

No M'sians on board outbreak cruise ship

MOH is strengthening surveillance at all international entry points

By QISTINA SALLEHUDDIN
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PETALING JAYA: No Malaysians are on board the international cruise ship where a hantavirus outbreak occurred, says the Health Minister.

Datuk Seri Dr Dzulkefly Ahmad (*pic*) said the country's authorities are closely monitoring the hantavirus situation.

"Although the situation remains well under control and does not involve any Malaysians, the ministry will continue to closely monitor developments surrounding the outbreak at both the global and regional levels.

"This is to ensure the country's border preparedness and healthcare system remain at the highest level of readiness," he said.

Hantavirus is a rodent-borne virus that spreads to humans through air contaminated by rodent droppings, urine or saliva.

It was reported that three people – a Dutch couple and a German national – have died in the outbreak on the *MV Hondius*, while

two people are believed to have contracted the virus.

Dzulkefly said that following direct communication between his ministry and Singapore's health authorities, it has been confirmed that two crew members onboard the ship, who are Singaporean nationals, had tested negative for hantavirus. The World Health Organisation said detailed investigations of the outbreak are ongoing, including further laboratory testing.

Dzulkefly said the infection should not be taken lightly, as its complications can potentially be fatal, with the mortality rate for Hantavirus Pulmonary Syndrome reaching between 30% and 40%.

He added that as there is currently no specific antiviral treatment available, preventive measures and self-protection remain the strongest line of defence.

In a separate statement, the Health Ministry said it is implementing several



measures following the outbreak, including strengthening laboratory capacity to conduct confirmatory testing for new strains, including the Andes virus.

It said that at present, the Institute for Medical Research has been conducting confirmatory tests for hantavirus infections, with an average annual request of 20 to 30 samples.

"However, all results to date have been negative for hantavirus," it said.

The ministry added that it is strengthening surveillance at all international entry points, as well as enhancing the preparedness of healthcare facilities for early detection, notification and case management in the event of suspected cases.

It said that from January to May 2, a total of 22,367 ships and boats were inspected at international entry points nationwide across various major ports.

"The ministry advises the public to avoid direct contact with rats, rat faeces or urine, and to use gloves and masks when cleaning areas contaminated with rat droppings," it said.

Hantavirus vs Leptospirosis (Brief Comparison)

Aspect	Hantavirus	Leptospirosis
Cause	Virus	Bacteria
Transmission	Inhaling air contaminated with rodent urine, droppings, or saliva	Contact with water/soil contaminated with animal urine
Common exposure	Cleaning rodent-infested or dusty enclosed areas	Floodwater, rivers, mud, wet environments

Source: Health Ministry, WHO *The Star* graphics

Hantavirus

Risks, Spread and Prevention



What is Hantavirus?

Hantavirus is a group of viruses that can be carried by house mice and field rats. These viruses can spread to humans through air contaminated with the animals' droppings, urine, or saliva.



Where is it found?



- North and South America**
It can cause Hantavirus Pulmonary Syndrome (HPS), which affects the lungs.
- Europe and Asia**
It can cause Haemorrhagic Fever with Renal Syndrome (HFRS), which affects the kidneys and blood vessels.

Diagnosis & treatment

- Diagnosis is made through laboratory tests (blood tests).
- There is no specific antiviral medication. Treatment is supportive, such as oxygen therapy, fluids, and intensive unit (ICU) treatment if necessary.



Prevention methods

- Avoid contact with rats and their droppings
- Use traps or contact pest control services
- Seal gaps and holes in the house to prevent rats from entering
- Spray disinfectant on rat droppings and leave it for 5–10 minutes before cleaning

Source: Health Ministry, WHO *The Star* graphics

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'Max of 62 hours a week'

Ministry memo stresses housemen are not to be overworked

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PETALING JAYA: Housemen (HO) or junior doctors cannot be made to work more than 60 to 62 hours per week, the Health Ministry says.

Hospital directors have been told to continuously monitor the implementation of the flexible working hours system for HOs in their respective hospitals to ensure compliance with the stipulated general principles.

