

MINISTERIAL STATEMENT BY MR GAN KIM YONG, MINISTER FOR HEALTH, AT PARLIAMENT, ON THE FOURTH UPDATE ON WHOLE-OF-GOVERNMENT RESPONSE TO COVID-19, 11 MAY 2021

 **11TH MAY 2021**

Overview

1. Mr Speaker, Sir, thank you for allowing me to update members on the COVID-19 situation. Minister Lawrence Wong and I will address Oral Questions 1 to 19 and Written Questions 19 to 23 from yesterday's Order Paper, questions 1 and 2 from today's Order Paper, as well as the question filed by Mr Seah Kian Peng for a future sitting.

2. Sir, it has been 16 months since our fight against COVID-19 started. I last updated the house in January this year when we rolled out the national vaccination programme.

Update on local situation

3. To date, we have confirmed a total of 61,378 cases of COVID-19 infections, and 31 of them have passed on. The COVID-19 situation remains fluid. Globally, we are seeing surges in daily new cases in several countries. Locally, after half a year of low community cases, we have seen several clusters of infections over the last two weeks – a cluster involving an ICA officer and his family members, one at Tan Tock Seng Hospital, another at Tuas South Community Care Facility (CCF), a cluster at Pasir Panjang Terminal, and most recently, a cluster at our airport terminals.

4. We have also detected several unlinked cases, 10 in the last week. This suggests that there are unknown cases in our community that caused these infections, which is a cause for concern. Because for each unlinked case, there is an unknown source, and that is why it is called unlinked. For as long as we cannot identify the source, there is a risk that they may be spreading the infection.

COVID-19 variants

5. New COVID-19 variants have also emerged that challenge our knowledge on the virulence and transmissibility of COVID-19.

6. To date, we have detected ten different COVID-19 variants among local and imported cases. A detailed breakdown was shared in MOH's press release on 4 May.

7. Such variations in viral strains are not unexpected. It is in the nature of viruses to mutate. Therefore, we must expect to see new variants emerge from time to time. However, some variants are of greater concern because of their increased transmissibility, severity of illness caused or ability to break through vaccines.

8. It is also not surprising to discover variant strains in Singapore. We cannot completely shut out our borders, close down the causeways, our seaport and airports because Singapore is not self-sufficient in many things and we need to maintain our supply lines and global connections to survive. The virus will then find ways to infiltrate us.

9. Sequencing results indicate that the recent clusters at TTSH, ICA and Tuas South CCF were driven by the B.1.617.2 variant that was first detected in India. Three of the recent cases at our airport terminals also tested preliminarily positive for B.1.617.

10. While the definitive characteristics of this variant remain unknown, the large clusters and rapid transmission we see locally is concerning as it suggests that infections of this strain can spread quickly and widely. This is similar to the overseas situation where resurgence of cases are likely driven also by new variants.

11. The emergence of several clusters, new variants, as well as rising number of unlinked cases mean the risk of community transmission has gone up. Therefore, we must continue to stay vigilant and tighten our safe distancing measures in the community to slow down and prevent transmission of the virus, even as we make progress in our vaccination programme. We have also tightened our border measures to reduce the risk of importing cases.

Update on Tan Tock Seng Hospital Cluster

12. Let me give a quick update on the cluster at TTSH. The first case of the TTSH cluster was confirmed on 28 April. It was a staff nurse who developed ARI symptoms that day. She dutifully reported her symptoms. She was immediately tested, and despite the fact that she had completed her vaccination earlier in the year, she was confirmed to be COVID positive. I should point out that this does not mean she had been the first infected case, and had brought COVID-19 into the wards. Investigation is still ongoing but her responsible act enabled us to pick up the cluster at TTSH.

13. Our immediate priority in such situations has been to contain and isolate the infections so that they do not spread to the larger community. Hence, we immediately threw a containment ring around this first detected case, quarantining close contacts and testing everyone who could have been in contact with the individual. This included all staff and patients of the affected Ward 9D. By the next day on 29 April, we had identified three

staff and six patients of Ward 9D who were infected.

14. One of these patients had started to display COVID-type pneumonia symptoms at this time too. As he had entered Ward 9D earlier on 20 April, testing and quarantine was hence further extended to all staff who worked in Ward 9D from 20 April, as well as discharged and current inpatients and visitors to Ward 9D from 20 April. Testing was also expanded to include all inpatients and all staff working in the main ward block.

15. After this first round of testing was completed, all other TTSH staff were also screened. For additional precaution, patients and staff from the main ward block were also retested a second time. We then threw a larger ring around TTSH, inviting discharged patients and visitors who were in the hospital during the affected period to also be tested. They are not close contacts and hence have a lower risk of infection, but we offer to test them for abundance of caution and to give them peace of mind. For every case detected, a large ring was drawn around them for testing and isolation, and we lock down all wards that had exposure to the infectious cases.

