KERATAN AKHBAR 19/06/2026 (Jumaat)

The Sun M/S 14

Protecting children from respiratory tract infections

AS a paediatrician, I have witnessed firsthand the distress that respiratory tract infections can cause to infants and young children. Among the most common, [illegible] concerning, is due to [illegible]ory Syncytial Virus (RSV) infection.

Present all year round, RSV infections typically peak from September to December with cases often extending into January the following year.

It is highly contagious, spreading through droplets from infected persons, and can infect anyone of any age. While it causes only mild symptoms in healthy older children and adults, in young children, the impact is more severe.

In Malaysia, RSV is the most commonly identified respiratory virus in children aged six months and below, accounting for 81% of viral respiratory tract infections.

Among infants, two out of three experience their first infection before 12 months of age. Infants who were born premature and those with congenital disorders, such as congenital cardiac malformations or neurological disorders, are more likely to experience severe illness.

But healthy babies born at full term are not spared either, as more than 80% of severe cases involve children with no underlying health conditions.

However, many parents may not be aware of RSV. They may find that symptoms such as cough, runny nose and fever overlap with other common childhood illnesses, making RSV difficult to distinguish from other respiratory diseases. Infants and young children may also exhibit poor appetite or lethargy.

Symptoms can rapidly worsen to include both rapid or shallow breathing, shortness of breath and spasms in the airways (bronchospasms).

RSV can also trigger serious complications such as pneumonia and inflammation of the small airways in the lung, which would require urgent breathing support or ICU care.

Hence, it is not surprising that 84.5% of infected children below two years old require hospitalisation, and a significant proportion of them are healthy, full-term babies.

Studies show that children who suffer an RSV infection face up to 12 times higher risk of developing asthma and may be affected by long-term respiratory problems such as recurrent wheezing and abnormal lung function.

What's more, getting infected once doesn't provide immunity, so it's possible to get infected again. This means society must take the necessary actions to prevent RSV infection.

For new parents, a good place to start is to ensure that their baby is breastfed. Human milk contains numerous immune and antiviral components, which can protect infants against various infections.

A review found that infants who were not breastfed, or were breastfed for a shorter duration, had significantly higher risks of developing severe RSV-associated lower respiratory tract infections.

Another essential practice is to ensure good hygiene, such as regular handwashing and wearing face masks, as well as avoiding close contact or sharing utensils with those who are unwell.

Parents are also encouraged to keep unwell children out of school or childcare to prevent infecting other children and, by extension, their families.

Childcare facilities should not be overcrowded, as this is a known risk factor for recurrent infections. All childminders must ensure that surfaces remain clean and disinfected and that a smoke-free environment is maintained for all babies.

As a doctor who has seen the impact of RSV on children, I urge all parents to talk to their paediatrician about preventing RSV infection. Taking these initial steps is essential to ensure that we can prevent a lifetime of RSV-associated complications.

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The Sun M/S 10

Prevention key to combatting corruption

WHY is corruption so rampant and pervasive in Malaysia? Almost daily, we are bombarded with news reports and announcements of arrests involving mainly public officials or civil servants by the Anti-Corruption Commission (MACC).

We frequently see photographs and videos in the print and electronic media showing those arrested, dressed in orange MACC attire, being escorted to court to obtain remand orders against them.

These common scenes display the "success" or "effectiveness" of enforcement efforts, investigations, arrests and the subsequent prosecution of those involved in corruption.

Such routine measures have, from the very beginning, consumed the bulk of the budget and attention in Malaysia's relentless fight against corruption.

If we look back at the 55-year history of our institutionalised anti-corruption drive or battle, the word *pencegahan* (prevention) was engraved in the name of entities such as *Badan Pencegah Rasuah* or Anti-Corruption Agency in the early years. And since 2009, the agency was upgraded in status to the Malaysian Anti-Corruption Commission.

The key to long-term success in fighting corruption actually lies in the prevention of the scourge.

The situation is almost exactly like our healthcare system, where the Health Ministry's annual budget of RM42 billion is largely spent on the salaries of thousands of medical personnel, the procurement of medicines and equipment and the operating costs of more than 150 hospitals and thousands of clinics across every nook and corner of the country.

We, as members of the public, have hardly seen any full-fledged or regular campaigns to create awareness for Malaysians to lead a healthier lifestyle and prevent the onset of various non-communicable diseases (NCDs). Yet, NCDs remain the country's greatest health threat and are among the leading causes of death.

The answer to the question I posed at the outset as to why corruption is so rampant, with many even describing it as a pandemic, is quite obvious.

Corruption thrives or breeds because vast sums of money are constantly being channelled through projects, tenders and procurement activities within our massive public sector administration, all in the name of nation-building.

These activities provide unlimited opportunities for corrupt acts to be committed by individuals who abuse their positions of power in exchange for cash or other financial rewards.