The reminder comes after recent reports suggested that junior doctors were working an average of up to 85 hours per week.

In a circular dated May 8 sighted by *The Star*, Health director-general Datuk Dr Mahathar Abd Wahab reminded hospitals to ensure working hours in all departments for graduate trainees are standardised into three main flexible shifts – namely the morning flexi shift, afternoon flexi shift, and night flexi shift.

Dr Mahathar said reducing the shifts to two flexible shifts or implementing on-call system are not permitted.

The circular comes on the heels of the Malaysian Medics International's (MMI) findings that housemen and medical officers worked an average of 65 to 85 hours a week, despite the ministry's flexi-system limiting their working hours to between 65 and 75 hours weekly.

"HOs are appointed as public officers to undergo graduate training in order to achieve the prescribed level of competency and to obtain comprehensive clinical experience.



Avoiding burnout:

Doctors seen at Hospital Kuala Lumpur. The government wants to ensure junior doctors receive a conducive and comprehensive clinical experience.
—AZHAR MAHFOF/*The Star*

"Accordingly, the working hours of HOs are subject to the prevailing Public Service Regulations and House Officer Programme Guidelines," said Dr Mahathar.

"This office has received feedback regarding confusion among relevant parties over the interpretation of the general principles guidelines on the Standardisation of the Flexible Working Hours System issued on Jan 30, 2019, particularly in relation to leave entitlements for HOs," he said.

He said hospitals must ensure the flexible working hours are implemented regardless of the number of HOs posted to

a department.

If there is a shortage of HOs, for example, where only one HO is on duty in a department and has completed the morning flexi shift, clinical services for the afternoon and night flexi shifts must be continued by Medical Officers and specialists, he said.

HOs are allocated more work during office hours in order to maximise learning opportunities and clinical exposure throughout the training period.

Dr Mahathar said hospital management must also ensure that HOs are granted annual leave of 25 days per year as well as other eligible leave such as

sick leave, maternity leave and others in accordance with existing regulations.

"The practice of deducting leave or replacing HOs' sick leave with annual leave is incorrect and strictly prohibited. Each type of leave has different legal provisions and entitlements, and therefore its implementation must comply with service regulations," he said.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said on Thursday that a new circular would be issued on working hours for junior doctors to address concerns over excessive workloads among HOs.

MMA suggests even shorter hours

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PETALING JAYA: Even a 60-hour work week is a heavy burden for healthcare workers in the long term.

Between 45 and 48 hours per week is more reasonable and in line with international standards, says the Malaysian Medical Association (MMA).

Its president Datuk Dr Thirunavukarasu Rajoo, who welcomed a circular by the Health Ministry limiting working hours for housemen (HO) to 62 hours, said Malaysia needs to move towards a reasonable maximum work week.

"To get there, we must address the systemic issues that allow long hours to persist.

"This includes a chronic shortage of doctors, inadequate staffing ratios, and a system that has never been properly resourced to function within humane working hours.

"We need both directives and systemic reform," he said when contacted.

He also said the directive to reduce working hours is not new,

but has not been consistently followed on the ground.

"Reports of HOs working up to 85 hours a week are deeply concerning. This is not just a welfare issue.

"HOs are in hospitals to be trained as safe and competent doctors. When they are exhausted, their ability to learn is compromised and patient safety is also at risk.

"The immediate priority is clear. The 60-62 hour weekly cap must be enforced. Hospital directors must be held accountable," he said.

Dr Thirunavukarasu also said the circular's reminder to honour HOs' leave entitlements, was important.

Annual leave and sick leave are not privileges, but rights under existing regulations, he said. "Denying or substituting them is not acceptable."

The issue of HOs' working hours resurfaced recently following reports that some junior doctors were still working up to 85 hours a week despite reforms under the flexi-work system introduced in 2019.

A HO at a university hospital said the recent circular has made

little difference at her centre, as a flexible shift system has already been in place for several years.

The doctor, who requested anonymity, said the system already operates on rotating short and long shifts that keep working hours within the 60-65 hour range.

