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New risks from DENV-3

Doctors warn of increased reinfections from dengue virus

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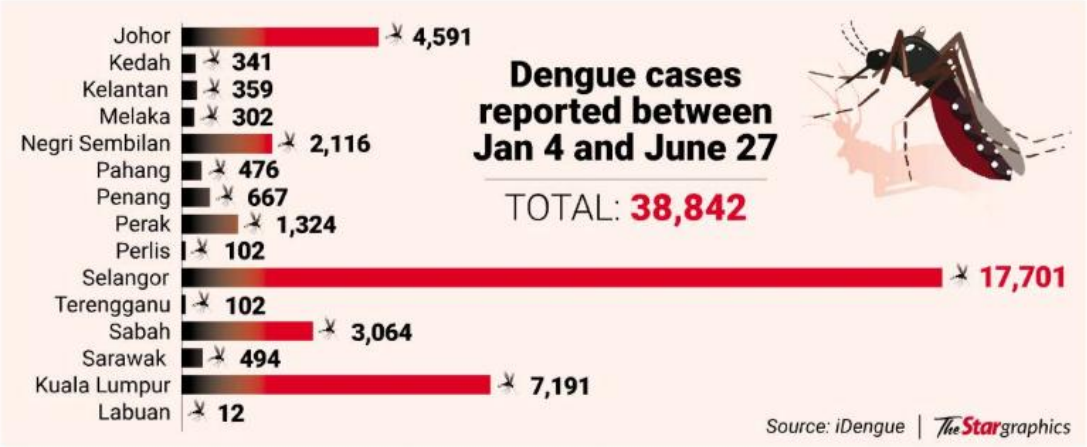

PETALING JAYA: With more than 38,000 dengue cases recorded in the first half of the year, the country is now grappling with a significant viral shift, as the DENV-3 strain emerges as the dominant circulating serotype.

According to data from the Health Ministry's iDengue website, a total of 38,842 cases were reported between Jan 4 and June 27. The daily caseload for June 27, stood at 310.

Selangor topped the list with 17,701 cases, followed by Kuala Lumpur (7,191) and Johor (4,591).

Recently, Health Minister Datuk Seri Dr Dzulkefly Ahmad said that Malaysia ranked third in Asean for the number of cases recorded this year, revealing that the DENV-3 virus is now dominant in the Malaysian infection cycle.

Dengue Prevention Advocacy Malaysia (DPAM) co-chairman Prof Dr Zamberi Sekawi said DENV-3 is not a new dengue virus, but one of the four established dengue virus serotypes.

"The concern is not that DENV-3 is more infectious, but that a major serotype shift can increase the number of people who are susceptible, especially if the population has been more exposed to other serotypes previously.

"This can contribute to a rise in cases and may also increase the risk of more severe disease in some individuals who are infected again with a different dengue serotype."

Prof Dr Zamberi said that the DENV-3 infections are generally similar to other dengue infections.

"Patients may develop high fever, headache, pain behind the eyes, muscle and joint pains, nausea, vomiting, rash and tiredness.

"What the public must watch for are warning signs such as persistent vomiting, severe abdominal pain, bleeding, lethargy, difficulty breathing, or worsening condition after the fever subsides. These require urgent medical attention.

"The rise of DENV-3 should therefore be taken seriously but not with panic.

"The key public health message remains early recognition, prompt medical care, aggressive control of Aedes mosquito breeding sites and dengue vaccination," he added.

Universiti Kebangsaan Malaysia's professor of Public Health Medicine, Prof Dr Sharifa Ezat Wan Puteh, said individuals who have not been exposed to DENV-3, although they had contracted dengue fever previously, are at risk of being infected with this strain.

She said reinfection with DENV can happen multiple times in one's lifetime.

However, former patients would develop lifelong protection against the DENV type virus.

"Severe cases can present with rashes and bleeding tendencies, even severe hemorrhagic manifestations such as bleeding from the gums, coughing up blood, from menses (menorrhagia), especially if they are going into shock.

"Uncommon manifestations include effects on specific organs like liver, cardiac, pancreas."

Medical physicists can help ensure healthcare safety

FROM medical imaging and cancer treatment to hospital workflows, artificial intelligence (AI) is rapidly becoming part of modern healthcare. It can help doctors analyse scans faster, improve efficiency, and support clinical decision-making.

AI-powered tools are expected to become increasingly common in clinical practice. For patients, this could mean faster diagnoses, shorter waiting times, and improved access to specialist expertise. These are exciting developments.

