ 24. Malaria - Others ☐ 25. Measles ☐ 26. Plague ☐ 27. Rabies ☐ 28. Relapsing Fever ☐ 29. Syphilis - Congenital ☐ 30. Syphilis - Acquired ☐ 31. Tetanus Neonatorum ☐ 32. Tetanus (Others) ☐ 33. Typhus - Scrub ☐ 34. Tuberculosis - PTB Smear Positive ☐ 35. Tuberculosis - PTB Smear Negative ☐ 36. Tuberculosis - Extra Pulmonary ☐ 37. Typhoid - Salmonella typhi ☐ 38. Typhoid - Paratyphoid ☐ 39. Viral Encephalitis - Japanese ☐ 40. Viral Encephalitis - Nipah ☐ 41. Viral Encephalitis - (Others) ☐ 42. Whooping Cough / Pertussis ☐ 43. Yellow Fever ☐ 44. Others: please specify:		
Selain dari notifikasi bertulis, penyakit berikut perlu dinotifikasi melalui telefon dalam tempoh 24 jam iaitu: - Acute Poliomyelitis, Cholera, Dengue, Diphtheria, Ebola, Food Poisoning, Plague, Rabies dan Yellow Fever		
11. Cara Pengesanan Kes: ☐ Kes ☐ Kontak ☐ FOMEMA * ☐ Ujian Saringan		
12. Status Pesakit: ☐ Hidup ☐ Mati - -		
13. Tarikh Onset: - -		
14. Ujian Makmal: Nama Ujian: (I) (II) (III) Tarikh Sampel Diambil: - -		
15. Keputusan Ujian Makmal: ☐ Positif () ☐ Negatif ☐ Belum Siap		
16. Status Diagnosis: ☐ Sementara (Provisional/Suspected) ☐ Disahkan (Confirmed) Tarikh Diagnosis: - -		
17. Maklumat Klinikal Yang Relevan:		
18. Komen:		
C. MAKLUMAT PEMBERITAHU		
19. Nama Pengamal Perubatan:		
20. Nama Hospital / Klinik dan Alamat:		
21. Tarikh Pemberitahuan: - -		
Tandatangan Pengamal Perubatan		

NOTIFICATION OF COMMUNICABLE DISEASES TO BE REPORTED

(Section 10, Prevention And Control Of Communicable Diseases Act, 1988)

A. PATIENT INFORMATION

1. Full Name (CAPITAL LETTER):																	
Accompany by (Mother/Father/Guardian): (If under age/without Identity Card)																	
2. Identity Card Number / Travelling Document: (For Non Citizen)												☐ Self		☐ Accompany by			
Hospital/Clinic Reg. Number:						Ward:				Date of Admission:							
3. Citizenship:																	
Citizen																	
☐ Yes		Race/Ethnic:															
		Sub Ethnic:															
		(For Aborigines, Native of Sabah/Sarawak)															
☐ No		Country of origin:															
		Status of Entry:															
		☐ Legal ☐ Illegal ☐ Permanent Resident															
4. Gender:																	
☐ Male ☐ Female																	
5. Date of birth:																	
6. Age:																	
7. Occupation:																	
		(If unemployed, please state self reference)															
8. Telephone No.:																	
☐ Resident ☐ H.phone ☐ Office																	
(Contact purposes)																	
9. Current Address:																	
10. Address of Employer/School/College/University:																	