She shared internal schedules showing weekly working hours averaging about 61 hours, with shifts divided between shorter 7am-5pm rotations and longer 7am-9pm shifts, alongside night duties.

Departments at her hospital generally adhere to the official shift system and allow doctors to leave once their duties are completed, she said.

"Under the system, housemen are required to complete three long shifts and two short shifts weekly, with night shifts followed by a full day off," she said.

The HO said discussions on reduced working hours should also consider workload distribution rather than focusing solely on total hours worked.

Some housemen may technically work the same number of hours but carry heavier responsibilities as senior staff tend to rely

more heavily on competent junior doctors.

"My colleague and I may work the same 60 hours, but I may feel more tired than her because she does less work than me," she said.

She also urged policymakers to examine the workload of medical officers and senior doctors, noting that many continue working beyond official hours without additional pay.

"HOs can go home when their shift is finished, but MOs cannot," she said.

Another HO based in a hospital in Sarawak said they face heavy workloads despite structured shifts that may not exceed 85 hours per week.


Due to the workload, he said HOs often miss meal breaks and even basic rest time, due to constant clinical demands.

"Some can't even go to the restroom," he said, adding that his working hours are a mix of long, short and night shifts spanning between 10 and 13 hours each.

"Even though we start early and are able to leave on time, we spend most of our days finishing up administrative work," he said.

Truth and falsehood in the age of AI

NOT long ago, while reading through a batch of student essays, one particular line caused me to pause. The student wrote, quite confidently, "MRI scans are considered safer than CT scans because they use lower levels of radiation."

At first glance, the sentence <<  >> is entirely acceptable. But something was not quite right. MRI (Magnetic Resonance Imaging) does not use ionising radiation at all.

I found myself reading the sentence again, not because it was confusing but because it was the kind of statement that could easily pass unnoticed, especially to someone without a background in medical imaging. It sounded correct. It felt correct. Yet, it wasn't.

What unsettled me was not the mistake itself. Students make errors; that is part of learning. What struck me was how easily such an error could slip through, and how confidently it was presented.

In a different time, such inaccuracies might have been limited in scope. They would appear in a classroom, be corrected and

gradually fade. Today, however, the context is very different.

We live in a world where information is abundant, immediate and often unfiltered. In such an environment, the line between what is accurate and what merely appears to be accurate becomes increasingly difficult to discern.

Misinformation rarely presents itself as an obvious falsehood. More often, it comes in forms that resemble truth closely enough to be accepted without question.

A familiar term is used slightly out of context. A concept is explained with partial accuracy. A conclusion is drawn with confidence even when the reasoning is flawed.

Over time, repeated exposure to such content begins to shape how we understand the world. We may not realise it immediately, but our sense of what is credible gradually shifts. Statements that sound right begin to carry more weight than those that are carefully verified.

In fields such as science and medicine, this has important implications. Scientific knowl-

edge is built upon evidence, verification and the willingness to revise conclusions when new data emerges.

It is not perfect, but it is disciplined. When this process is replaced by information that is simply persuasive or widely circulated, the distinction between knowledge and opinion becomes blurred.

The consequences extend beyond academic settings. Decisions about health, technology and public policy increasingly depend on how information is interpreted. When that interpretation is shaped by misleading or incomplete content, the impact can be significant.

The response to this challenge does not lie solely in technology or regulation. It begins with a more personal awareness.

As I reflected on that student's sentence, I realised that the issue was not about a single mistake but about how easily any of us could accept something that sounds right without pausing to examine it more closely.

In the past, learning often required effort, time and engagement with sources that

were relatively limited. Today, information arrives quickly and continuously.

Perhaps the more important task now is not to access more information but to develop the habit of pausing – and pause long enough to ask whether what we are reading is grounded in evidence or merely constructed to appear so.

This is not always easy. It requires attention, humility and, at times, the willingness to admit that we may not know enough to judge immediately. But such habits are essential if we are to preserve something fundamental.

Truth is not only a matter of correctness. It is the basis upon which trust is built. As George Orwell once observed, "In a time of deceit, telling the truth is a revolutionary act."

