Unofficial Translation

MEDIA STATEMENT

MINISTRY OF HEALTH

LATEST RECOMMENDATIONS FOR BOOSTER DOSAGE

The Ministry of Health Malaysia (MOH) would like to inform you that, as of 13 April 2022, a total of **26,054,361 or 79.2%** of the Malaysian population has received the **complete dose of COVID-19** vaccine with the following breakdown:

- **22,959,339 or 97.6%** of the Malaysian population aged 18 years and above have received a **complete dose of COVID-19 vaccine**.

- **2,865,407 or 92.1%** of the Malaysian population aged 12 to 17 years have received a **complete dose** of COVID-19 vaccine;

- **1,374,520 or 38.7%** of children aged 5 to under 12 years had received **the first dose** of COVID-19 vaccine while **229,615 or 6.5%** of children aged 5 to under 12 years had **received the complete dose of COVID-19 vaccine; and**

- **15,950,859 or 69.8%** of the eligible adult population have received **a COVID-19 vaccine booster dose.**

In addition, two groups that have been identified, namely **Individuals aged 60 years and above with high-risk comorbidities (Appendix 1)** and **moderate or severely immunocompromised individuals aged 12 years and above (Appendix 2) can now get a second booster dose** and booster doses. This recommendation also **includes the elderly who are in long-term care facilities.**

Individuals 60 years of age and older who are healthy and do not have high-risk comorbidities, should consult with a medical practitioner to recommend taking a second booster dose based on their condition.

The decision was made after the Technical Working Group (TWG) Panel reviewed scientific studies as well as Malaysian cohort studies showing that individuals aged 60 and above with comorbidities such as lung disease, heart disease, kidney disease, liver disease, and diabetes are at risk. higher for getting serious symptoms and death in COVID-19.

The TWG also recommends that:

- **Individuals 60 years of age and older with high-risk comorbidities** may be given a second booster dose with an interval of at least 4 to 6 months after the date of the first booster dose.

• **Moderately or severely immunocompromised individuals 12 years of age and older** may be given a booster dose with an interval of at least 28 days after the date of the second dose.

• **Currently, the Comirnaty mRNA vaccine (Pfizer-BioNTech) is the recommended vaccine for a second booster dose based on available scientific data.**

• Whereas for individuals aged 60 years and above who have completed taking a booster dose and are found to have COVID-19 infection, they are eligible to receive a second booster dose 3 months after they fully recover.

However, the implementation of this latest recommendation will not affect the complete vaccination status of high-risk individuals who do not take the second booster dose. MOH is currently updating the Clinical Guidelines which will detail the implementation.

MOH has also received applications for individuals who wish to go abroad to obtain a second booster dose to meet their needs of going abroad. For example, some countries in continental Europe do not recognize Sinovac and Sinopharm vaccines as primary doses and booster doses.

Thus, individuals wishing to go abroad can be given a second booster dose after at least one (1) month from the first booster dose to meet the needs of going abroad.

As of March 31, 2022, a total of **701** individuals have received **Digital certificates of vaccination exemption for medical reasons. Thus, the individual will also get a booster dose waiver automatically.**

• Individuals **who are not eligible for a booster dose for medical reasons**, especially among **Sinovac / Sinopharm primary dose recipients or seniors aged 60 years and above**, and have not yet received the **COVID-19 Digital Vaccination Exemption Certificate**, need to make a new application.

• The individual must obtain the confirmation of a physician and then make an application at the nearest District Health Office (PKD) by submitting the **Slip "Assessment Suitability of Receiving COVID-19 Vaccine for Patients with Certain Health Problems ".**

<u>Attachment 1</u>

Administration of a **second booster dose of Pfizer (Comirnaty)** vaccine to high-risk individuals 60 years of age and older as follows:

i. Diabetics
ii. Patients with chronic lung disease
iii. Patients with chronic renal disease, underlying dialysis
iv. Patients with chronic liver disease
v. Patients with cerebrovascular disease
vi. Patients Heart failure, ischemic heart disease, cardiomyopathy
vii. Chronic neurological patients

viii. Individuals with a Body Mass Index (BMI) over 40.
ix. Residents in long-term care centers.

Appendix 2

The booster dose of Pfizer (Comirnaty) vaccine for moderately or severely immunocompromised individuals aged 12 years and above is as follows:

i. Cancer Patients
ii. Patients undergoing organ transplantation with immunosuppressive therapy
iii. Long-term hemodialysis or peritoneal dialysis.
iv. Other conditions or diseases classified as moderate or severe immunocompromised which will be detailed in the MOH Clinical Guidelines.

USE OF PAXLOVID ANTIVIRAL DRUG IN THE TREATMENT OF COVID-19 INFECTIONS

• As previously informed, the Drug Control Authority (DCA) on 3 March 2022 has approved the conditional registration of Paxlovid (PF-07321332/Nirmatrelvir 150mg Film-Coated Tablets & Ritonavir 100mg Film-Coated Tablets) as an antiviral drug for COVID treatment -19.

• Paxlovid medicine contains two (2) active ingredients namely PF- 07321332/Nirmatrelvir and Ritonavir in the preparation of two (2) different tablets.

• This drug acts to reduce the replication capacity of SARS-CoV-2 thereby enabling the body's immune system to fight infection.

• The use of Paxlovid is another Government initiative to fight the COVID-19 epidemic and is offered free of charge.

o The use of Paxlovid medicine is only offered in government health facilities namely COVID-19 Assessment Center (CAC) and Government hospitals.

