

MOH: 503 new TB cases in Week 5

Public urged to stay vigilant during holidays

KUALA LUMPUR: A total of 503 new tuberculosis (TB) cases were detected nationwide up to Epidemiological Week 5 this year (EW 5), bringing the cumulative total to 2,571 cases, says the Health Ministry (MOH).

In a statement, it said Sabah recorded the highest number at 614, followed by Selangor (476), Sarawak (257), Johor (233) as well as Kuala Lumpur and Putrajaya (202).

Penang reported 148 cases, Kedah (144), Perak (127), Kelantan (96), Pahang (81), Terengganu (60), Negri Sembilan (58), Melaka (42), Perlis (17) and Labuan (16).

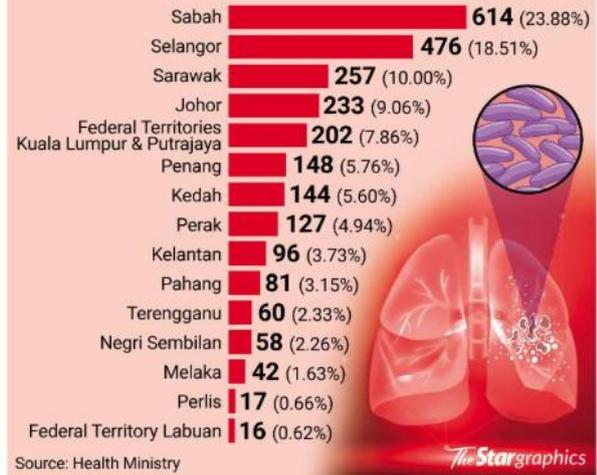
With the festive season and long holidays approaching, MOH advised the public to remain vigilant by practising proper cough and sneeze etiquette and wearing face masks in crowded areas, Bernama reported.

The ministry also urged those

experiencing symptoms such as prolonged cough, fever, loss of appetite or weight loss to undergo screening at the nearest health facility.

"These measures are not only based on the principle of self-risk assessment but also reflect an important social responsibility to protect oneself, family members and the community from infectious diseases," the statement said.

TB cases in the country



Experts: Take precautions during festive gatherings

By **TEH ATHIRA YUSOF**
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PETALING JAYA: As the country faces another rise in tuberculosis (TB) cases, health professionals say that gatherings held during Chinese New Year and Ramadan could fuel further transmission if precautions are ignored.

Public health medicine specialist Prof Dr Sharifa Ezat Wan Puteh cautioned that TB is "an insidious disease, difficult to detect and manage".

It often spreads silently among vulnerable groups such as the elderly, children and those with weakened immune systems, she said.

"Encounters during festive celebrations once or twice in a short duration are not likely to transmit pulmonary TB.

"However, if someone is already diagnosed with active TB, they must remain cautious as they may infect others, sometimes unknowingly," she said

when contacted.

As of yesterday, the Health Ministry reported 503 new TB cases detected across the nation during the fifth epidemiological week. These cases brought the cumulative number of tuberculosis cases to 2,571.

Dr Sharifa advised those diagnosed with TB to mask up during social gatherings to reduce transmission.

"They are highly discouraged from mingling with others. People should understand how pulmonary TB is transmitted and take steps to avoid exposure."

"However, in many cases, positive individuals are not known or would not come forward as positive TB. In some cases, they have been only partially treated. Due to non-compliance, they may not have completed the treatment."

"TB may reactivate again after treatment (relapse) or they can be reinfected by a new strain of TB."

She said that people who have diabetes, HIV, cancer and malnu-

trition could have a higher risk.

Those having symptoms should stay away from crowds if they are still infectious, she added.

Dr Sharifa also warned that TB and influenza might present similar symptoms, especially among the elderly, children and people with high comorbidity.

"For those arriving from abroad or planning to travel abroad, it's wise to get flu vaccinations prior to their travel date.

"Get tested if symptoms persist and seek medical care if you don't get better. Influenza is highly contagious and occurs within a short duration of contact with infected persons," she added.

Consultant emergency physician Dr Aliyah Zambri said that festive gatherings held in poorly ventilated indoor spaces could accelerate transmission.

"TB is airborne and spreads through prolonged, close exposure. While casual festive visits are of lower risk, crowded indoor environments with poor airflow

increase transmission.