In today's context, recognising the truth may be just as important.

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Hantavirus: Rakyat tak perlu panik, kekal waspada

KUALA LUMPUR - Kementerian Kesihatan (KKM) memantau rapi perkembangan penularan jangkitan hantavirus susulan laporan kes pada peringkat global.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, walaupun terdapat laporan penularan jangkitan berpunca dari sebuah kapal persiaran di negara jiran, situasi itu terkawal dan tidak melibatkan rakyat Malaysia.

"KKM akan terus memantau rapi perkembangan wabak ini pada peringkat global serta serantau bagi memastikan kesiapsiagaan sempadan dan sistem kesihatan negara berada pada tahap tertinggi," katanya menerusi hantaran di Facebook pada Jumaat.

Dr Dzulkefly berkata, hantavirus ialah virus bawaan tikus yang boleh menjangkiti manusia melalui udara tercemar dengan sisa kotoran, air kencing atau air liur haiwan itu.

"Jangkitan ini tidak wajar dipandang remeh kerana komplikasinya berpotensi membawa maut dengan kadar kematian bagi Sindrom Paru-Paru Hantavirus (HPS) boleh mencecah 30 hingga 40 peratus," katanya.

Memandangkan sehingga kini tiada ubat antivirus khusus bagi merawat jangkitan itu, beliau berkata, langkah pencegahan dan kawalan sendiri merupakan perlindungan paling berkesan.



Hantavirus

Cara Penularan

Manusia boleh dijangkiti dengan **terhirup zarah virus yang tersebar** melalui udara daripada:

 Kotoran, air kencing atau air liur haiwan tersebut yang kering.	 Debu yang terkontaminasi daripada sarang atau kotoran haiwan.
 Membersihkan kawasan yang tercemar oleh kotoran haiwan.	 Sentuhan terus dengan haiwan tersebut atau sarangnya.

**Penularan antara manusia sangat jarang berlaku (terutama bagi jenis Hantavirus tertentu).**

Beliau menggesa orang ramai memberi perhatian terhadap kebersihan persekitaran dan memastikan kediaman serta premis kerja bebas daripada haiwan perosak.

"Rakyat tidak perlu panik, tetapi kita mesti kekal berwaspada," katanya.

Media antarabangsa sebelum ini melaporkan negara Eropah meningkatkan langkah pemantauan dan pengasingan selepas berlakunya wabak hantavirus yang dikaitkan dengan kapal persiaran MV Hondius. - *Bernama*

Kesan awal penyakit buah pinggang kronik

Masalah metabolik seperti diabetes dan hipertensi antara faktor utama CKD

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Penyakit buah pinggang kronik (CKD) adalah 'ancaman dalam diam' yang melarat tanpa disedari sehingga kerosakan menjadi tahap lanjut.

Data di Malaysia menunjukkan, kadar prevalensi wanita adalah 14 peratus, sedikit lebih tinggi berbanding lelaki pada 12 peratus.

Menurut, Pakar Nefrologi dan Pembedahan Buah Pinggang di Pusat Perubatan Sunway, Bandar Sunway (SMC), Dr Rosnawati Yahya, jurang antara jantina ini tidak selalunya jelas dalam praktikal harian.

"Secara konsisten, faktor utama CKD masih lagi didorong oleh masalah metabolik seperti diabetes dan hipertensi. Ini menjejaskan lelaki dan wanita dalam jumlah yang hampir sama," katanya.

Sebanyak 86 peratus daripada kes CKD di Pusat Buah Pinggang berpunca daripada masalah metabolik.

Data *Malaysian Dialysis and Transplantation Registry 2023* menunjukkan, diabetes dan hipertensi adalah punca utama kegagalan buah pinggang, masing-masing menyumbang sebanyak 56 peratus dan 30 peratus daripada keseluruhan kes.

Kedua-dua keadaan ini terjadi secara senyap dan merosakkan buah pinggang sedikit demi sedikit selama bertahun-tahun tanpa disedari pesakit.