B. DISEASE DIAGNOSIS

☐ 1. Poliomyelitis ☐ 2. Viral Hepatitis A ☐ 3. Viral Hepatitis B ☐ 4. Viral Hepatitis C ☐ 5. Viral Hepatitis (Others) ☐ 6. AIDS ☐ 7. Chancroid ☐ 8. Cholera ☐ 9. Dengue Fever ☐ 10. Dengue Haemorrhagic Fever ☐ 11. Diphtheria ☐ 12. Dysentery ☐ 13. Ebola ☐ 14. Food Poisoning ☐ 15. Gonorrhoea	☐ 16. Hand, Foot and Mouth Disease ☐ 17. Human Immunodeficiency Virus Infection ☐ 18. Leprosy (Multibacillary) ☐ 19. Leprosy (Paucibacillary) ☐ 20. Leptospirosis ☐ 21. Malaria - Vivax ☐ 22. Malaria - Falciparum ☐ 23. Malaria - Malariae ☐ 24. Malaria - Others ☐ 25. Measles ☐ 26. Plague ☐ 27. Rabies ☐ 28. Relapsing Fever ☐ 29. Syphilis - Congenital ☐ 30. Syphilis - Acquired	☐ 31. Tetanus Neonatorum ☐ 32. Tetanus (Others) ☐ 33. Typhus - Scrub ☐ 34. Tuberculosis - PTB Smear Positive ☐ 35. Tuberculosis - PTB Smear Negative ☐ 36. Tuberculosis - Extra Pulmonary ☐ 37. Typhoid - Salmonella typhi ☐ 38. Typhoid - Paratyphoid ☐ 39. Viral Encephalitis - Japanese ☐ 40. Viral Encephalitis - Nipah ☐ 41. Viral Encephalitis - (Others) ☐ 42. Whooping Cough / Pertussis ☐ 43. Yellow Fever ☐ 44. Others: please specify:
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Besides by written notification, the following diseases must be notified by telephone within 24 hours, such as:- Acute Poliomyelitis, Cholera, Dengue, Diphtheria, Ebola, Food Poisoning, Plague, Rabies and Yellow Fever.

11. Case detection classification: ☐ Case ☐ Contact ☐ FOMEMA ☐ Screening Test	12. Status of patient: ☐ Live/Alive ☐ Died	13. Date of Onset:
14. Laboratory Investigation: Investigation: (i) _____ (ii) _____ (iii) _____ Date of specimen taken:	15. Laboratory Investigation result: ☐ Positive () ☐ Negative ☐ Pending	16. Diagnosis Status: ☐ Provisional/Suspected ☐ Confirmed Date of Diagnosis:
17. Relevant Clinical Information:		18. Comment:

C. NOTIFIER

19. Name of Medical Practitioner:	
20. Name and address of Hospital/Clinic:	
21. Date of Notification:	

Signature of
Medical Practitioner

THE INFECTION PREVENTION AND CONTROL (IPC) MEASURES

The principles of IPC for acute respiratory infection patient care include:

- a) Early and rapid recognition;
- b) Application of routine IPC precautions (Standard Precautions) for all patients;
- c) Additional precautions in selected patients (i.e. contact, droplet, airborne) based on the presumptive diagnosis;
- d) Establishment of an IPC infrastructure for the healthcare facility, to support IPC activities.

IPC strategies in healthcare facilities are commonly based on early recognition and source control, administrative controls, environmental and engineering controls and personal protective equipment (PPE).

STANDARD PRECAUTIONS

Standards Precautions are routine IPC precautions that should apply to **ALL** patients, in **ALL** healthcare settings. The precautions, described in detail within Chapter 3.1 of the 'Policies and Procedures on Infection Control – Ministry of Health Malaysia; 2010' are:

- a) Hand hygiene before touching a patient; before any clean or aseptic procedure; after body fluid exposure risk; after touching a patient; and after touching a patient's surroundings, including contaminated items or surfaces;
- b) Use of personal protective equipment (PPE) guided by risk assessment concerning anticipated contact with blood, body fluids, secretions and non-intact skin for routine patient care. Respiratory hygiene in anyone with respiratory symptoms;
- c) Environmental control (cleaning and disinfection) procedures;
- d) Waste management;
- e) Packing and transporting patient-care equipment, linen, laundry and waste from the isolation areas;
- f) Prevention of needle-stick or sharps injuries;

WHEN DEALING WITH PUI

1) Before Admission

- Clinical triage - rapid case identification of patients at risk
- Dedicated waiting areas for cases
- Spatial separation of at least 1m between patients in the waiting rooms
- Provide tissues and no-touch receptacles for disposal of tissues/biohazard bag
- Provide resources for performing hand hygiene (alcohol hand rub bottles made available)
- Offer surgical mask (not N95 mask) if patient able to tolerate (not tachypneic, not hypoxic)
- Adequate environmental ventilation and environmental cleaning at waiting and triage areas