"We may not see a sudden spike immediately after gatherings but there could be a gradual rise in detected cases in the following weeks," Dr Aliyah, who is the head of Accident and Emergency Services at KPJ Klang Specialist Hospital, said.

She said the TB bacteria can remain suspended in the air when a person with active pulmonary TB coughs, speaks or sings.

"However, TB transmission is generally associated with sustained exposure such as living in the same household or working in close proximity; not brief social contact," she said.

"Casual interactions during festive visits are of lower risk compared to spending many continuous hours in confined spaces."

Dr Aliyah said both influenza and TB can present with cough and fever, but there are key differences.

TB displays symptoms such as persistent cough for more than

two weeks, weight loss, night sweats and prolonged low-grade fever, she said.

She emphasised the need for awareness, early testing and responsible health-seeking behaviour.

"The festive season should be celebrated safely – with awareness, not anxiety. From an emergency care standpoint, delayed presentation remains a concern.

"Many TB patients present late, sometimes with advanced lung disease or complications.

"Early symptoms may be subtle (mild chronic cough, fatigue, weight loss) and are often ignored. Early diagnosis protects not only the individual but also family members.

"Secondly, stigma continues to be a barrier. TB is treatable and curable with proper adherence to medication. Prompt diagnosis and completion of treatment remain the most effective ways to break transmission chains," she added.

2,500 cases of TB recorded in Malaysia over five weeks

PETALING JAYA: Malaysia has recorded 2,571 tuberculosis (TB) cases in the first five weeks of 2026, with 503 new infections reported in epidemiological week 5 (EW5), the Health Ministry said, underscoring the continued public health burden posed by the infectious disease.

Sabah accounted for the highest proportion of cases, with 614 infections or 23.88% followed by Selangor (476 cases, 18.51%) and Sarawak (257 cases, 10%).

Johor reported 233 cases, while the Federal Territories of Kuala Lumpur and Putrajaya recorded 202 cases.

Other states affected were Penang (148 cases), Kedah (144), Perak (127), Kelantan (96), Pahang (81), Terengganu (60), Negeri Sembilan (58), Melaka (42), Perlis (17) and the Federal Territory of Labuan (16).

With the festive season and long holiday period approaching, the ministry urged the public to remain vigilant against TB transmission, advising people to practise proper cough and sneeze etiquette and to wear face masks in crowded settings.

Individuals experiencing symptoms such as a persistent cough, fever, loss of appetite or unexplained weight loss are urged to undergo screening at the nearest health facility.

The ministry stressed that these preventive measures are not only part of individual risk assessment but also a social responsibility to protect family members and the wider community from infectious diseases. — By *Kirtinee Ramesh*

'Childhood cancer care system plagued by inadequacies'

■ BY **KIRTINEE RAMESH**
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PETALING JAYA: Malaysia's childhood cancer care system is riddled with delays, unequal access and a critical lack of reliable national data – gaps that are costing young lives, Children Cancer Association Malaysia (CCAM) founder and chairman Lavaniyah Ganapathy observed.

Speaking as both an advocate and a mother of a child cancer survivor, Lavaniyah said childhood cancer cases have risen over the past decade with leukaemia the most common, followed by brain tumours and lymphoma.

However, she said Malaysia still lacks an updated and transparent national childhood cancer registry, hampering efforts to track trends, survival rates and regional disparities.

"Since 2016, consistent public reporting has been limited. Without accurate data, we cannot properly measure trends, survival rates, or regional disparities," she said, adding that in developed countries, cancer survival rates for children range between 85% and 95%, while Malaysia's is estimated at 45% to 55%, depending on cancer type and access to care.

She also said although treatment technology and specialist expertise have improved, progress remains uneven, with delays in referrals, diagnosis and treatment continuing to reduce survival chances.

➤ Association says Malaysia lacks updated data to facilitate measurement of trends, survival rates and regional disparities

"For childhood cancer, time is survival."

Lavaniyah highlighted the medical, emotional, financial and systemic challenges faced by affected children and their families.

On the medical front, she cited delayed diagnoses, limited paediatric oncology centres, uneven access to advanced treatment and cases where children are classified as palliative before all curative options are explored.

"Palliative care should mean supportive care alongside treatment, not early withdrawal of hope," she said, adding that some families feel they are not given enough options or second opinions before being directed towards end-of-life care.

She also said Malaysia lacks a structured paediatric hospice system, complicating care for critically ill children.