Apa yang membimbangkan, ramai individu hanya menyedari apabila fungsi buah pinggang sudah merosot dengan ketara, malah ada yang hanya mengetahuinya apabila rawatan dialisis sudah perlu dilakukan dengan segera.

"Inilah sebabnya mengapa pemeriksaan awal sangat penting.

Tiga peringkat pertama CKD biasanya tidak menunjukkan simptom. Jika menunggu

sehingga munculnya simptom, sebenarnya sudah terlambat," tegas Dr Rosnawati.

Penyakit buah pinggang tidak mengenal mangsa, namun wanita menunjukkan risiko lebih tinggi terhadap penyakit buah pinggang yang berpunca daripada faktor autoimun.

Antara paling lazim ialah nefritis lupus, iaitu komplikasi daripada penyakit sistemik lupus eritematosus (SLE).

Walaupun jarang berlaku pada golongan lelaki, simptom dan kerosakan buah pinggang biasanya lebih teruk apabila ia berlaku.

"Apabila ia membabitkan buah pinggang, kebanyakan kes masih lagi terdiri daripada wanita," kata Dr Rosnawati.

Simptom sering disalah tafsir

Menurut Dr Rosnawati, antara cabaran utama dalam pengesanan awal CKD, khususnya dalam kalangan wanita, ialah simptomnya yang mudah disalah tafsir sebagai masalah biasa.

Keletihan berpanjangan, contohnya, sering dianggap berpunca daripada kesibukan harian, tekanan kerja atau tanggungjawab mengurus keluarga.

Selain itu, kelesuan sering dikaitkan dengan anemia atau perubahan hormon manakala kekerapan membuang

air kecil pada waktu malam pula disangka berkaitan kelemahan otot pelvik, terutama selepas bersalin.

Bengkak pada kaki, buku lali atau muka pula sering dianggap sebagai masalah pengekalan air biasa.

"Wanita sering menganggap simptom ini sebagai perkara biasa. Mereka menyangka ia berpunca daripada stres, penuaan atau hormon, dan bukannya penyakit buah pinggang," katanya.

Namun, terdapat beberapa tanda amaran yang tidak harus diabaikan. Antaranya ialah perubahan pada air kencing seperti berbuih atau berubah warna, hilang selera makan, loya serta tekanan darah tinggi yang sukar dikawal.

Keputusan ujian darah juga boleh mengelirukan, terutamanya bagi wanita.

Tahap kreatinin, iaitu penunjuk utama fungsi buah pinggang, dipengaruhi secara langsung oleh jisim otot.

Beliau mengesesa wanita agar tidak bergantung kepada angka semata-mata, sebaliknya bertanyakan kepada doktor mengenai maksud sebenar

Kelesuan dan keletihan antara simptom CKD yang sering diabaikan wanita. (Foto hiasan)



angka itu untuk diri mereka.

"Memandangkan wanita secara amnya mempunyai jisim otot yang kurang berbanding lelaki, tahap kreatinin yang normal; mungkin boleh menyembunyikan masalah buah pinggang yang berada di peringkat awal.

"Bacaan 90 mungkin baik bagi lelaki berbadan besar, tetapi bagi wanita yang bertubuh kecil, ia mungkin menandakan fungsi simpanan buah pinggang mula menyusut," jelas Dr Rosnawati.

Kesan fasa kehidupan wanita

Kehamilan dan menopause merupakan dua fasa penting dalam kehidupan wanita yang boleh meningkatkan risiko masalah buah pinggang.

Komplikasi seperti preeklampsia dan diabetes gestasi menunjukkan wujudnya masalah vaskular atau metabolik yang berterusan.

Keadaan ini boleh meningkatkan risiko hipertensi, proteinuria dan CKD sebanyak dua hingga empat kali ganda.

Selepas menopause pula, penurunan hormon estrogen mengurangkan perlindungan semula jadi terhadap buah pinggang dan saluran darah, sekali gus mempercepatkan perkembangan penyakit.