2) Patient Placement During Admission

In descending order of preference:

- i. Negative pressure single room en-suite bath (if available within the health care facility)
- ii. Single room (nursed with door closed) and en-suite bath
- iii. Single room

3) Personal Protective Equipment (PPE) When Providing Care For PUI (Standard And Droplets Precaution)

- In addition to Standard Precautions, all individuals (visitors and healthcare workers), when in close contact (within 1m) or upon entering the room or cubicle of patients, should always wear:
 - A 3 ply surgical mask
 - Eye protection (i.e. goggles or a face shield)
 - A clean, non-sterile, long-sleeved gown
 - Gloves (some procedures may require sterile gloves)
- Always perform hand hygiene before and after contact with the patient and surroundings and immediately after removal of PPE
- Use dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers)
- If equipment needs to be shared, clean and disinfect after each patient use
- Healthcare workers (HCWs) should refrain from touching their eyes, nose or mouth with potentially contaminated gloved or ungloved hands

- Avoid the movement of patients unless medically necessary e.g. use designated portable X-ray equipment instead of bringing patient to radiology.
- If movement of patient is required, use preplanned routes that minimize exposure to other staff, patients and visitors. Notify the receiving area before sending the patient
- Clean and disinfect patient-contact surfaces (e.g. bed) after use
- HCWs transporting patients must wear appropriate PPE

4) PPE When Performing Aerosol-Generating Procedures (Standard And Airborne Precautions)

- An aerosol-generating procedure (AGP) is defined as any medical procedure that can induce the production of aerosols of various sizes, including small ($< 5 \mu\text{m}$) particles. The aerosol-generating procedures include:
 - Intubation - the strongest evidence for needing airborne precaution
 - Manual ventilation
 - Non-invasive ventilation (e.g., BiPAP, BPAP) – avoid if possible
 - Tracheostomy insertion
 - Bronchoscopy
 - Sputum induction
 - Nebulization (some recent guidelines disqualified this as AGP)
- Airborne precaution also recommended when taking oropharyngeal/nasopharyngeal swab
- Additional precautions (airborne precaution) include using:
 - At least a particulate respirator i.e. N95 mask (always check the seal)
 - Eye protection (i.e. goggles or a face shield)
 - A clean, non-sterile, long-sleeved gown and gloves (some of these procedures require sterile gloves)
 - A fluid resistant apron for procedures with expected high fluid volumes that might penetrate the gown
- Perform aerosol-generating procedures in an adequately ventilated room; i.e. at least 6 to 12 air changes per hour in facilities with a mechanically ventilated room
- Limit the number of persons present to the bear minimum
- Perform hand hygiene before and after contact with the patient and surroundings and after PPE removal

HEALTHCARE WORKER (HCW)

- Healthcare worker with high risk condition / immunocompromised should not be allowed managing and providing routine care for cases.
- Healthcare worker who are managing and providing routine care for cases need to be trained on proper use of PPE.
- The HCWs who are managing and providing routine care for cases should be monitored for symptoms daily.
- Once these HCWs become symptomatic he / she need to be isolated and managed accordingly.

VISITORS POLICY

- Limit the number of family members and visitors in contact with cases.
- Family members and visitors who may come into contact with a patient should be limited to those essential for patient support and should be trained on the risk of transmission and on the use of the same infection control precautions as HCWs who are providing routine care.

