KERATAN AKHBAR 15/06/2026 (Isnin)

The Star M/S 4, 15

Community dengue control

Both government and society must play an active role

By MUGUNTAN VANAR
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Urgent action required: Dzulkefly (left) inspecting an area at a settlement in Mangattal, Kota Kinabalu during a gotong-royong event.

KOTA KINABALU: A community-centred effort underpins Malaysia's dengue control strategy through the Komuniti Bebas Denggi (KomBeD) programme, says Health Minister Datuk Seri Dr Dzulkefly Ahmad.

He said the initiative adopts a "whole-of-government and whole-of-society" approach to [illegible] vector-borne diseases [illegible] three key components – Environmental Intervention, Community Empowerment and Entomological Surveillance.

Speaking at the Asean Dengue Day, World Malaria Day and National Mega Gotong-Royong celebration in Manggatal here yesterday, he said the Environmental Intervention component aims to create and promote clean, green communities through 3R practices, including systematic waste management, tree planting, beautification projects and energy conservation.

Under the Community Empowerment component, Dzulkefly said his ministry encourages communities to take an active role in identifying local issues, planning solutions and implementing preventive measures against dengue.

"Weekly 10-minute home inspections to eliminate mosquito breeding sites are being promoted as a nationwide habit," he said at the programme held under the Agenda Nasional Malaysia Sihat 2026 tour.

Through Entomological Surveillance, he said scientific monitoring of mosquito populations, breeding indices and ovitraps enable authorities to detect risks early and optimise control measures.

From a regional Asean perspective, Dzulkefly said dengue infection patterns are cyclical, with outbreaks peaking every four to five years due to factors such as climate change, rainfall distribution and monsoon transitions.

"Regionally, Malaysia recorded 33,367 dengue cases this year as of June 13, an increase of 20.7% compared with the same period in 2025.

"Malaysia ranks third behind Indonesia (39,672 cases) and Vietnam (35,986 cases), but this is no reason for complacency. In fact, our incidence rate is the highest among Asean countries.

"Dengue-related deaths also rose by 43.75%, with 23 deaths compared with only 16 in 2025. Laboratory surveillance found an extreme serotype shift, with DENV-3 now dominating infections in Malaysia," he said.

He added that chikungunya cases had surged to 163 compared with just 30 during the same period last year, representing an increase of 443%.

In Sabah, 2,866 dengue cases have been reported so far this year, a 50.4% increase from the corresponding period in 2025.

The five districts with the highest active transmission are Kota Kinabalu with 1,033 cases, followed by Tawau (578), Sandakan (500), Penampang and Putatan.

On malaria, he said Malaysia has made global public health history by maintaining zero indigenous human malaria cases since 2018 through the continued efforts of the government, healthcare workers and communities.

However, he said the country continues to face challenges from zoonotic malaria, or malaria knowlesi, which accounted for 80.55% of all malaria cases in 2025, involving 2,088 cases.

Only 504 cases involved human malaria, all of which were imported or introduced infections.

Caring for the dignity of patients

RECENTLY, while waiting for my blood test at the Blood Collection Centre in Universiti Malaya Medical Centre, I witnessed a scene that truly saddened me.

Many patients had been instructed to provide urine samples as part of their medical examinations. Naturally, they made their way to the toilets provided nearby.

But there was a problem.

There were only two toilets for women and two for men serving patients in that area. Unfortunately for the women, only one was usable. The other toilet had a notice pasted on the door bearing a single word, "Rosak" (damaged).

As a result, a long queue formed outside the women's single functioning toilet. Those waiting were mostly elderly women. Some were in wheelchairs. Some looked like they could hardly stand. Yet they had no choice but to wait patiently.

Imagine their discomfort.

These are not visitors or passers-by. They are patients who came to the hospital seeking medical attention and had to use the toilets to produce the samples they had been instructed to give. Yet the very basic facility they needed was unavailable.

The elderly ladies were grumbling and complaining, but no one came forward to address the situation, at least not in all the time I was there.

Where is the sense of urgency? Where is the accountability and responsibility of those entrusted to care for these patients?

A broken toilet may appear to be a small issue to some. But to an elderly person with a weak bladder, limited mobility, or underlying health conditions, it can become an agonising ordeal.