Emotionally, parents often face trauma and isolation, while siblings are affected by prolonged household stress. Mental health support is not standardised, leaving many families without adequate guidance.

"Fragmented care leads to fragmented outcomes," said

Lavaniyah.

Financial strain is another major burden, with one parent often giving up work to provide full-time care while families shoulder travel, accommodation and other out-of-pocket costs, she added.

She also pointed to disparities in financial aid schemes, many of which are tied to religion-based systems such as *zakat*.

"Non-Muslim children, as well as families outside specific welfare categories, often fall outside structured assistance."

Education continuity is another gap, she added, with children undergoing treatment and missing long periods of school.

"There is no national framework in place to ensure equal educational protection and financial support regardless of religion or socioeconomic background."

"Cancer does not discriminate by race or religion. Support systems should not either."

Lavaniyah said CCAM was established to bridge gaps left by the system, providing hospital bill assistance, urgent financial aid, family support during critical treatment periods, school support, emotional counselling, early

symptom awareness campaigns and advocacy for sustainable monthly donations.

"Survival is not only about medicine. It is about stability. When a parent does not have to worry about rent, food, transport, or school disruption, she can focus on her child," she said, adding that there should be a national dedicated paediatric cancer institute to centralise care, research and support.

In conjunction with International Childhood Cancer Day yesterday, Lavaniyah urged policymakers to treat childhood cancer survival as a benchmark of national healthcare strength.

"These children did not choose this fight," she said, calling for early diagnosis, transparent registry data, equal access to care, education protection and sustainable funding.

"Closing the survival gap from 55% to over 85% is possible but it requires political will, transparent registries, faster diagnostics, equitable support and a coordinated national strategy."

Lavaniyah said support must go beyond sympathy.

"It is about sustainable monthly giving, corporate responsibility, awareness and empathy."

"I speak not just as a founder, but as a mother who has seen the system from the inside."

"We are asking for systemic change, because every child deserves a fighting chance."

Young leukaemia survivor shares candid recount of overwhelming journey

PETALING JAYA: Now 11, Mahiyaa Bala Jeganath was diagnosed at six with one of the most aggressive forms of childhood leukaemia – Philadelphia chromosome-positive acute lymphoblastic leukaemia (Ph+ ALL).

Today, she speaks candidly about her battle, offering a powerful lesson in early detection, honest communication and the life-saving impact of family support.

Mahiyaa recalls the first signs of her illness vividly: "I had a fever that wouldn't go away, bruises on my legs and I was extremely tired. I didn't look like myself."

Her parents acted without hesitation.

"They didn't wait or assume it was just a viral infection. The moment they noticed something was wrong, they brought me straight to the hospital."

"Because they acted quickly, doctors conducted blood tests immediately. The results were abnormal and further testing, including a bone marrow examination, confirmed leukaemia."

"Early action matters. If my parents had waited longer, things could have been much worse."

Treatment began immediately.

Mahiyaa underwent intensive chemotherapy and targeted therapy to tackle the aggressive cancer.

She also spoke about the physical toll with remarkable honesty.

"I lost my hair. I felt nauseous. I was weak. Some days, I couldn't even sit up. But I always asked questions. I wanted to understand my medicine. I knew the name of my cancer. I knew it was aggressive. I knew I had to fight harder," she said.

The fear hit hardest during a relapse.

"That was the first time I asked my mother, 'Am I going to die?' I wasn't dramatic, I wasn't crying. I just wanted the truth," she said.

Her mother shared her fear with hospital staff, prompting doctors and nurses to communicate honestly and clearly.

"That honesty made me braver," Mahiyaa said.

"I felt included, respected and stronger. I realised that understanding my treatment and being told the truth gave me control over my fear."

"Emotionally, the journey was overwhelming."

"At first, I didn't fully understand what was happening. During relapse, I did. I understood survival

rates, risks and the difficulty of treating Philadelphia chromosome leukaemia. I felt real fear. But fear didn't control me. Now, I feel proud. I know my body. I know my treatment. Cancer is part of my story but it is not my identity."

The hardest moments, she said, were the relapse, witnessing her parents hide their own fear, and missing out on school and childhood experiences. Yet knowledge and love became her allies.

"When doctors explained things honestly, I felt less afraid. And when people supported families like mine – emotionally and financially – it reminded us we were not alone," she said.