ANNEX 9

MANAGEMENT OF nCoV AT POINT OF ENTRY

- A. Passengers and crew who have history of travel to/from Wuhan, China with fever are required to report to Health Personnel at the Health Screening area at entry point.**
- i. Passengers from Wuhan, China need to go to temperature screening either by:
 - Undergo thermal scanner at screening area,
 - Referred by Immigration Department, or
 - Passenger's self-declaration.
 - ii. Passengers who having temperature $\geq 38^{\circ}\text{C}$ will be screened for Pneumonia or Severe Respiratory Infection through history taking and examination using Appendix 1 and Appendix 2.
- B. Suspected Pneumonia or Severe Respiratory Infection case on-board flight/vessel/conveyance**
- i. Public Health Teams, consisting of a medical doctor, Nurse/Medical Assistant and Assistant Environmental Health Officer (PPKP) will be stationed at the arrival gates.
 - ii. All passengers except cases suspected of Pneumonia or Severe Respiratory Infection will be allowed to disembark the aircraft/vessel/conveyance to proceed for fever screening.
 - iii. The suspected case which has been identified by the crew will be interviewed and history taking and physical examination will be conducted as per-mentioned in Appendix 2.
 - iv. All international flights arriving Malaysian international points of entry with PUI Pneumonia or Severe Respiratory Infection are required to disinfect the aircraft
 - v. All PUI case will be notified to the National and State CPRC and the nearest District Health Office.

C. Awareness to public, passengers and crew on Pneumonia or Acute Respiratory Disease

Increase awareness on Pneumonia or Severe Respiratory Infection prevention and control measures such as:

- i. Distribution of health education materials such as pamphlets and posters to passengers, crew, airport workers.
- ii. Update information on social media – Website, Facebook (FB)
- iii. Distribution of Health Alert Card (HAC) to passengers and crew with history of visiting to Wuhan
- iv. To make health announcements and messages focused at public and tourist area, especially at international airports and seaports.

D. Collaboration with other Agencies/Ministries

- i. Ministry of Health Malaysia (MoH) collaborate with other relevant agencies such as The Immigration Department of Malaysia, Airport/Port/Ground crossing authorities and agencies, Airlines, Shipping companies, Ground handlers etc.
- ii. Dissemination of information regarding Pneumonia or Severe Respiratory Infection to personnel and clients going to / coming from the affected countries thus increasing their awareness and to prevent the spread of disease into Malaysia.
- iii. Immigration Department of Malaysia to assist in referring travellers from Wuhan at the international points of entry to Health Personnel, Health screening area/Health Quarantine Centre for assessment.
- iv. All aircrafts / ships / vehicles are required to inform the health authorities at the points of entry if there are passengers from Wuhan showing signs and symptoms of Pneumonia or Severe Respiratory Infection.
- v. To obtain assistance and cooperation as and when needed from all agencies/stake holders in disease prevention and control activities.

CLERKING SHEET TEMPLATE AT MALAYSIA POINT OF ENTRY

Date: _____ Interviewer's Name : _____

A. Patient's Details

Patient's Name : _____

I/C / Passport No. : _____ Age : _____ Gender : M / F

Address in country of origin : _____

Address in Malaysia : _____

Contact number in Malaysia: _____

Nationality : Malaysian / Non – Malaysian _____

Next of Kin (Name & Contact) : _____

B. Travel History

No.	Country/State/Province Visited	Duration of Stay		Name of Airline, Flight No. and Seat Number:
		From (dd/mm/yr)	To (dd/mm/yr)	
1.				
2.				
3.				
Date of return to Malaysia:		Entry Point:		

C. Sign and Symptoms

i. Symptoms		ii. Vital Sign	
Date of Onset:		Temperature:	
Fever:		Blood Pressure (mmHg)	
Cough:		Pulse Rate (/ min):	
Breathlessness:		Respiratory Rate (/min):	
		SpO ₂ (if available)	
Other symptoms:		Other vitals:	
iii. Respiratory Findings			
iv. Other relevant clinical history and examination			

D. Epidemiological Risk Assessment

Within 14 days before onset of the illness, did you: *(Please tick the relevant answer)*

