



FOR IMMEDIATE REPORTING

**STRENGTHENING OUR READINESS
TO LIVE WITH THE OMICRON VARIANT**

Over the past week, we have seen a rise in the total number of confirmed Omicron cases. Given the higher transmissibility of the Omicron variant, we are likely to experience an infection wave that is greater than that of Delta. Although there may be proportionately fewer severe cases or deaths due to Omicron's lower severity and continued protection from our vaccination and booster efforts, when multiplied over a much larger number of cases, it could still result in a significant number of individuals requiring intensive care unit (ICU) care, and put significant pressure on our healthcare system. Hence it is important that we put in place appropriate response measures to prepare ourselves well for this upcoming wave.

2. We had earlier shifted our approach to manage Omicron cases like other COVID-19 cases, including to transit Omicron cases to prevailing Protocols 1-2-3, and allow for home recovery instead of isolating them at dedicated facilities. Moving ahead, we will further streamline the management of COVID-19 cases by enhancing Protocols 1-2-3. In particular, we will work with our primary care doctors to enable them to trigger Protocol 2, to support low-risk individuals with mild COVID-19 symptoms in recovering safely in the community. To maximise the level of protection that our population has against the Omicron variant, we will also require individuals to get their booster shots in order to maintain their fully vaccinated status.

Updates on Local Situation and Detected Omicron Cases

3. Our local COVID-19 situation remains within control. Over the past week, daily case numbers have been around 200 on average. 16 cases are currently in ICU care. These figures are significantly lower than when we experienced a peak in infection numbers a few months ago, indicating that the recent wave of Delta infections has subsided.

4. However, we are seeing a growing number of confirmed Omicron cases even as the Delta wave subsides. Over the past week, we have detected 1,281 confirmed Omicron cases, comprising 1,048 imported cases and 233 local cases. This makes up around 18% of our local cases in the last week. With higher transmissibility of the Omicron variant, we are likely to experience another wave of community infections soon.

Revised Healthcare Protocols

5. Since 11 October 2021, we have simplified our healthcare protocols as part of the broader shift towards personal responsibility and self-management as appropriate. This has enabled the majority of COVID-19 patients to self-isolate or recover at home

safely once tested positive. Patients with mild symptoms who are on home recovery programme generally recover quickly in the comfort of their home without the need for further medical care. Prevailing evidence also indicates that Omicron, while more transmissible, is also less severe. We will therefore further enhance the use of Protocols 1-2-3 to facilitate streamlined management of COVID-19 cases. **From 6 January 2022**, we will manage individuals based on the severity of symptoms and health status, as laid out in the revised protocols below. Our primary care doctors will be key, as we allow patients to recover at home and avoid hospitalisation.

6. For low-risk individuals with mild symptoms, primary care doctors can make an immediate diagnosis via a healthcare-administered antigen rapid test (ART) and continue to care for them under **Protocol 2**. To elaborate, after seeing the primary care doctor who has ascertained that their symptoms are mild and that they are at low risk of developing severe symptoms:

- a. The individual will be required to self-isolate at home for at least 72 hours. Following which, if they feel well, they may exit self-isolation and resume normal activities upon a negative self-administered ART, similar to Protocol 2. Those who continue to test ART positive should continue to self-isolate and self-test daily until they obtain a negative ART result, or until Day 10 for vaccinated individuals or Day 14¹ for unvaccinated or partially vaccinated individuals, whichever is earlier.
- b. The individual will receive a 5-day Medical Certificate from the primary care doctor (or longer, depending on clinical discretion) to cover the expected period of rest needed for the symptoms to resolve. If symptoms worsen or do not improve with time, the individual is advised to return to the doctor or call 995 in emergency situations.
- c. Health Risk Warnings (HRW) will be issued to the individual's close contacts, including those identified through the TraceTogether app and self-declaration of household members. Persons issued with HRW should follow the prevailing Protocol 3.