Can the hospital authorities please have a heart for elderly folks? A simple sign saying "Rosak" is not enough. Prompt action should be taken to repair essential facilities, especially in areas serving patients who are already vulnerable and unwell.

This post is not meant to condemn, but to awaken sleeping authorities to the realities faced by ordinary patients every single day.

Sometimes, the dignity of patients is measured not by sophisticated medical equipment, but by how promptly we attend to their most basic human needs.

Can we do better? I sincerely believe we can.

ROBERT TAN
Subang Jaya, Selangor

The Sun M/S 9

Break dengue cycle with vaccination

THIS year's Asean Dengue Day, observed today, carries the theme "Towards Zero Dengue Deaths: Science, Strategy and Solidarity".

Yet, Malaysia remains dangerously off pace in achieving that vision. The country knows the cycle of dengue all too well: every few years, a major outbreak sweeps across the nation with alarming predictability.

This cyclical pattern – three-to-four-year surge in cases – is not merely a matter of bad luck; it is a predictable pattern now worsened by the climate-disrupting effects of El Nino.

The resulting warm, dry conditions create ideal breeding grounds for the Aedes mosquito, supercharging transmission and overwhelming our healthcare system.

We are seeing this pattern unfold once again. National data show that 30,311 dengue cases were reported between January and June this year, a 9.7% increase from the 27,640 cases recorded during the same period last year.

Mortality figures have also risen, with 23 fatalities reported in the first half of the year, up 35% from 17 deaths during the corresponding period in 2025.

Although Selangor reported a decline in 2025 compared with the catastrophic previous year, the threat has not vanished. As of June 7, the state has recorded 14,502 dengue cases, accounting for 47% of the national dengue burden.

Thirteen lives have been lost in Selangor so far this year, a 6.5-fold increase from the same period last year. The state is now home to 286 of Malaysia's 442 dengue hotspots or 65% of the total.

Every death – every hospitalisation – is an urgent reminder that the traditional tools of fogging and clean-up campaigns, while essential, are insufficient. This is why the continued resistance to mainstream the dengue vaccine, Qdenga, is a profound public health misstep.

Of course, no discussion of dengue vaccination in 2026 would be complete without addressing the recent headlines from Brazil. On June 8, just one week before Asean Dengue Day, Brazil's health authorities suspended the use of a different dengue vaccine, Butantan-DV, following 42 severe adverse events and two possible associated deaths.

The suspension was precautionary and investigators have yet to establish a causal link. But already, opponents of vaccination in Malaysia have seized on the news, warning of "unproven risks". This is a classic case of guilt by association.

Butantan-DV is a single-dose, live-atenuated vaccine developed by a Brazilian institute; it is not Qdenga. Crucially, Brazil has not halted the use of Qdenga. The country's National Immunisation Programme (NIP) continues to administer Qdenga to children and adolescents without interruption, with over 7.4 million doses already delivered.

Brazil has even purchased nine million doses of Qdenga for 2026 and plans to buy another nine million for 2027. That is the clearest possible vote of confidence from a nation that has suffered more than any other from dengue's toll.

Let us be unequivocal: Qdenga is safe and the evidence is overwhelming. The landmark Tides trial, involving more than 20,000 participants, confirmed no new safety signals after seven years of follow-up. Against hospitalisation, Qdenga offers 84% protection at 4.5 years, rising to over 90% after a booster. It is approved in 42 countries, from Indonesia to the European Union and prequalified by the WHO.

The Butantan suspension is a reminder that science requires vigilance but it is not a reason to reject a proven tool.

If Malaysia's Health Ministry truly believes in evidence-based policy, it must distinguish between a precautionary pause on one newly introduced vaccine and the continued, successful rollout of another. To conflate the two is either ignorance or wilful misdirection. The public deserves better.

Latin America provides a powerful blueprint for success. Facing a devastating epidemic in 2024 that claimed over 6,000 lives, Brazil integrated Qdenga into its NIP. Long-term trial data confirmed the vaccine's sustained protection across all four virus serotypes for at least seven years. The evidence is no longer theoretical; it is a proven, life-saving intervention.