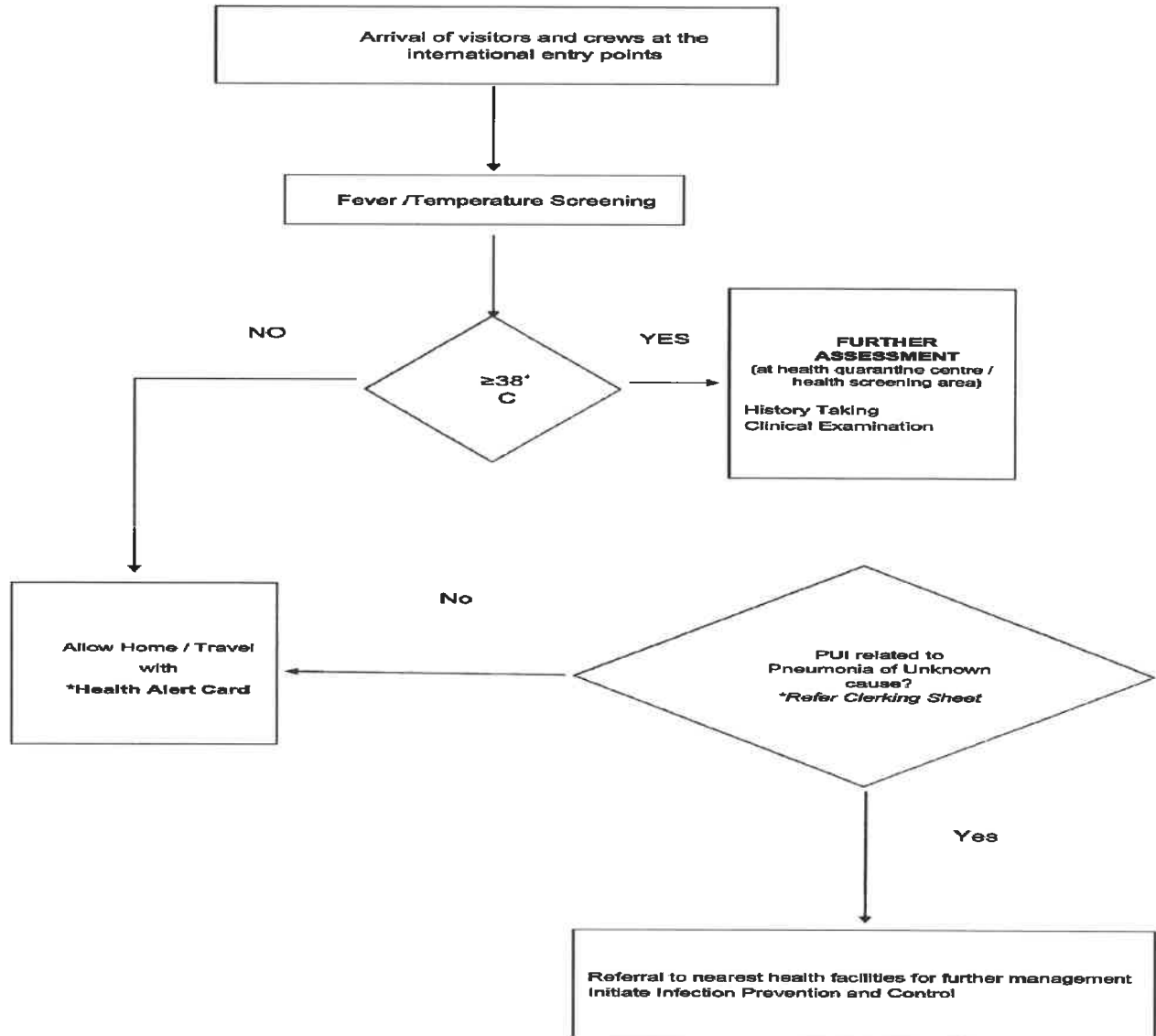
1. have close contact¹ with a confirmed nCoV case in Wuhan, China?
2. Travel to either Wuhan, China or country with known transmission of recent nCoV outbreak?
(name the country: _____)
3. have history of visiting wet markets / seafood markets in Wuhan, China
If Yes, please specify : _____
4. Any additional information :

¹Close contact is defined as:

- a) Anyone who provide care for the patient including healthcare workers, or family members.
- b) Anyone who had other similar close physical contact.
- c) Anyone who stayed (eg : lived with, visited) at the same place as a case.

APPENDIX 2

FLOW CHART FOR SCREENING OF TRAVELLERS AND CREWS ARRIVING FROM WUHAN, CHINA AT INTERNATIONAL POINT OF ENTRY



For direct flight, temperature screening is done at arrival gate, indirect flight, temperature screening will be at health screening area.