7. Individuals who are assessed by their doctors as high risk (e.g. elderly, pregnant, immunocompromised status) or with significant symptoms (e.g. chest pain, shortness of breath, prolonged fever) will continue to be managed under **Protocol 1** where they are required to undergo both ART and polymerase chain reaction (PCR) swabs and, if tested positive, will be issued an Isolation Order (IO) for 10 or 14 days, depending on their vaccination status.

8. Low-risk individuals who are well and/or asymptomatic will continue to be managed as per existing **Protocol 2** if they test positive on ART.

9. The Ministry of Health (MOH) will monitor the situation in the coming weeks and make further adjustments to gradually allow more individuals to safely recover under Protocol 2 after seeing a primary care doctor, and support their earlier return to normal activities.

¹ Day 1 is taken as the date of positive healthcare-administered ART.

Booster Dose Required to Maintain Fully Vaccinated Status

10. Vaccination, especially boosters, retain substantial protection against severe disease for COVID-19 and against the Omicron variant. Nevertheless, the protection from the primary series vaccination wanes with time and is substantially reduced six months after the last dose in the primary vaccination series. International data has also shown that protection against Omicron variant from a primary vaccination series is weaker compared to that against the Delta variant, while boosters increase the protection against infection and severe illness from Omicron.

11. In view of these, the Expert Committee on COVID-19 Vaccination (EC19V) has recommended that persons aged 18 years and above who completed a primary vaccination series should receive a booster dose of an mRNA vaccine² **no later than 270 days** after the last dose in the primary vaccination series. This will also apply to individuals who received recognised non-mRNA primary vaccination regimens offered under the National Vaccination Programme, such as three doses of the Sinovac-CoronaVac, or three doses of Sinopharm vaccines, as well as regimens of other WHO EUL vaccines. For this group, most will not be due for booster for some time. We expect the Novavax vaccine, which is a non-mRNA vaccine, to be available to them as an option by then.

12. Taking into account EC19V's recommendation, **from 14 February 2022 onwards, persons aged 18 years and above who have completed the primary vaccination series of COVID-19 vaccines and are eligible for booster vaccination will be considered as fully vaccinated for 270 days after the last dose in their primary vaccination series.** They should receive their booster vaccination from around 5 months thereafter as recommended and no later than 270 days thereafter, to ensure an optimal level of protection. Upon receiving their booster, they will continue to be considered as fully vaccinated beyond the 270 days.

13. For example, if an individual completed his primary vaccination series on 1 June 2021, he would be eligible for a booster vaccination 5 months later, i.e. from 1 November 2021 onwards, and would have to receive his booster by 26 February 2022 to continue to be considered as fully vaccinated.³

14. For vaccinated persons who have recovered from COVID-19, no additional booster dose is required at this point in time. However, recovered persons who were unvaccinated or partially vaccinated before their infection should receive one dose of the mRNA vaccine (two doses if they are taking Sinovac-CoronaVac vaccine⁴) at least three months after infection to be considered as fully vaccinated. The 270-day

² Persons who are medically ineligible to receive the mRNA vaccine may consider taking the Sinovac-CoronaVac vaccine, which is the only non-mRNA vaccine offered under the National Vaccination Programme, as a booster vaccine. The Sinovac-CoronaVac vaccine should otherwise not be used as a booster vaccine for other groups.

³ Eligible individuals can walk in at any Moderna vaccination centre during operating hours, while appointments can be made for Pfizer-BioNTech/Cominarty vaccinations.

⁴ For recovered individuals who have received a mixed vaccine combination incorporating Sinovac-CoronaVac or Sinopharm vaccines, please refer to details of the requirements at <https://go.gov.sg/sinovac-mixed-vac-combi>.

vaccination validity period does not apply to recovered persons who complete this vaccination requirement.

Learning to Live with the Omicron Variant

15. We remain committed to living normally with COVID-19, while protecting the vulnerable and ensuring that our healthcare system can cope with any future infection wave. This is why it is important that everyone plays their part in getting their vaccinations and booster doses promptly, complying with safe management measures, testing regularly, and following the necessary health protocols if tested positive. We also seek Singaporeans' continued cooperation and support in complying with the revised protocols and measures, as we roll them out in the coming weeks.

**MINISTRY OF HEALTH
5 JANUARY 2022**