16. In total, as of 10 May 2021, close to 2,500 individuals have been quarantined. 12,500 individuals have been tested as part of the special testing operations. This is in addition to 12,000 staff, 1,000 patients as well as those who had been quarantined. A total of 43 cases were confirmed, comprising 10 staff, 26 patients and 7 visitors or household members. We will continue to monitor the individuals who have been exposed, and retest them where necessary as some of them may be incubating the infection.

17. Of the 43 COVID-19 cases in the TTSH cluster, 7 staff and 2 patients had received full doses of the COVID-19 vaccine. They were all either asymptomatic, or only exhibited mild symptoms, and none of them required oxygen support. Of the 34 individuals who were not fully vaccinated, six required oxygen, two are in intensive care and one has sadly passed away from COVID-19 complications.

18. While the numbers are too small to draw firm conclusions, the findings do indicate that vaccination provides critical protection even against COVID-19 variants. We know that while vaccination does not eliminate the risks of infection totally, it does provide significant protection against infections and help to reduce the severity of the disease. It is also likely to reduce onward transmission. I urge everyone to get vaccinated when it is offered to you, and continue to comply with safe management measures even if you have been vaccinated. This will help to keep all of us safe.

19. Tan Tock Seng Hospital has implemented a series of measures to prevent further spread within the hospital. Besides locking down the affected wards, TTSH has also stopped all new admissions to the hospital, restricted visitors, and reinforced infection control, hand hygiene, and PPE compliance for all staff.

20. Even while we were dealing with the cluster, work was also ongoing to understand the source and course of the outbreak. Investigation is still on-going and more will be shared when it is ready.

21. We have also learnt several important lessons:

- (a) This particular B.1.617.2 strain appears very infectious, and there will be other variants just like this;
- (b) Without vaccination, the infection among healthcare workers would have been much worse;
- (c) While vaccine breakthroughs are possible, vaccines can help to prevent severe illnesses;
- (d) Vaccines can also reduce risk of further transmission, although the extent of which this is true is still being investigated;
- (e) It is clear that vaccination is most effective when it is part of a whole suite of precautionary measures, such as mask wearing, safe-distancing, accurate testing, thorough contact tracing, and timely isolation.

I will talk more about vaccines later.

22. Since the Tan Tock Seng Hospital cluster happened, there has been reports of healthcare workers there being shunned in public, or refused services. I know this comes from a small minority of Singaporeans. The great majority is thankful for the sacrifices and contributions of our healthcare workers, including those from Tan Tock Seng Hospital. We know you have been working tirelessly in difficult and uncertain conditions. Despite the stressful situation caused by the outbreak, you continue to do your best to care for our patients. I believe I speak for the great majority of Singaporeans, all of us in Ministry of Health, and everyone in this Chamber, that we are all solidly behind you.

23. Sir, while we are in the midst of what appears to be a re-emergence of cases in our community, we are in a stronger position today compared to a year ago. We know more about the virus. We have strengthened our healthcare system, built community care facilities, expanded our testing capacity, enhanced our contact tracing capability, introduced safe distancing measures, and embarked on vaccinating our population, which I will touch on next.

Vaccination plans

Vaccination progress

24. We started COVID-19 vaccinations in Singapore in end 2020 and we continue to make steady progress with our vaccination programme. As of 9 May, about 1.8 million individuals have received at least one dose of the vaccine, and of which, about 1.2 million individuals have received their second dose and completed the full vaccination regimen.

25. Take-up has been encouraging. About two-thirds of eligible persons aged 45 and above have received the COVID-19 vaccination or booked their vaccination appointments. However, we need to continue to encourage more to be vaccinated, especially among the seniors, given their age, they are the most vulnerable. I urge all of us to encourage our elderly family members too.

26. We will be inviting subsequent age bands to receive vaccinations from the later part of May. However, as vaccine supplies continue to be limited, vaccinations will be progressively extended in smaller age-bands. We thank everyone for your patience. If vaccine supplies arrive as scheduled, we will complete the vaccination programme by the end of this year.