Assessment of passengers with fever **MUST** be done at health quarantine center / health screening area

***HOME ASSESSMENT TOOL**

Practice these simple steps if you are unwell at home:

- Use the medical leave provided by your doctor wisely by staying at home and rest;
- Limit contact with others as much as possible to keep from infecting them;
- Cover your mouth and nose using tissue whenever you cough or sneeze. Throw the tissue in the trash after you use it;
- Always follow cough etiquette;
- Always maintain good personal hygiene and cleanliness. Wash your hands often with soap and water, especially after coughing or sneezing. If soap and water are not available, use hand sanitizer. Use face mask whenever being in public or close contact with people.

Individual with fever and cough and/or sore throat are advised to seek medical care should they develop any of the signs and symptoms listed as below:

- Breathing difficulties – shortness of breath, rapid breathing or purple/blue discolouration of the lips
- Coughing out blood or blood streaked sputum
- Persistent chest pains
- Fever persisting beyond 3 days or recurring after 3 days

If you have any of the above symptoms, **immediately**:

Seek medical advice at: _____

or

Call this number: _____

- Using own personal transport, or
- If ambulance service is needed, to call 999 for assistance.

****Important: Please keep this with you and present it to any facility should you return. Keep it for 14 days from the day it was issued.***

Attention to The Attending Doctor:

The person who is presenting this **ALERT CARD** to you had recently travelled or returned from Wuhan, China or other affected countries with active transmission (within the past 14 days). If the person presents with fever ($\geq 38^{\circ}\text{C}$), pneumonia or severe respiratory infection with breathlessness, please refer him/her **IMMEDIATELY** to the nearest hospital.

***TATACARA PENILAIAN KESIHATAN KENDIRI**

Amalkan langkah–langkah mudah berikut apabila anda tidak sihat di rumah:

- Bagi yang bekerja / bersekolah, gunakan cuti sakit yang diberikan oleh doktor untuk berehat di rumah;
- Hadkan pergaulan dengan mereka yang sihat di sekeliling anda;
- Tutup mulut dan hidung anda menggunakan tisu apabila anda batuk dan bersin. Sejurus selepas itu, buang tisu yang telah digunakan ke dalam tong sampah;
- Amalkan adab batuk yang baik;
- Sentiasa mengamalkan tahap kebersihan diri yang tinggi seperti kerap mencuci tangan dengan menggunakan air dan sabun atau bahan pencuci tangan (*hand sanitizer*), terutamanya selepas batuk atau bersin. Pakai penutup mulut dan hidung (*face mask*) apabila berurusan dengan orang lain.

Individu dengan gejala demam dan batuk dan / atau sakit tekak adalah dinasihatkan untuk mendapatkan rawatan perubatan sekiranya pada bila-bila masa mereka mengalami mana-mana tanda dan gejala seperti berikut:

- Kesukaran bernafas – tercungap-cungap, pernafasan menjadi laju atau warna bibir bertukar menjadi kebiruan
- Batuk berdarah
- Sakit dada yang berterusan
- Demam yang berpanjangan sehingga melebihi 3 hari atau demam yang berulang semula selepas 3 hari

Jika anda mempunyai mana-mana gejala di atas, **segera**:

Dapatkan rawatan di: _____
atau

Buat panggilan ke nombor: _____

- Pergi dapatkan rawatan dengan menggunakan kenderaan persendirian; atau
- Jika perkhidmatan ambulan diperlukan, sila dial 999 untuk bantuan.

***Perhatian:** Sila simpan kad ini bersama anda dan serahkan kepada mana-mana fasiliti kesihatan yang anda kunjungi. Kad ini perlu disimpan selama 14 hari dari tarikh ia diberikan kepada anda.

Kepada Pengamal Perubatan Yang Merawat Pesakit Ini

Individu yang membawa kad ini adalah merupakan penumpang atau anak kapal yang baru pulang dari Wuhan, China atau negara yang mengalami penularan aktif jangkitan (dalam tempoh 14 hari yang lepas). Jika anda mendapati beliau mengalami gejala seperti demam ($\geq 38^{\circ}\text{C}$), radang paru-paru atau jangkitan respiratori serius dengan susah bernafas, sila rujuk ke hospital yang berhampiran dengan **SEGERA**.