But there is a catch. Unlike conventional medical equipment, AI systems do not always remain unchanged after they are introduced. Their performance may be influenced by software updates, new datasets, changing patient populations, and evolving clinical practices.

A CT scanner generally performs consistently once it has been tested and commissioned. AI systems are different. A system that performs in one way today may not necessarily perform the same way tomorrow.

This matters more than many people realise. Imagine an AI tool developed and trained using patient data from Europe or North America. It may perform well in those settings, but can we automatically assume it will work equally well for patients in Kuala Lumpur, Kota Baru, Kuching, or rural Sabah?

Patient demographics, disease patterns, healthcare infrastructure, and clinical workflows can differ significantly. What works well in one healthcare environment may require additional validation in another.

That is why AI safety cannot stop at regulatory approval – it requires continuous oversight. Hospitals need to ensure these systems remain accurate, reliable, and fair throughout their use.

This is where a little-known group of healthcare professionals becomes increasingly important. Most Malaysians have never met a medical physicist. Yet their work affects countless patients every day.

Medical physicists help ensure that technologies such as CT scanners, MRI systems, radiotherapy equipment, and nuclear medicine devices operate safely and accurately. They play a crucial role in quality assurance, performance evaluation, risk management, and patient safety.

Traditionally, their focus has been on machines. In the age of AI, their responsibilities are expanding beyond machines to algorithms.

If a hospital introduces an AI system to help analyse medical images, someone must ask difficult questions. Was the system properly tested in the local environment? Does it perform equally well for different patient groups? Has its performance changed after a software update?

These are not merely technical concerns. They are questions of safety, fairness, accountability, and public trust.

Medical physicists already possess many of the skills needed to address these challenges. Their expertise in validation, quality assurance, risk assessment, and clinical technology places them in a unique position to support the safe adoption of AI in healthcare.

Their future roles may include monitoring AI performance, identifying potential biases, supporting cybersecurity efforts, and participating in hospital AI governance committees.

This does not mean AI should be feared. On the contrary, AI has enormous potential to improve healthcare delivery. However, powerful technologies require responsible oversight. As Malaysia continues its journey towards a more digital healthcare system, success will depend not only on how quickly AI is adopted, but also on how well it is governed.

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The writer is a PhD student specialising in the study of AI-enabled medical device governance.

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Primary care key to better health, says deputy minister

KUALA LUMPUR: Strong primary care is essential to achieving better health outcomes and building a more sustainable healthcare system in Malaysia.

Health Deputy Minister Datuk Hanifah Hajar Taib said hospitals alone could no longer shoulder the country's growing healthcare demands, making collaboration among healthcare providers, academia and professional bodies increasingly important.

"Malaysia's healthcare system must become more sustainable and more responsive to changing population needs.

"While our medical centres are pillars of excellence, hospitals alone cannot carry the full weight of healthcare demand," she said in her keynote address at the signing of a memorandum of understanding (MoU) between IHH Healthcare Malaysia, the Malaysian Medical Association (MMA) and Monash University Malaysia.

She said the collaboration reflected a shared commitment to strengthening healthcare delivery through better coordination, professional development, research and patient-centred care.

Hanifah Hajar added that many Malaysians began their healthcare journey at community clinics, where general practitioners played a critical role in detecting health problems early and guiding patients towards appropriate treatment.

The deputy minister said Malaysia continued to face a growing burden of non-communicable diseases, including diabetes, hypertension, obesity, heart disease and cancer, all of which required long-term management and close cooperation between doctors, patients and families.

She also stressed the importance of improving communication with patients, saying healthcare progress should not be measured solely by technology or treatment outcomes but also by how reassured and supported patients feel throughout their healthcare journey.

"Patients value time. They value being listened to, receiving understandable explanations and knowing that their concerns are taken seriously."

Hanifah Hajar said communication between general practitioners (GPs) and specialists must be strengthened to ensure patients receive seamless care, with clear clinical information and guidance shared between healthcare providers.

On the MoU, she added that the partnership between IHH Healthcare, MMA and Monash University could support practical initiatives covering referral pathways, chronic disease management, continuing professional development, and research and digital health, ultimately contributing to a more connected and compassionate healthcare system for the people. – Bernama

'More drug users entering system than leaving it'

PETALING JAYA: Malaysia may boast an 80% drug recovery rate but experts say the figure masks a more troubling reality that new users are entering the system faster than old ones are leaving it.