Efficacy of Vaccine - Implication of vaccine breakthroughs, re-infections, and variants on vaccination efficacy

27. Sir, I spoke about vaccine effectiveness earlier.
28. We knew from the start that vaccine breakthroughs are possible. But vaccination can still significantly reduce chances of infection. For example, based on a study published in Lancet, the Pfizer vaccine can reduce risk of asymptomatic infection by 91%. Vaccination also prevents severe reactions to the infections and is likely to reduce onward transmission.
- a. Locally, as of 10 May 2021, 30 locally fully vaccinated cases tested positive for COVID-19. There were another 24 imported cases that were already vaccinated.
- b. Most of our local cases of infected vaccinated individuals were asymptomatic. None had severe COVID-19 disease requiring more intensive care. This is consistent with the international experience and emerging evidence that vaccines are highly efficacious in protecting against severe COVID-19 disease and likely to reduce the risk of transmission.
29. There is also a question on re-infected cases, which is known to be possible from overseas and local experiences. As of 10 May 2021, 26 cases have been assessed to be re-infections. We are still investigating whether these are due to general waning of immunity over time or lack of cross-protection against specific variants of COVID-19 that the individual is naïve to. We will provide an update when we know more.
30. Overall, the benefits of the Pfizer-BioNTech and Moderna COVID-19 vaccines continue to outweigh the known risks and we must continue to encourage Singaporeans to be vaccinated.
31. One area of concern is the emergence of new COVID-19 variants from time to time. There is intense ongoing global scientific evaluation for these variants, which our experts are also participating in. The current global consensus is that the COVID-19 vaccines that have been approved can provide protection against these variants because these vaccines elicit a broad immune response involving a range of antibodies and cells. We will continue to monitor development in this area and assess whether our vaccine programme needs to be adjusted.

Evaluation of vaccine for children below 16 years old, people with mild allergic reactions, need for booster shot

32. Members have also asked about vaccination for children below 16 years old, people with mild allergic reactions and the need for a third booster shot.
33. Pfizer-BioNTech and Moderna are currently only approved for use in persons aged 16, and 18 years old and above, respectively.
- a. Initial data provided by Pfizer-BioNTech and Moderna at the time of the Pandemic Special Access Route (PSAR) interim authorisation did not include data regarding their use in younger populations.
- b. The Health Sciences Authority has been examining the supplemental data that have since been submitted for the Pfizer vaccine, to assess if the vaccine meets safety and efficacy requirements for authorisation under PSAR for use in adolescents aged 12 to 15 years. HSA will also do so for the Moderna vaccine when data is submitted to them. We will share more details when the studies are completed.
- c. As for children below 12 years old, clinical trials are still ongoing and may take more time before enough data is available.
34. **Mr Gerald Giam** asked if patients who experience mild allergic reactions from the first dose can take their second dose. Persons who have been assessed by a doctor to be allergic to the first dose of COVID-19 vaccination are currently contraindicated from the vaccine and should not continue with the second dose.
35. We understand that individuals who cannot be vaccinated or cannot complete the vaccination may be concerned that they are not protected from COVID-19. These people are kept in our records, and we will inform them when there is a suitable vaccine for them, or new evidence that shows that current vaccines can be administered to them are available. At the same time, as more of us are vaccinated, we also protect them indirectly.
36. As for booster shots, data on the need for it is still emerging, from both international and local studies. We will share more when we know more. Meanwhile, get the first two shots first.
37. The HSA and the Expert Committee for COVID-19 Vaccinations will continue to monitor ongoing studies in areas such as the extent to which vaccines can prevent onward transmission, the durability of protection provided by vaccines, and the effectiveness of vaccines against emerging variants of concern and will provide updates when available.

Adverse events, VIFAP

38. Members have asked about adverse effects following vaccinations.
39. As of 18 April 2021, HSA has received 2,796 suspected adverse events reports associated with the use of COVID-19 vaccines. This represents 0.13% of doses administered but the majority are non-serious adverse events. Only 0.004% of our doses administered had reported serious adverse events.
- a. In general, the observed trend of adverse events within Singapore is consistent with those reported overseas.
- b. The most commonly reported adverse events are not serious. This includes dizziness, fever, muscle ache, pain at injection sites, headache and allergic reactions. These symptoms generally resolved within a few days.
- c. Most of the patients here have recovered or are recovering from these adverse events.
- d. We have also not seen any local cases of unusual blood clots associated with low platelets that have been reported with other vaccines used overseas.

40. HSA has released the details of reported adverse events on 6 May 2021, which will continue to be published on a routine basis.
41. HSA continues to actively monitor and review the safety of the COVID-19 vaccines. In addition to monitoring reports from international regulatory counterparts, HSA also reviews reports from local healthcare practitioners on adverse events following vaccination regardless of whether causality can be established. HSA has appointed 3 expert panels to review neurological, cardiac and hypersensitivity adverse events such as anaphylaxis, which occur following vaccination. This will allow for prompt and appropriate actions to safeguard public health and enhance vaccination safety.
42. **Ms Sylvia Lim asked** for updates on the Vaccine Injury Financial Assistance Programme, or VIFAP for short. As of 3 May, 104 applications have been received. Of the 75 applications reviewed so far, 45 applications have been rejected and 30 applications were assessed by the independent clinical panel to have met the qualifying criteria. These include 21 cases of hypersensitivity allergic reactions, 4 neurology-related cases, 3 cardiology-related cases, and 1 haematology and dermatology-related case each. All of them have since been discharged from hospitals. The remaining 29 applications are pending.