Every death is an urgent reminder that the traditional tools of fogging and clean-up campaigns, while essential, are insufficient. – ***ADIB RAWI YAHYA/THESUN***

> *"Despite Malaysia granting approval for Qdenga in February 2024, the public remains tragically unprimed for its adoption."*

Despite Malaysia granting conditional approval for Qdenga in February 2024, the public remains tragically unprimed for its adoption. Nearly two years after its launch, awareness of the vaccine is still critically low. Experts point to a lack of effective public education campaign, much focused on traditional vector control measures.

Worse, the Health Ministry has stated it has "no plans" to include the vaccine in the NIP, arguing Malaysia does not meet the WHO threshold of 60% seroprevalence in children. This is a dangerously narrow interpretation.

Waiting passively for herd immunity to materialise through infection is unethical and unsustainable, especially when we have a safe, effective tool that can prevent severe disease and death.

On this Asean Dengue Day, we must realign the narrative. We cannot afford to treat the Qdenga vaccine as a niche product for the informed few and the rich. The Health Ministry must immediately launch a holistic mass public awareness campaign and negotiate with the manufacturer to make the vaccine affordable and accessible, particularly in hotspot states like Selangor.

Relying solely on Wolbachia-infected mosquitoes or behaviour-change campaigns is no longer enough. The science is clear, the Latin American success stories are a beacon and the cyclical crisis is at our doorstep.

Let us use all the tools in our arsenal. The goal of zero dengue deaths is achievable but only if we have the strategy and solidarity to act.

Dr Zulkifli Ismail
Chairman
Dengue Prevention Advocacy Malaysia (DPAM)
Dr Musa Mohd Nordin
DPAM Member
Dr Koh Kar Chai
DPAM Member

Sinar Harian M/S 11

Sabah rekod lonjakan denggi

KKM perkenal strategi baharu bendung penularan

KOTA KINABALU - Kes denggi di seluruh negara meningkat 27 peratus kepada 33,367 kes setakat Sabtu atau Minggu Epidemiologi ke-23, berbanding 27,640 kes bagi tempoh yang sama tahun lalu.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, situasi di Sabah lebih membimbangkan apabila mencatatkan lonjakan drastik 50.4 peratus dengan 2,866 kes dilaporkan berbanding hanya 1,905 kes bagi tempoh yang sama tahun sebelumnya.

Katanya, lima daerah dikenal pasti sebagai penyumbang kes tertinggi di negeri berkenaan iaitu Kota Kinabalu, Kota Marudu, Tawau, Sandakan, Penampang dan Putatan.

"Kita tahu lonjakan ini berada dalam ramalan kitaran jangkitan yang berlaku setiap empat hingga lima tahun, tetapi kita perlu kekal waspada dalam berdepan situasi ini," katanya di Manggatal di sini pada Ahad.

Terdahulu, beliau merasmikan Majlis Sambutan Hari Denggi ASEAN, Hari Malaria Sedunia dan Gotong-Royong Mega Peringkat Kebangsaan sempena Jelajah Agenda Nasional Malaysia Sihat (ANMS) 2026 di Dewan Masyarakat Manggatal di sini.

DZULKEFLY

Dzulkefly berkata, selain faktor kitaran jangkitan, kementerian turut mengesan peningkatan kes ini dipengaruhi oleh perubahan serotaip virus denggi yang kini didominasi oleh serotaip DEN-3.

Bagi mendepani cabaran itu, beliau berkata Kementerian Kesihatan (KKM) memperkenalkan pendekatan strategik baharu berasaskan Behavioral Insights (BI) menerusi Program Komuniti Bebas Denggi (Kombat).

Katanya, KKM membawa beberapa pendekatan dan inisiatif perubahan, terutamanya dalam konteks semasa dengan menggunakan pendekatan BI yang berasaskan ekonomi tingkah laku (*behavioral economics*), iaitu pendekatan yang melihat perubahan tingkah laku manusia boleh didorong ke arah perubahan positif.

"Strategi *nudging* digunakan untuk membolehkan perubahan tingkah laku manusia. Mereka tahu, tetapi tidak mahu berubah, jadi literasi sahaja tidak mencukupi. Kita perlu memudahkan proses perubahan itu dengan kerjasama kerajaan Persekutuan dan juga kerajaan negeri melalui pendekatan yang sesuai," katanya.