Selain itu, sindrom ovari polistik atau Polycystic Ovary Syndrome (PCOS) kini semakin diiktiraf sebagai faktor risiko penting tetapi kurang diberi perhatian.

Ia berkait rapat dengan rintangan

insulin, obesiti dan sindrom metabolik.

"PCOS boleh menyebabkan diabetes dan tekanan darah tinggi pada usia lebih muda, yang akhirnya meningkatkan risiko kerosakan buah pinggang dalam jangka panjang," tambah beliau.

Dr Rosnawati menegaskan, kepentingan menjalani pemeriksaan kesihatan secara berkala, khususnya bagi wanita yang mempunyai faktor risiko seperti diabetes, tekanan darah tinggi, obesiti, penyakit autoimun atau sejarah komplikasi kehamilan.

Tiga ujian asas disarankan untuk pengesanan awal CKD, iaitu ujian darah bagi menilai fungsi buah pinggang, ujian protein dalam air kencing (terutamanya nisbah albumin kepada kreatinin) serta pemeriksaan tekanan darah.

"Protein dalam air kencing adalah antara tanda awal kerosakan buah pinggang, namun ujian dipstick biasa mungkin gagal mengesannya. Pengesanan awal sangat penting kerana terdapat pelbagai pilihan rawatan untuk memperlahankan perkembangan penyakit," katanya.

Tambah beliau, matlamat utama rawatan adalah untuk mengekalkan fungsi buah pinggang selama mungkin.

"Jika kita dapat mengurangkan kadar kemerosotan fungsi buah pinggang daripada 10 peratus setahun kepada hanya dua peratus, ramai pesakit mungkin tidak perlu menjalani dialisis sepanjang hayat mereka," jelasnya.

“Secara konsisten, faktor utama CKD masih lagi didorong oleh masalah metabolik seperti diabetes dan hipertensi. Ini menjejaskan lelaki dan wanita dalam jumlah yang hampir sama”

Dr Rosnawati Yahya



info

Punca Utama CKD

- Diabetes (56%)
- Hipertensi (30%)
- Penyakit autoimun (contoh: lupus)
- Faktor gaya hidup (obesiti, kurang aktif)

Tanda awal sering diabaikan

- Cepat letih & lesu
- Kerap kencing waktu malam
- Bengkak kaki atau muka
- Hilang selera makan
- Air kencing berbuih



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Kuala Lumpur

Dos dadah furanyl fentanyl sekecil butiran pasir sudah cukup untuk menyebabkan nafas penagih terhenti atau mengalami kematian mengejut.

Ternyata dadah sintetik terbaru jenis fentanyl disifatkan dadah amat mematikan berikutan memiliki kekuatan 50 hingga 100 kali berbanding dadah morfin.

Kewujudannya disifatkan ancaman kritikal terbaru kepada generasi muda apabila ia semakin agresif digunakan sebagai cecair peranti rokok elektronik atau vape.

Taktik lebih licik dan membunuh itu menjadi pilihan terbaharu sindiket dadah tempatan berikutan dadah fentanyl dianggap lebih laris serta memberi kesan serta merta.

Kehadiran bahan maut ini dalam cecair vape bukan sahaja mempercepatkan ketagihan ke tahap ekstrem, malah berisiko mengubah penghisapnya menjadi 'mayat hidup' dalam sekelip mata.

Lebih membimbangkan, golongan pelajar dan belia menjadi sasaran utama sindiket ini yang mahu mengaut keuntungan melalui kaedah penagihan paling berbahaya dalam sejarah moden negara.

Ancaman dadah generasi baharu ini dibongkar polis termasuk menerusi operasi Ops vape dilakukan sejak 13 April lalu sehingga jumlah lalu.

Melalui operasi OP Vape 1.0 yang dilakukan, polis berjaya memberkas tiga individu termasuk seorang lelaki warga China di Ta-



Dadah fentanyl yang dimasukkan dalam cecair peranti rokok elektronik pembunuh senyap generasi muda

man Bukit Cheras pada 14 April lalu.