Mahiyaa has a clear message for parents and the public: "If your child has a fever that doesn't improve, unexplained bruises, unusual tiredness, pale skin or persistent infections – please do not delay. Trust your instincts. Early detection can save lives."

"Children understand more than adults think. Speak to us honestly. Respect our intelligence. And remember, cancer doesn't just affect the child; it affects the entire family." — By *Kirtinee Ramesh*



Mahiyaa, seen here with her brothers, said the hardest moments were during relapse, seeing her parents try to hide their fears and missing out on school and childhood experiences.

Festive feasts, silent risks

➤ As season of indulgence approaches, experts stress importance of screening

AS Malaysians usher in the Chinese New Year (CNY) with reunion dinners, prosperity dishes and toasts to good fortune, health experts are urging the public not to overlook an important aspect of well-being that often goes unnoticed: silent heart, kidney and metabolic conditions that develop without obvious symptoms.

Cardiovascular, renal and metabolic (CRM) diseases including hypertension, diabetes, high cholesterol and early-stage kidney disease often develop without symptoms, sometimes for years. Many Malaysians only discover they are at risk after serious complications such as heart attack, stroke or kidney failure have already occurred.

There are many patients whose first diagnosis of diabetes or kidney disease comes only after a complication has already developed. What makes this especially concerning is that these conditions could have been detected years earlier through simple screening.

Festive habits may mask underlying risks

CNY celebrations are often marked by an abundance of rich meals, sweet treats, festive snacks, late nights and reduced physical

activity. While these traditions bring joy and togetherness, they can also expose underlying metabolic risks.

National health estimates indicate that one in three Malaysian adults lives with undiagnosed hypertension, diabetes or high cholesterol. Three-quarters of chronic kidney disease cases are linked to uncontrolled diabetes or hypertension, while CRM diseases account for more than half of Malaysia's premature deaths.

The challenge from a medical perspective is the gap between when disease begins and when it is detected. By the time patients experience symptoms, damage to the heart, kidneys or blood vessels is often already underway.

Community screening lowers barriers to early detection

In recent years, community-based screening has played a growing role in early detection and prevention. Pharmacies, in particular, have emerged as accessible touchpoints for basic health checks, with the majority of Malaysians living within a short drive of one.

Screening does not need to take place only in hospitals or clinics. When basic tests are available in community settings such as pharmacies, more people are likely to take that first step especially those who may otherwise delay care.

Bringing preventive care closer to everyday life

Health experts say integrating screening into everyday settings reflects a broader shift in healthcare delivery, one that prioritises

prevention and early intervention over late-stage treatment.

With extended hours and walk-in access, community pharmacies offer a practical option for working adults and families. For many people, convenience is not a luxury. It is the deciding factor.

A brief screening can provide valuable insight into heart, metabolic and kidney health, enabling individuals to take action before long-term damage occurs.

Supporting national health goals

These efforts align with Malaysia's National Strategic Plan for Non-Communicable Diseases (2023–2030), which aims to reduce preventable deaths by 25% by strengthening early detection and community-based prevention.

Public health advocates increasingly view prevention as a shared responsibility, requiring collaboration between healthcare providers, community partners and individuals themselves.

A timely reminder this festive season

As families prepare for reunion dinners, open houses and festive gatherings, Malaysians are encouraged to take one simple step that could protect many celebrations to come.

A simple screening, health experts say, can help ensure that the wish for good health and longevity extends well beyond the festive season and into the years to come.

This article is contributed by consultant endocrinologist Dr Tan Hiang Leng.

HIGHEST NUMBER IN SABAH

503 NEW TB CASES IN A WEEK

Public advised to be cautious ahead of festive season, wear masks in crowded places

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THE Health Ministry recorded 503 new tuberculosis (TB) cases in the fifth epidemiological week, bringing the nationwide total to 2,571.

Sabah recorded the highest number of cases with 614, fol-

lowed by Selangor (476), Sarawak (257), Johor (233), Kuala Lumpur and Putrajaya (202), Penang (148), Kedah (144) and Perak (127).

Other states recorded fewer than 100 cases, with 96 in Kelantan, 81 in Pahang, 60 in Terengganu, 58 in Negri Sembilan, 42 in Melaka, 17 in Perlis and 16 in Labuan.

The ministry advised the public to remain vigilant ahead of

upcoming festive seasons and long holidays by practising proper cough-and-sneeze etiquette and wearing face masks in crowded areas.