If we examine the *modus operandi* of those arrested by the MACC, the most common denominator is the abuse of power for personal gain, with those involved receiving financial benefits in return.

In recent years, major cases have included a report lodged by a government-linked company concerning billions of ringgit already paid by the government for the construction of several naval vessels that had not even been built at the time.

There was also another case involving millions of ringgit paid for military helicopters, yet the aircraft had similarly not been delivered when the payments were made.

"I strongly believe that the MACC needs to re-strategise its anti-corruption mandate by strengthening its capacity, capability and effectiveness in nipping corruption in the bud."

In this regard, there is an urgent need for the Finance Ministry – as the country's ultimate paymaster in the country – to stringently check, double-check or even triple-check to determine if such projects or procurements have been delivered in accordance with contractual requirements before such substantial payments are dispensed.

So much taxpayers' money has gone with the wind or down the drain due to such dereliction of duty and breaches of trust at various levels of the system.

There are many other similar examples. One only needs to read the annual reports of the auditor-general to get a feel of the massive leakages of government funds.

I strongly believe that the MACC needs to re-strategise its anti-corruption mandate by strengthening its capacity, capability and effectiveness in nipping corruption in the bud. In other words, it should enhance its intelligence-gathering and preventive capabilities to detect and stop corrupt practices before they are committed in the first place.

Once corrupt acts have been committed due to our inability to prevent them – whether because of ineffective checks and balances, weak oversight mechanisms or other factors – money has already been lost. The long and tedious process of bringing those responsible to justice further drains our resources. Prevention is always better and far more cost-effective than cure.

With the MACC having recently appointed its new Chief Commissioner, Datuk Seri Abdul Halim Aman, who took over after six years under Tan Sri Azam Baki's leadership, how encouraging it would be if our anti-corruption efforts were redirected towards achieving greater success and effectiveness in preventing corruption from occurring in the first place.

The MACC's routine standard operating procedures, which have long been its bread and butter, could be strengthened by introducing another key performance indicator (KPI) – its effectiveness in the area of corruption prevention.

It only stations its chief integrity officers at several key ministries and departments but whose tasks are unrelated to the nitty-gritty of verifying government tenders for projects or procurements.

I believe that moving forward, it would be a good beginning if the MACC were entrusted with this task, as its involvement could serve as a stronger deterrent and create a greater fear factor against corruption.

In this regard, former Auditor-General Tan Sri Ambrin Buang told me the MACC should randomly engage with key ministries and agencies responsible for processing high-value procurements (RM100 million and above) to send a clear signal that they are being monitored.

"Procurement is the main hub for fraud, corruption and leakages," Ambrin said.

We Malaysians long for the day when the regular announcements of the arrests of suspects in corruption cases are balanced up with news of the MACC's success in preventing corrupt acts from being committed at all.

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NST M/S 12

Gut health and circadian rhythms

Heal

By Meera Murugesan

Starting the day with nutrient-dense, balanced meals and spacing them evenly through the day supports stable energy, efficient digestion, and optimal metabolic function. PICTURE CREDIT: HERBALIFE

ACROSS Asia, generations of parents passed down the same quiet wisdom — eat well when the sun is up and keep the evenings light.

Today, research is echoing what our ancestors instinctively understood: when our meals and daily habits align with the body's internal clock, the gut is one of the first to benefit.

Herbalife Asia Pacific nutrition education and training lead Dr Vipada Sae-Lao says most of us don't realise that our bodies are remarkably "punctual".

The circadian rhythm, or the body's internal 24-hour clock, quietly controls sleep, hunger and the performance of every system throughout the day.

"This clock is not just in the brain — it lives in nearly every cell, keeping the entire body in sync with the natural rhythm of day and night."

Research shows that our gut bacteria and body clock are in constant "conversation", each influencing the other to keep our metabolism, body weight, insulin sensitivity, cardiovascular, immunity and overall health on track.

The challenge is that modern life has quietly disrupted this balance.

Late nights, irregular meals, shift work and scrolling on screens after dark throw the internal clock off rhythm.

A healthy adult typically needs seven to nine hours of sleep daily for proper physical and cognitive recovery. When this internal clock falls out of sync, the gut follows, raising the risk of weight gain, blood sugar imbalances and inflammation over time.

The Health Ministry has noted that diseases of the digestive system were among the top ten causes of hospitalisation in Malaysia in 2024.

The good news? Restoring this balance is more achievable than it sounds.

Starting the day with nutrient-dense, balanced meals and spacing them evenly through the day supports stable energy, efficient digestion, and optimal metabolic function. Equally important is following a consistent timing, preferably within an eight to 12-hour window.

Hydration is also crucial and hydration, like eating, works best when practised consciously.

Vipada says a glass of water before the first meal kickstarts digestion and sets the body clock in motion.