Hasil serbuan itu, polis menemui sembilan botol berwarna putih mengandungi cecair disyaki dadah Fentanyl seberat lebih 16 kilogram (kg) bernilai RM 2.5 juta.

"Dalam serbuan kedua di sekitar Taman Mastiara, Sentul, polis menahan seorang lelaki dan seorang wanita berumur 22 dan 25 tahun serta merampas 155 katrij vape mengandungi cecair dadah furanyl fentanyl seberat 1.7 kg.

"Turut dirampas 22 pekuk plastik mengandungi serbuk disyaki dadah methylenedioxymethamphetamine (MDMA) seberat 0.66kg. Suspek ditahan membabitkan penjaga dan pemilik kedai, penjaga stor serta individu berperanan sebagai penghantar," katanya.

Sementara itu Pengarah Jabatan Siasatan Jenayah

Narkotik (JSJN) Bukit Aman, Datuk Hussein Omar Khan dalam kenyataan sebelum ini memaklumkan, OP Vape 1.0 dilancarkan membabitkan seramai 1,177 pegawai dan anggota Jabatan Siasatan Jenayah Narkotik (JSJN) dan 2,011 pegawai daripada pelbagai agensi iaitu Kementerian Kesihatan Malaysia (KKM), Agensi Anti Dadah Kebangsaan (AADK), Pihak Berkuasa Tempatan (PBT), Bomba, Kementerian Perdagangan Dalam Negeri dan Kos Sara Hidup (KPDN) dan Tenaga Nasional Berhad (TNB).

Operasi ini dijalankan serentak di seluruh negara dengan memfokuskan misi mengesan, memeriksa premis-premis menjual vape dan menangkap individu yang terbabit dalam aktiviti perdagangan atau penjualan vape mengandungi dadah di seluruh negara.



1,670 premis vape diperiksa dengan 728 daripadanya didapati melanggar peraturan"

Hussein



Beliau berkata, selain menguatkuasa Akta Dadah Berbahaya 1952, operasi bertujuan menjalankan tindakan penguatkuasaan dibawah peruntukan Akta Kawalan Produk Merokok Demi Kesihatan Awam 2024 dan juga undang-undang serta peraturan dibawah bidang kuasa Pihak Berkuasa Tempatan (PBT).

"OP Vape 1.0 dilancarkan bagi menunjukkan usaha dan komitmen holistik JSJN dalam usaha membanteras musuh nombor satu negara sekaligus memberi

Menurutnya, 13 lagi individu disahkan positif mengambil dadah," katanya.

"Jumlah keseluruhan rampasan membabitkan 8,091 peranti dan 5,257 katrij serta 19.67kg dadah termasuk furanyl fentanyl, THC (tetrahydrocannabinol), ekstasi dan air ketum, selain 186.54kg cecair vape tidak mengandungi dadah yang disiasat di bawah akta berkaitan," katanya

"Nilai keseluruhan rampasan dadah dianggarkan hampir RM3 juta.

Berdasarkan fakta, fentanyl adalah sejenis ubat perubatan sebagai penahan sakit yang ekstrim contohnya untuk pesakit kanser tahap akhir atau selepas pembedahan besar.

Secara saintifik, fentanyl bertindak pada reseptor opioid dalam otak, sama seperti morfin, tetapi kekuatannya jauh lebih tinggi menyebabkan penggunaannya dikawal ketat oleh doktor.

Namun di luar kegunaan perubatan, fentanyl menjadi sangat berbahaya dan sering dikaitkan dengan krisis dadah global.

Penggunaan dadah fentanyl walau hanya beberapa miligram boleh menghentikan pernafasan penagih tanpa sedar.

Fentanyl sering dicampur dalam dadah lain seperti heroin tanpa pengetahuan pengguna.

Penagih dadah fentanyl biasanya akan mengalami rasa mengantuk melampau, pernafasan perlahan atau terhenti, pengsan dan mati mengejut.

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La satu ancaman gelap kepada generasi muda apabila sindiket dadah dikesan mula beralih kepada taktik lebih licik dengan menukarkannya kepada penggunaan vape.