• This treatment approach is based on the latest efficacy studies and scientific evidence that have been conducted internationally.

• The delivery of the first phase of this drug which can accommodate the treatment of 48,000 patients has arrived in Malaysia on 9 April 2022 and is currently in the process of distribution to Government health facilities.

o So far, deliveries have been made to 14 hospitals in each state except Sabah and Sarawak to their respective State Pharmaceutical Logistics Stores.
o Delivery to two (2) more locations, namely Sabah and Sarawak will be done tomorrow.
o All these deliveries involved 481 CAC Health Clinics and 15 government hospitals.

• This antiviral drug will be used in the treatment of COVID-19 patients as follows:
  - o Aged 18 years and above;
  - o COVID-19 infection of stage 2 and 3 categories;
  - o Does not require oxygen therapy;
  - o High risk of getting severe COVID-19 symptoms.

• COVID-19 patients attending the COVID-19 Assessment Center (CAC) and Government hospitals will be screened and evaluated by the Medical Officer based on the total score for the pre-determined criteria before starting Paxlovid drug treatment.
  - o Patients given a score of 3 and above will be given priority for antiviral treatment.

• Priority of treatment will be given to elderly patients, patients with various co-morbid and immunocompromised.

• This medication should be started within 5 symptomatic days to achieve optimal effectiveness.

• Patients receiving this medication must ensure that the medication is taken according to the recommended dose of 2 times a day for five (5) days.

• COVID-19 treatment with Paxlovid in the early stages of the disease can prevent the infection from becoming more harmful.

• Studies also show that the use of this drug can reduce almost 90 percent of the risk of hospitalization or death.

• The use of this drug is NOT intended to replace COVID-19 vaccination and compliance with operating procedures standards (SOPs) established in controlling the transmission of COVID-19 infection.

• COVID-19 vaccination remains the best weapon to combat the COVID-19 epidemic.

RTK-ANTIGEN COVID-19 TEST PROTOCOL THROUGH VIRTUAL CONSULTATION

a) The Ministry of Health Malaysia (MOH) would like to inform you that there is a new alternative to the virtual self-supervised RTK Ag test which means the self-supervised RTK Ag test conducted by individuals under the supervision of a virtual medical practitioner.

b) This service is a telemedical initiative that is offered digitally without requiring individuals to be physically present at the health facility. This service is based on a document issued by the Malaysian Medical Council (MMC) which is the Malaysian Medical Council Advisory on Virtual Consultation (during the COVID-19 pandemic).

c) Enable users to obtain self-certified RTK Ag test results by a medical practitioner more quickly without having to go to a health facility. This will save time, and cost as well as reduce the risk of infection to others.

d) This procedure must comply with the following:

i. Supervision can only be performed by a medical practitioner registered with the MMC;
ii. Virtual services are implemented live to prevent fraud in test results if video recording is allowed; and
iii. Reporting of RTK Ag COVID-19 test results shall use the e-COVID platform.

e) During the consultation session, the medical practitioner should ensure the following requirements:

i. Use of appropriate technology and tools and comply with user privacy requirements;
ii. Ensure that the information provided by users is authentic;
iii. Conduct an assessment of the health status of consumers;
iv. Provide information on safety aspects such as ventilation, personal hygiene, and disposal of test kits;
v. Ensure users adhere to the sampling procedure as stated in the test kit manual used;
vi. Ensure that there is a unique identifier on the test kit used by each user to prevent forgery and duplication;
vii. Ensure that the entire procedure is supervised live and not video recording.
viii. Ensure these test results are uploaded in eCOVID as a virtual self-supervised RTK-Ag.

MOH hopes that with this new initiative, it will be easier for the Malaysian community and travelers to perform COVID-19 testing as well as the results that have been verified by medical practitioners.

LATEST PROTOCOL OF CLOSE CONTACT EFFECTIVE 22 APRIL 2022

a) Close Contact Regardless of Vaccination Status

i. Close contact **WITHOUT SYMPTOMS**

• **DO NOT** undergo a Surveillance and Observation Order (HSO).

• Within five (5) days from the last day of exposure to a COVID-19 positive case, this close contact should:

- always wear a face mask when leaving the house
- Avoid being in crowded places
- avoid visiting high-risk groups
- ensure good ventilation
- make essential trips only.

ii. **SYMPTOMATIC** close contact

• Advised to do self-quarantine

• It is recommended to undergo a self-RTK-Ag test on the day of onset of symptoms and then on the third day. If any RTK Ag test results are negative and symptoms subside, close contact can perform outdoor activities.

• This close contact should:
- always wear a face mask when leaving the house
- Avoid being in crowded places
- avoid visiting high-risk groups
- ensure good ventilation
- make essential trips only.

• However, if symptoms worsen, please seek further treatment at the nearest health facility.

• If the RTK Ag test result is positive, the individual should be managed according to the COVID-19 positive case management guidelines.

CONCLUSIONS AND ADVICE

The MOH is constantly enhancing the preparedness of the health service system in the face of the possible increase in current cases in the Transition to the Endemic Phase and will continue to monitor the reporting of cases of infection of new variants within and outside the country. The MOH also recommends that individuals who are eligible to receive the COVID-19 vaccine obtain a booster dose to achieve the optimal level of protection and avoid the symptoms of severe COVID-19 infection and its complications.

Thank you.

KHAIRY JAMALUDDIN
Minister of Health Malaysia
14 APRIL 2022

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