Overseas vaccination recognition

43. **Ms Cheng Li Hui** had asked if we will recognise overseas vaccinations that are not approved by HSA.
44. As members are aware, Minister for Transport, Mr Ong Ye Kung has shared that we are in discussion with several regions on mutual recognition of vaccination certificate for purposes of travelling.
45. We will release details once the arrangements are confirmed.

Evaluation of Sinovac and other vaccine candidates

46. A few Members have asked about the progress of the evaluation of Sinovac and other vaccine candidates.
47. As part of our efforts to secure a diversified vaccine portfolio to improve our chances of securing a suitable vaccine that is safe and effective for our population, we have entered into Advance Purchase Agreements (APAs) with several pharmaceutical companies such as Moderna, Pfizer-BioNTech and Sinovac last year, even before these vaccines completed their clinical trials.
48. This was how we managed to start our vaccination drive with Pfizer and Moderna vaccines early.
49. Based on the schedules that had been planned for and committed under the advance purchase agreement with Sinovac, Singapore has taken delivery of a shipment of the vaccines.
50. HSA is currently carefully evaluating Sinovac and a few other vaccines for use in Singapore, and we will update the public when we have made progress.

Public Education and Outreach

51. While there has been a concerted effort to encourage the take-up of COVID-19 vaccinations, such as educating the public on why vaccinations are needed, we are aware of vaccination misinformation too. **Mr Pritam Singh** asked what we are doing about this and how we are addressing this.
- a. Overall, public education remains a cornerstone of our vaccination programme. Government agencies have been using multiple platforms including print and broadcast media, social media, direct messaging platforms, and Gov.sg to communicate essential information about the COVID-19 including its vaccines to all segments of society.
- b. When the situation calls for it, we will also not hesitate to use legislative levers such as POFMA Correction Directions to stop individuals from spreading mis-information and fear-mongering.
52. All of us have a role to play in stemming the spread of misinformation.
53. Once again, I urge everyone to check that the information they receive comes from reliable sources and make the effort to verify before sharing them.

Road ahead

54. We have hit a bump on our path to recovery and the coming few days and weeks are critical as we seek to uncover and break all chains of transmission.
55. This came at an unfortunate time as I know many Singaporeans are looking forward to the upcoming Hari Raya and Vesak Day celebrations.
- a. However, the recent community cases show that there remains risks of COVID-19 outbreaks locally, and we need to remain vigilant to avoid an uncontrolled resurgence of community cases.
56. I want to thank Singaporeans for your understanding, and appeal to everyone to follow the safe distancing measures to prevent further spread of COVID-19 and keep Singapore safe even during this festive season.

Reflections of the past year and moving forward

57. The past year has been a tumultuous year. One of the biggest challenges was striking a right balance between saving lives while preserving livelihoods.
58. Our response has not always been perfect. But we have built many new capabilities to meet the new challenges as they emerge. We will continue to learn, improve, be nimble in our response and adapt as the situation evolves.
59. COVID-19 is a global crisis. Our recovery is contingent on the world's ability to contain the COVID-19 pandemic. With the pandemic still raging in many parts of the world, our fight against COVID-19 will continue for a while yet.
60. I will be handing over the Ministry of Health to Minister Ong Ye Kung shortly, but I will continue to co-chair the Multi-Ministry Task Force together with Minister Lawrence Wong and Minister Ong.
61. I would like to take this opportunity to thank members of the Task Force for their support which has allowed us to mount a whole of Government response to the Pandemic.
62. I want to particularly thank the healthcare professionals, doctors, nurses, allied health, both in public and private sectors, for their support in our public health and medical aspects of our COVID-19 response.
63. Finally, I want to thank all Singaporeans for your support and your patience. Sometimes, we had to move quickly and adjust our measures in quick succession which we know can be very disruptive. I am glad that Singaporeans could come together as a nation, make personal sacrifices to adapt to the new normal, and all of us can stand shoulder to shoulder in our fight against the COVID-19 pandemic.
64. This ability for all of us to strive together is the most critical element in our response to COVID-19 that will make all the difference in the eventual outcome. Let's continue to work as one and I am sure we will emerge stronger together from this crisis.

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