Universiti Sains Malaysia Centre for Drug Research professor Dr Zurina Hassan said while enforcement agencies, including police and the National Anti-Drugs Agency, have played an important role through arrests, seizures and rehabilitation programmes, these measures alone do not address the root causes of drug abuse.

"Malaysia has been strong in enforcement but underlying drivers such as peer influence, family conflict, curiosity, easy access to drugs and weak family or school support remain major challenges."

As a neuroscientist, Zurina said prolonged drug use alters brain physiology, making it difficult for those with addiction to return to normal functioning, significantly increasing the likelihood of relapse even after treatment.

She said the government has established its first dedicated correctional centre for drug addicts in Chenderiang, Perak, offering specialised rehabilitation through structured treatment modules.

On why Malaysia could report an 80% recovery rate while drug abuse remains widespread, Zurina said both figures could coexist because they measure different outcomes.

"The recovery rate reflects those who successfully complete treatment while national drug abuse figures include new users as well as those who relapse."

She added that high relapse rates, insufficient prevention efforts in schools, families and online spaces, and a steady flow of new users continue to fuel overall drug abuse numbers.

"The fact that many drug users are between the ages of 15 and 39 shows that new exposure among young people remains a serious concern."

On the emergence of fentanyl-laced vape liquids, Zurina cautioned that early signs of the drug's local presence should not be dismissed.

Fentanyl, a synthetic opioid used medically for severe pain management, is 50 to 100 times more potent than morphine and can cause fatal respiratory depression even in extremely small doses.

"Although Malaysia has not experienced a fentanyl crisis on the scale of the United States or Canada, reports have already detected fentanyl and its analogues in vape liquids locally.

"If these substances begin appearing more frequently in overdose cases, emergency admissions or school-related incidents, authorities should treat it as an early-stage escalation rather than waiting for a full-blown crisis."

Zurina said Malaysia should prioritise an early intervention system enabling teachers, school counsellors and healthcare workers to identify and refer at-risk youths before substance abuse escalates into addiction.

"Public awareness campaigns alone are not enough. We need a coordinated referral system in which educators and healthcare providers can quickly connect vulnerable students with professional help while engaging their families from the beginning."

She proposed expanding specialised rehabilitation for offenders convicted under Section 39C of the Dangerous Drugs Act, which covers repeated drug consumption offences carrying sentences of fewer than five years.

She said housing such offenders separately from other criminals would allow rehabilitation based on biopsychosocial and spiritual therapeutic approaches, improving prospects for long-term recovery and reducing relapse. – *BY* ***KIRTINEE RAMESH***

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PRIMARY CARE NETWORK

Public hospitals can't bear healthcare burden alone, says deputy minister

KUALA LUMPUR: Public hospitals cannot shoulder the country's healthcare needs alone, said Deputy Health Minister Datuk Hanifah Hajar Taib.

She said while hospitals remain the backbone of the healthcare system, a strong primary care network — including private clinics — is crucial to achieving better health outcomes and long-term sustainability.

"Malaysia's healthcare system must become more sustainable and responsive to the changing needs of the population," she said at the signing of a memorandum of understanding (MoU) between the Malaysian Medical Association, IHH Healthcare Malaysia and Monash University Malaysia.

The MoU aims to strengthen healthcare delivery through better coordination, professional development, research and patient-centred care.

Hanifah said the initiative aligns with the national agenda to strengthen primary healthcare services and ensure the system remains responsive to the evolving needs of the people.

She added that progress in healthcare should not be measured solely by technology, equipment or treatment outcomes, but also by how well patients understand their conditions and receive support throughout their journey.

"General practitioners play a vital role because they are often the first point of contact when patients have health concerns.

Datuk Hanifah Hajar Taib

"Consultation can help detect health problems early, guide patients towards appropriate treatment and prevent conditions from worsening," she said.

She added that this is increasingly important as Malaysia faces a rising burden of non-communicable diseases, such as diabetes, hypertension, obesity, heart disease and cancer.

Never underestimate dengue

Heal

By Meera Murugesan

HEALTH Minister Datuk Seri Dr Dzulkefly Ahmad recently said that Malaysia ranks third in Asean for the number of dengue cases recorded this year.

As of June 13, the country recorded 33,367 cases, an increase of 20.7 per cent compared with the same period last year. Indonesia recorded 39,672 cases, while Vietnam reported 35,986.

Consultant paediatrician and paediatric intensive care specialist Dr Anis Siham Zainal Abidin says dengue continues to be underestimated, largely because it often begins like a common viral fever.

