

COMMENT by Dr Lee J. Peter

When tuberculosis returns, history speaks

TUBERCULOSIS (TB), often assumed to be a disease confined to history, has reentered Malaysia, with 503 newly reported cases.

Behind each statistic lies a story: families at risk, workplaces disrupted and communities exposed.

TB spreads quietly, passing from person to person in homes and offices, often unnoticed until symptoms become impossible to ignore. History reminds us that TB is not merely a medical issue; it is also a social one.

As a historian specialising in Malaysia's medical history during the British administration (1826–1957), I have spent many years studying how societies respond to infectious diseases.

My doctoral research, *A Medical History of Penang: Infectious Diseases, Prevention and Treatment (1918–1957)*, explored a period when TB shaped public policy and everyday life in lasting ways. Many lessons from that era remain strikingly relevant today.

In the 1920s, TB was among Malaya's deadliest infectious diseases. Overcrowded homes, poor ventilation, inadequate sanitation and widespread malnutrition made its spread almost inevitable. It was not merely a medical threat; it destabilised families, burdened the workforce and disproportionately affected those living in poverty.

One of the most visible colonial responses was the creation of dedicated isolation facilities. In the 1930s, a hospital was built on Pulau

Jerejak, off Penang Island, specifically to quarantine and treat TB patients.

The Pulau Jerejak TB Hospital reflected the public health strategies of its time, prioritising isolation, prolonged rest and carefully supervised medical care.

Scientific progress brought hope. Robert Koch's landmark 1882 discovery of *Mycobacterium tuberculosis* identified the organism responsible for the disease and by 1908 Penang had acquired X-ray equipment that allowed earlier detection.

Yet, colonial medical records make one point clear: technology alone was never enough. Meaningful progress required coordinated public health systems.

The establishment of the Tuberculosis Advisory Board in 1947 marked a turning point, driving screening initiatives, expanding BCG vaccination, promoting hygiene education and launching public awareness campaigns through schools, clinics, newspapers and Radio Malaya.

Civil society also contributed decisively. Organisations such as the Malayan Association for the Prevention of Tuberculosis and the Women's Service League raised funds, built healthcare facilities and provided material support for affected families.

Volunteers travelled from house to house offering guidance, encouraging adherence to treatment and ensuring that illness did not inevitably lead



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— ADIB RAWI YAHYA/THE SUN

to destitution.

Malaysia in 2026 is far better prepared and technologically equipped than it was a century ago. Yet, history reminds us that technology alone is insufficient. Rapid diagnostics, digital treatment-monitoring tools and improved vaccines offer advantages our predecessors could scarcely imagine. But they work best when supported by strong public health systems and active community engagement.

If tuberculosis is speaking again

today through rising case numbers and renewed public concern, our history offers a clear response. Fear is unnecessary but complacency is risky.

Earlier decades show that TB control is most effective when medical care, social support and government policy operate together. Early screening, reliable treatment, improved living conditions and efforts to reduce stigma must remain central to Malaysia's approach.

For policymakers, the Health

Ministry, healthcare professionals and civil society organisations, the way forward is already well mapped.

By pairing modern innovation with lessons from Malaysia's own public health history, we can strengthen our defences, protect vulnerable communities and prevent TB from regaining the foothold it once held.

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PUBLIC HEALTH

ONLY SOME MASKING UP AGAIN AMID TB SURGE

No announcement from ministry and limited public messaging on mask use, says citizen

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THE rise in tuberculosis cases nationwide has drawn mixed reactions, with some Malaysians voluntarily resuming mask-wearing and stepping up hygiene practices.

Although the Health Ministry has not made face masks mandatory, several people told the *New Straits Times* they had begun taking precautions after learning of the increase in cases.

NST observations along Jalan Tuanku Abdul Rahman here found a few individuals wearing face masks, but the majority were not.

Shahril Omar, 55, a private-sector employee, said he became aware of the spike in TB cases only during a *tazkirah* (religious talk) at his local surau yesterday morning.

Having relatives and friends diagnosed with TB, he noted limited public messaging encouraging mask use.

Shahril also expressed concern for his Form One child, who has asthma, attending school without a mask. He added that he would soon ask his child to wear one.

"The Education Ministry has not made any announcement on mask-wearing either.

"But now that cases are increasing, we should start wearing masks, including at the surau during tarawih prayers," he said.

"My child should wear one at school, too, especially if a classmate is coughing."

Arra Ramly, 30, a part-time



People with face masks strolling along Jalan Tuanku Abdul Rahman in Kuala Lumpur yesterday. NSTP PIC BY HARI ANGGARA

worker at a clothing shop, said she learnt of the situation through social media and has since begun wearing a face mask and using hand sanitiser regularly.

She said the country's experience during Covid-19 had taught her the importance of taking early precautions.