"Consistent hydration throughout the day supports the role of dietary fibre in keeping digestion moving smoothly, while easing off fluids in the evening gives the body the signal it needs to rest and repair overnight."

Finally, maintaining consistent sleep and wake times can support restful sleep that gut bacteria can align with.

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Sinar Harian M/S 12

Hospital moden tak bermakna jika doktor terus berkurangan

ANALISIS MUKA 12
SITI HAZIRA HAMDAN

Setiap kali melalui Lebuhraya Pesisir Barat (WCE) susur ke Kapar dan Meru, mata pasti tertumpu pada Hospital Kapar. Bentuk bangunannya yang unik seolah-olah blok permainan yang disusun-susun menarik perhatian.

Dijangka siap pada Mac 2027, hospital berkenaan bakal dilengkapi 312 katil dan memiliki pelbagai kepakaran kemudahan klinikal.

Menurut Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, hospital berkenaan dibina dengan visi strategik sebagai pusat rujukan penyakit berjangkit dan kecemasan.

Katanya, kemudahan yang disediakan adalah langkah proaktif dalam meningkatkan kesiapsagaan negara bagi menghadapi cabaran penyakit berjangkit pada masa akan datang.

Malah, hospital berkenaan turut memiliki fasiliti khusus yang dilengkapi dengan isolation ward dan *infectious operating theatre* (OT) serta bilik autopsi berstatus Biosafety Level 3 (BSL-3).

Kemudahan kesihatan awam baharu itu juga dijangka mampu mengurangkan kesesakan di hospital berhampiran terutama Hospital Tengku Ampuan Rahimah (HTAR) Klang.

Namun di sebalik bangunan yang bakal menjadi mercu tanda baharu itu, timbul satu persoalan besar, adakah hospital baharu mampu berfungsi dengan baik? Adakah tenaga kerjanya mencukupi untuk memberi perkhidmatan kepada pesakit yang semakin meningkat?

Perkara ini pernah dibangkitkan oleh Ahli Parlimen Klang, V Ganabatirau dan Ahli Parlimen Kapar, Dr Halimah Ali. Masalah yang mereka suarakan bukan berkaitan bangunan usang atau kekurangan peralatan, tetapi kekurangan doktor, pegawai perubatan dan jururawat yang semakin meruncing di HTAR.

Hakikatnya, hospital tidak beroperasi dengan batu-bata dan simen. hospital bergerak dengan tenaga manusia.

Bayangkan sebuah jabatan yang menguruskan ratusan pesakit setiap hari tetapi hanya mempunyai bilangan doktor yang terhad.

Akibatnya, doktor terpaksa bekerja lebih masa, melakukan enam hingga tujuh syif *on-call* sebulan dan mengendalikan pelbagai tugas serentak. Dalam keadaan sebegini, risiko keletihan melampau atau burnout menjadi sesuatu yang sukar dielakkan.

Lebih membimbangkan, tekanan kerja berpanjangan memberi kesan langsung kepada kualiti rawatan. Apabila seorang doktor perlu menguruskan terlalu ramai pesakit dalam satu masa, kemungkinan berlaku kelewatan rawatan atau kesilapan klinikal meningkat.

Bukan kerana mereka tidak cekap, tetapi kerana kapasiti manusia mempunyai hadnya.

> Bayangkan sebuah jabatan yang menguruskan ratusan pesakit setiap hari tetapi hanya mempunyai bilangan doktor yang terhad."

Pembinaan hospital baharu memang penting untuk menampung pertambahan penduduk dan mengurangkan kesesakan, tetapi ia bukan penyelesaian mutlak jika isu tenaga kerja tidak ditangani secara serentak.

Malah, terdapat kebimbangan Hospital Kapar sendiri mungkin berdepan masalah sama apabila mula beroperasi. Jika kakitangan hanya dipindahkan dari hospital sedia ada tanpa pertambahan tenaga kerja mencukupi, kesesakan mungkin hanya berpindah lokasi, bukannya selesai.

Dalam erti kata lain, hospital baharu tanpa pelan sumber manusia mantap ibarat membeli bas baharu tanpa pemandu.

Apa yang diperlukan ialah perancangan jangka panjang lebih menyeluruh. Kerajaan perlu mempunyai unjuran jelas tentang jumlah doktor, pegawai perubatan, jururawat dan kakitangan sokongan yang diperlukan dalam tempoh lima hingga 10 tahun akan datang.

Pengambilan, latihan dan pengekalan tenaga kerja kesihatan perlu bergerak seiring pembangunan infrastruktur.

Pembinaan Hospital Kapar sememangnya berita baik, namun kejayaan sesebuah hospital tidak diukur pada kecanggihan bangunan atau jumlah katil semata-mata. Ukuran sebenar adalah kemampuan memberikan rawatan berkualiti kepada pesakit.

**Siti Hazira Hamdan ialah Sub Editor Sinar Harian*