Dengue can turn severe quickly and there is no specific cure, she explains.

"Within 24 hours, a patient can deteriorate and be fighting for their life."

Warning signs such as persistent high fever (39°C- 40°C), abdominal pain, fatigue and vomiting should never be ignored, she stresses.

Severe dengue typically develops after the fever subsides, and can lead to life-threatening complications, including plasma leakage, bleeding and organ failure.

When blood vessels leak, fluid can accumulate in the lungs and abdomen, making breathing difficult.

At the same time, platelet levels drop, increasing the risk of bleeding. This combination can quickly lead to organ dysfunction.

Dengue does not discriminate. It affects all age groups, from young children to the elderly, and a person can be infected more than once because there are four strains of the virus, explains Dr Anis.

"In fact, being infected again by a different strain can carry a higher risk of severe dengue," she adds.

With no specific cure for dengue, prevention is the most effective defence.

Dr Anis urges Malaysians to adopt a proactive approach which includes eliminating breeding grounds. Even small amounts of stagnant water in containers, drains or household items can become mosquito breeding sites.

It's also advisable to protect against bites by using repellents, wearing protective clothing and installing screens or mosquito nets.

"Seek early medical care. Dengue can now be detected as early as the first day of symptoms and early diagnosis can save lives. Also, speak to your doctor about dengue vaccination."

Too often, people think it won't happen to them until it does, and precious family moments are suddenly taken away.

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With no specific cure for dengue, prevention remains the most effective defence. PICTURE CREDIT: BRGFX — MAGNIFIC

Harian Metro M/S 7

Hospital awam tidak mampu bersendirian

Kuala Lumpur: Kementerian Kesihatan Malaysi a (KKM) mengakui bahawa hospital awam di negara ini tidak boleh menanggung keseluruhan permintaan perkhidmatan kesihatan secara tunggal.

Timbalan Menterinya, Datuk Hanifah Hajar Taib berkata, walaupun hospital kekal sebagai tonggak perkhidmatan kesihatan, namun sistem penjagaan primer yang kukuh termasuk klinik swasta amat penting bagi mencapai hasil kesihatan lebih baik dan sistem yang mampan.

"KKM menegaskan sistem kesihatan Malaysia perlu menjadi lebih mampan dan responsif terhadap perubahan keperluan penduduk.

"Walaupun hospital kekal dengan kecemerlangannya, institusi itu tidak boleh menanggung keseluruhan permintaan perkhidmatan kesihatan secara bersendirian.

"Oleh itu, sistem penjagaan primer yang kukuh amat penting bagi mencapai hasil kesihatan lebih baik dan sistem lebih mampan," katanya.

Beliau berkata demikian ketika berucap di majlis menandatangani memorandum persefahaman (MoU) antara Persatuan Perubatan Malaysia (MMA), IHH Healthcare Malaysia dan Monash University Malaysia, semalam.

MoU itu adalah bagi memperkukuh penyampaian perkhidmatan kesihatan menerusi koordinasi lebih baik, pembangunan profesional, penyelidikan dan penjagaan berpusatkan pesakit.

Pada masa sama, Hanifah berkata, usaha itu selari dengan agenda negara untuk memperkasakan perkhidmatan penjagaan primer dan memastikan sistem kesihatan lebih mampan serta responsif terhadap keperluan rakyat yang semakin berubah.

> **"Sistem penjagaan primer yang kukuh amat penting bagi mencapai hasil lebih baik**
> *Hanifah*

Dalam perkembangan berkaitan, beliau berkata, kemajuan dalam bidang kesihatan tidak seharusnya diukur berdasarkan teknologi, peralatan atau hasil rawatan semata-mata tetapi juga sejauh mana pesakit memahami keadaan mereka, berasa yakin serta mendapat sokongan sepanjang perjalanan rawatan bagi mencapai hasil terbaik.

Beliau berkata, atas dasar itu pengamal perubatan am (GP) memainkan peranan penting kerana mereka kebiasaannya menjadi individu pertama yang dirujuk apabila pesakit bimbang mengenai kesihatan masing-masing.

"Sesi konsultasi yang baik boleh membantu mengesan masalah kesihatan awal, membimbing pesakit mendapatkan rawatan yang sesuai dan mencegah keadaan menjadi lebih serius.

"Peranan ini semakin penting ketika Malaysia berdepan peningkatan penyakit tidak berjangkit (NCD) seperti diabetes, hipertensi, obesiti, penyakit jantung dan kanser," katanya.