"In situations like this, it is better to take precautions before it spreads to others. Wearing a face mask is one way to be careful, just like we did during Covid-19," she said.

"We have gone through lockdowns before. So before it reaches that stage again because of TB, it's better to wear a mask as a precautionary step.

"It's not just about wearing a mask. We also need to take care

of our health, personal hygiene and overall self-care."

Another retail assistant, who wished to be known as only Angah, 30, said she wore a mask when her shop turned crowded and kept a safe distance from customers.

"I found out about the increase in TB cases from the news. We have to be careful because it is dangerous and involves lives. I try to avoid crowded places.

"But I work in a shop and meet customers daily, so I keep some distance. If possible, we wear masks when it's crowded."

Muniandy Subramaniam, 52, a private-sector employee, said he now wore a mask and paid closer attention to his health amid the rise in cases.

"I wear a face mask now because we can see what's happening in the country.

"I learned about TB during my

regular medical check-ups. The doctors informed us about it."

The Health Ministry recorded an increase in TB cases, with 596 cases reported in the sixth epidemiological week compared, with 503 the previous week, which brings the nationwide total to 3,161 cases.

The ministry also encouraged the public to wear face masks, especially in crowded or poorly ventilated areas, following a rise in TB cases, although the Health Ministry has not made mask-wearing mandatory.

It said mask-wearing was encouraged for people experiencing fever, cough, cold or sore throat.

Health Minister Datuk Seri Dr Dzulkefly Ahmad had said 85 per cent of TB cases in the country involved Malaysians,

while 15 per cent involved foreigners.



Shahril Omar



Arra Ramly



Muniandy Subramaniam

WHO: 94m need cataract surgery, but access lacking

MORE than 94 million people suffer from cataracts, but half of them do not have access to the surgery needed to fix the condition, according to the World Health Organisation (WHO).

Cataracts — the clouding of the eye's lens that causes blurred vision and can lead to blindness — are on the rise as populations get older, with age being the main risk factor.

"Cataract surgery — a simple 15-minute procedure — is one of the most cost-effective medical procedures, providing immediate and lasting restoration of sight," the WHO said.

It is one of the most frequently performed surgeries in high-income

countries.

However, "half of the world's population in need of cataract surgery don't have access to it", said Stuart Keel, the United Nations health agency's technical lead for eye care.

The situation is worst in the WHO's Africa region, where three in four people needing cataract surgery remain untreated.

In Kenya, at the current rate, 77 per cent of people needing cataract surgery are likely to die with their cataract blindness or vision impairment, said Keel.

Across all regions, women consistently experience lower access to care than men.

Of the 94 million affected, fewer than 20 per cent are blind, while the rest suffer from impaired vision.

Supported by the Malaysian Communications and Multimedia Commission

The risk of developing cataracts rises as individuals age. PICTURE CREDIT: PRESSFOTO — FREEPIK

KERACUNAN MAKANAN

Sasar 50 kes bagi 100k penduduk

Kuala Selangor: Kementerian Kesihatan Malaysia (KKM) mempergiatkan usaha pengukuhan kawalan keselamatan makanan di semua peringkat bagi mencapai sasaran kadar kejadian keracunan makanan kurang 50 kes bagi setiap 100,000 populasi menjelang 2030.

Menteri Kesihatan Datuk Seri Dr Dzulkefly Ahmad (*gambar*) berkata, sasaran itu merangkumi industri, premis makanan awam serta institusi pendidikan, selaras Pelan Tindakan Keselamatan Makanan Kebangsaan 2024-2030 serta Dasar Keselamatan Makanan Kebangsaan 2.0.

Beliau berkata, untuk itu semua peniaga perlu memberi keutamaan kepada aspek kebersihan dan keselamatan makanan

serta memastikan makanan yang dijual adalah bersih, berkualiti dan selamat dimakan.

"Orang ramai digalakkan mengamalkan konsep 'Perhati dan Pilih' dengan memilih premis bersih serta menitikberatkan kualiti makanan. Pengguna juga disarankan mengamalkan langkah mudah 'Lihat, Hi-

du, Rasa' sebelum menikmati juadah berbuka puasa bagi mengurangkan risiko keracunan makanan," katanya.

Beliau berkata pada Walkabout Bazar Ramadan 2026 dan Pelancaran Kempen Kebersihan dan Keselamatan Makanan Bazar Peringkat Kebangsaan 2026 di Bazar Ramadan Lotus's Kuala Selangor di sini, kelmarin.

Dzulkefly berkata, pemantauan terhadap keselamatan dan kebersihan bazar Ramadan dimulakan sejak awal bulan ini melalui kerjasama semua Jabatan Kesihatan Negeri (JKN) bersama pihak berkuasa tempatan (PBT) untuk mendapatkan maklumat tapak dan jumlah gerai yang beroperasi.