Program Kombat pula bertumpu kepada tiga strategi utama iaitu intervensi persekitaran, pemerkasaan komuniti serta penglibatan seluruh masyarakat (*whole-of-society*), termasuk pengukuhan pengawasan sains entomologi. - *Bernama*

Berita Harian M/S 13

Kes denggi meningkat 20.7 peratus

KKM perkenal program Kombat fokus tiga strategi banteras wabak

Dr Dzulkefly bersama orang ramai pada Majlis Sambutan Hari Denggi ASEAN, Hari Malaria Sedunia dan Gotong Royong Mega Peringkat Kebangsaan di Dewan Masyarakat Manggatal, semalam. (Foto ihsan FB KKM)

Kota Kinabalu: Kes denggi seluruh negara meningkat 20.7 peratus kepada 33,367 kes sehingga semalam atau Minggu Epidemiologi 23, berbanding 27,640 kes bagi tempoh sama tahun lalu.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata situasi di Sabah lebih membimbangkan apabila negeri itu mencatatkan lonjakan drastik sebanyak 50.4 peratus dengan 2,866 kes dilaporkan berbanding hanya 1,905 kes bagi tempoh sama tahun sebelumnya.

Beliau berkata, lima daerah di Sabah dikenal pasti sebagai penyumbang kes tertinggi di negeri berkenaan iaitu Kota Kinabalu, Kota Marudu, Tawau, Sandakan, Penampang, dan Putatan.

"Kita tahu lonjakan ini berada dalam ramalan kitaran pusingan jangkitan yang berlaku setiap empat hingga lima tahun, tetapi kita perlu kekal waspada dalam berdepan situasi ini," katanya kepada pemberita di Manggatal di sini, semalam.

Terdahulu, beliau merasmikan Majlis Sambutan Hari Denggi ASEAN, Hari Malaria Sedunia dan Gotong Royong Mega Peringkat Kebangsaan sempena Jelajah Agenda Nasional Malaysia Sihat (ANMS) 2026 di Dewan Masyarakat Manggatal di sini, semalam.

Perubahan subvarian virus

Dzulkefly berkata, selain faktor kitaran pusingan, pihak kementerian turut mengesan peningkatan kes ini dipengaruhi perubahan subvarian virus denggi yang kini didominasi subvarian DEN-3.

Beliau berkata, Kementerian Kesihatan (KKM) memperkenalkan pendekatan strategik baharu berasaskan pendekatan *Behavioral Insights* (BI) menerusi program Komuniti Bebas Denggi (Kombat).

Dzulkefly berkata, KKM membawa beberapa pendekatan perubahan inisiatif, terutama dalam konteks menggunakan pendekatan *Behavioral Insights* yang menjadi *Behavioral Economics*' yang melihat perubahan tingkah laku manusia boleh didorong ke arah perubahan positif.

"*The nudging strategy* untuk menjadikan manusia itu dapat berubah. Dia tahu, tapi dia tak nak berubah, jadi literasi sahaja tidak cukup. Kita izinkan bagaimana untuk mereka berubah dengan kerajaan Pusat dan juga kerajaan negeri memberikan pendekatan," katanya.

Program Kombat berkenaan, katanya bertumpu kepada tiga strategi utama iaitu intervensi persekitaran, pemerkasaan komuniti, serta pembabitkan menyeluruh masyarakat, termasuk pengukuhan pengawasan sains entomologi. BERNAMA

Harian Metro M/S 17

MENINGKAT 20.7 PERATUS

Denggi melonjak seluruh negara

Kota Kinabalu

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"Lima daerah di Sabah dikenal pasti sebagai penyumbang kes tertinggi"

Menteri Kesihatan Datuk Seri Dr Dzulkefly Ahmad

Beliau berkata KKM membawa beberapa pendekatan perubahan inisiatif terutamanya dalam konteks hari ini menggunakan pendekatan BI yang merupakan *Behavioral Economics* yang melihat perubahan tingkah laku manusia boleh didorong ke arah perubahan positif.

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Program Kombat berkenaan pula katanya bertumpu kepada tiga strategi utama iaitu intervensi persekitaran, pemerkasaan komuniti, serta penglibatan *whole-of-society* termasuk pengukuhan pengawasan sains entomologi.