"Individuals experiencing symptoms such as a prolonged cough, fever, loss of appetite or weight loss are urged to undergo screening at the nearest health facility immediately," it said in a statement.

It added that such measures were a matter of social responsibility to protect the community from infectious diseases, rooted in the principle of self-risk assessment.

Galen Centre for Health and Social Policy chief executive officer

Azrul Mohd Khalib urged the public to remain vigilant ahead of Chinese New Year, Ramadan and Hari Raya Aidilfitri.

He said the festive period typically involved frequent and prolonged social gatherings, increasing the risk of airborne transmission of TB bacteria through respiratory droplets.

"We need to remind ourselves of the precautions we became familiar with during the Covid-19 pandemic," he told the *New Straits Times*.

He advised those showing symptoms to wear face masks and practise proper sneezing and coughing etiquette, particularly individuals confirmed to have

the disease.

"Tuberculosis is an old disease and we have effective treatment for it. In terms of prevention, masking remains important to reduce the spread of the bacteria," he said.

Azrul also dismissed speculation that the increase in cases was driven by imported infections, saying TB had long been present in Malaysia's public health landscape, although the current trend this year seemed more worrying.

He added that most TB cases were local.

"About 85 per cent of cases are among Malaysians, while around 15 per cent involve non-nationals."

FAKE DOCTORS

MMA calls for tougher action on illegal clinics

KUALA LUMPUR: The Malaysian Medical Association (MMA) has urged authorities to step up enforcement against illegal clinics run by fake doctors.

Its president, Datuk Dr Thirunavukarasu Rajoo, said enforcement should be strengthened, especially in areas with large migrant worker populations.

The call follows reports of illegal clinics here, where foreign nationals allegedly posed as doctors, offering medical advice and dispensing controlled medicines without registration.

"MMA calls on authorities to intensify surveillance and enforcement to detect and shut down illegal healthcare operations.

"The recurrence of such clinics despite previous raids shows the need for more robust and sustained action.

"It is shocking that such activities are taking place in Kuala Lumpur, raising concerns about patient safety and regulatory oversight."

Dr Thirunavukarasu said such practices could lead to misdiagnosis, inappropriate treatment, unsafe procedures and exposure to counterfeit or improperly dis-

pensed medication.

He said that medical practice was strictly regulated, and only doctors registered with the Malaysian Medical Council who hold a valid Annual Practising Certificate were permitted to practise.

"This is not about any particular group, but about protecting people who may be taken advantage of due to cost, language or lack of awareness of the healthcare system."

He added that strong inter-agency collaboration, inspections and penalties were necessary to deter these activities.

He urged the public to remain vigilant and seek treatment only from registered practitioners and licensed healthcare facilities.

"Patients have the right to ask for a doctor's credentials and should report suspicious or unlicensed services to authorities."

Yesterday, it was reported that the Immigration Department raided nine illegal clinics in Jalan Tun Tan Siew Sin on Friday, some of which had resumed operations after being shuttered in previous enforcement actions.



Datuk Dr Thirunavukarasu Rajoo

503 kes baharu tibi direkod, Sabah catat jumlah tertinggi

KKM nasihat orang ramai terus berwaspada, pakai pelitup muka di kawasan sesak

Oleh **Syaherah Mustafa**
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Kuala Lumpur: Sebanyak 503 kes baharu Tuberkulosis atau tibi direkodkan pada Minggu Epidemiologi kelima, menjadikan jumlah keseluruhan kes di seluruh negara setakat ini sebanyak 2,571.

Perangkaan setakat hujung minggu lalu menunjukkan Sabah mencatatkan jumlah kes tertinggi dengan 614, diikuti Selangor (476), Sarawak (257), Johor (233), Kuala Lumpur dan Putrajaya (202), Pulau Pinang (148), Kedah (144) dan Perak (127).

Negeri-negeri lain yang merekodkan kurang daripada 100

kes adalah Kelantan dengan 96 kes, Pahang (81), Terengganu (60), Negeri Sembilan (58), Melaka (42), Perlis (17) dan Labuan (16).

Kementerian Kesihatan (KKM) menasihati orang ramai supaya terus berwaspada menjelang musim perayaan dan cuti panjang dengan mengamalkan etika batuk dan bersin yang betul serta memakai pelitup muka di kawasan sesak.

“Individu yang mengalami gejala seperti batuk berpanjangan, demam, hilang selera makan atau penurunan berat badan digesa menjalani saringan di fasiliti kesihatan terdekat dengan segera,” menurut kenyataan kementerian itu.

Tanggungjawab sosial

Tambah KKM, langkah berkenaan adalah tanggungjawab sosial bagi melindungi komuniti daripada penyakit berjangkit, berteraskan prinsip penilaian risiko sendiri.

Di Kota Bharu, Jabatan Pendidikan Negeri (JPN) Kelantan bekerjasama de-

ngan Jabatan Kesihatan Negeri Kelantan (JKNK) sebagai langkah berjaga-jaga mengelak penularan kes tibi di sekolah.

Pengarahnya, Siti Norina Muhamad, berkata antara langkah yang diambil seperti menjalankan pemantauan selain membuat saringan kontak rapat supaya dapat dikesan dan mendapat rawatan awal.

Katanya, pendidikan kesihatan turut ditekankan di peringkat sekolah dan maklumat berkaitan penyakit tibi sentiasa dikongsi-kan agar pendedahan mengenai penyakit berkenaan diterima da-

lam kalangan pelajar.

“Setakat ini, tiada penutupan sekolah susulan penularan wabak tibi kecuali jika disarankan secara rasmi oleh pihak kesihatan.

“JPN memandang serius isu penularan penyakit sebegini dan mengambil langkah sewajarnya bagi mengelak merebak di kawasan sekolah,” katanya dalam sidang media selepas Perhimpunan Bulanan Jabatan Pendidikan Negeri (JPN) Kelantan Bulan Februari 2026 di Dewan Sri Tunjong, JPN Kelantan, di sini semalam.

“JPN memandang serius isu penularan penyakit sebegini dan mengambil langkah sewajarnya bagi mengelak merebak di kawasan sekolah”



Siti Norina Muhamad,
Pengarah Jabatan Pendidikan Negeri (JPN) Kelantan

503 kes baharu tibi direkodkan

Sabah tertinggi, orang ramai dinasihatkan pakai pelitup muka di kawasan sesak

KUALA LUMPUR - Sebanyak 503 kes baharu tuberkulosis atau tibi dikesan di seluruh negara sehingga Minggu Epidemiologi kelima tahun ini (ME 5/2026) menjadikan bilangan keseluruhan kes kepada 2,571 setakat ini.

Kementerian Kesihatan Malaysia (KKM) dalam kenyataan pada Ahad memaklumkan Sabah mencatatkan jumlah kes tertinggi iaitu 614 kes diikuti Selangor (476 kes), Sarawak (257



KKM menasihatkan individu yang mengalami gejala seperti batuk berpanjangan, demam, hilang selera makan atau susut berat badan segera menjalani saringan di fasiliti kesihatan terdekat.

INFO

KES TIBI MENGIKUT NEGERI

• Sabah	614 kes
• Selangor	476 kes
• Sarawak	257 kes
• Johor	233 kes
• Kuala Lumpur dan Putrajaya	202 kes
• Pulau Pinang	148 kes
• Kedah	144 kes
• Perak	127 kes
• Kelantan	96 kes
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• Labuan	16 kes

kes), Johor (233 kes) serta Kuala Lumpur dan Putrajaya (202 kes).

Sebanyak 148 kes direkodkan di Pulau Pinang, Kedah (144 kes), Perak (127 kes), Kelantan (96 kes), Pahang (81 kes), Terengganu (60 kes), Negeri Sembilan (58 kes), Melaka (42 kes), Perlis (17 kes) dan Labuan (16 kes).

Sehubungan itu, menjelang musim perayaan dan cuti panjang, KKM menasihatkan orang ramai lebih peka terhadap pencegahan penyakit itu dengan mengamalkan etika batuk dan bersin yang betul serta memakai pe-

litup muka di kawasan sesak.

KKM juga menasihatkan individu yang mengalami gejala seperti batuk berpanjangan, demam, hilang selera makan atau susut berat badan segera menjalani saringan di fasiliti kesihatan terdekat.

"Langkah ini bukan sahaja berteraskan prinsip penilaian risiko sendiri malah tanggungjawab sosial yang amat penting bagi melindungi diri, keluarga serta komuniti daripada risiko jangkitan penyakit berjangkit," menurut kenyataan itu. - *Bernama*