KERATAN AKHBAR 22/05/2026 (Jumaat)

The Star M/S 7, 8

Mandatory drug price display on hold

Court: Irreparable harm to clinics otherwise

By NURBAITI HAMDAN
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KUALA LUMPUR: The High Court has granted a stay on the enforcement of the government's directive requiring the display of medicine prices pending the disposal of a judicial review filed by associations representing private medical practitioners.

Justice Alice Loke Yee Ching made the order on grounds that the status quo must be preserved until the judicial review is decided, saying the effects would be "irreparable" if a stay was not granted.

Lawyer Abraham Au, who represented the Private Medical Practitioners Association of Selangor and Kuala Lumpur and Medipulse Healthcare Sdn Bhd, confirmed the matter.

He said the court had considered the rights of the parties, particularly the applicants' rights, which could suffer irreparable harm if they were exposed to penal consequences.

The court fixed June 10 for the next case management.

On July 24, 2025, seven organisations and a private doctor filed the judicial review application to challenge the government's order on displaying medicine prices.

The lawsuit concerns the Price Control and Anti-Profiteering (Price Marking for Drug) Order 2025, which came into effect on May 1, 2025.

The applicants are the Association of Private Practitioners Sabah, the Malaysian Medical Association (MMA), the Malaysian Association for the Advancement of Functional and Interdisciplinary Medicine, the Organisation of Malaysian Muslim Doctors, the Federation of Private Medical Practitioners Associations Malaysia, the Malaysian Private Dental Practitioners' Association, the Society of Private Medical Practitioners Sarawak and Dr Saifulbahri Ahmad.

They named the Domestic Trade and Cost of Living Minister, the Health Minister and the government as the first, second and third respondents respectively.

The medical practitioners are seeking an order of certiorari to quash the Domestic Trade and Cost of Living Ministry's Price Control and Anti-Profiteering (Price Marking for Drug) Order 2025, which is the impugned order in the case.

They argued that the government had failed to recognise the distinction between drugs sold at retail outlets and medicines administered as part of medical treatment.

The applicants also claimed the Domestic Trade and Cost of Living Minister had breached principles of natural justice by making the decision without consulting registered medical practitioners represented by the MMA.

They said that while the regulation was intended to curb profiteering, it had instead created unwarranted competition among drug providers, with the focus placed solely on medicine prices.

The applicants are also seeking a court declaration that the impugned order is void as it is allegedly "tainted with illegality, irrationality, unreasonableness, disproportionality and impropriety".

Meanwhile, MMA president Datuk Dr Thirunavukarasu Rajoo said the court's decision meant no compounding or enforcement action could be taken against private clinics under the order until the case was decided.

He said the ruling confirmed that the legal questions raised by the applicants deserved full judicial consideration.

"We wish to be clear, MMA has never been against medicine price transparency. We support it. Patients have every right to know what they are paying for," he said in a statement yesterday.

However, Dr Thirunavukarasu said MMA opposes the use of the Price Control and Anti-Profiteering Act 2011 (Act 723), which he described as a trade and consumer protection law, to regulate the practice of medicine.

He said the Private Healthcare Facilities and Services Act 1998 (Act 586) and its 2006 regulations already governs patient rights, charges and grievance mechanisms in private healthcare.

Doctors fight medicine price rule

Applicants challenge order over harm to small businesses, demanding revocation

Sabah gathers feedback for state healthcare reforms

KOTA KINABALU: Sabah is taking steps to strengthen its healthcare governance and autonomy through a review of current laws.

Sabah's Women, Health and People's Wellbeing Minister Datuk Julita Majungki said the state intends to review the Public Health Ordinance (PHO), adopt the Registration of Pharmacists Act 1951 (Act 371), and establish a state health advisory council.

These issues were the main areas discussed during a Health Workshop organised by the ministry, which brought together various government agencies, professional bodies, non-governmental organisations (NGOs) and healthcare stakeholders here.

Julita said that the workshop was held to gather comprehensive feedback from all stakeholders before any proposals were brought to the State Cabinet and platforms related to the Malaysia Agreement 1963 (MA63).

According to her, the "team government" approach must serve as the foundation for strengthening Sabah's healthcare system without undermining the role of any existing agencies.

"We are not seeking to take over anyone's responsibilities, but rather ensure that areas still requiring improvement can be addressed collectively as one team," she said at the workshop held on Wednesday.

Julita said Sabah must also consider strengthening several aspects of public health legislation, including fluoridation and sewerage management issues, which have direct implications on public well-being.

She added that several proposals related to the PHO are expected to be brought for further discussions with ministries and MA63 technical committees in the near future before being finalised at a higher level.

"If we need to bring it to the Cabinet, we will do so. If certain enactments need to be passed in the State Legislative Assembly, we will proceed for the sake of Sabah's interests," she said.

Starmetro M/S 6

Bird droppings hazardous to health, damage infrastructure

IT IS delightful listening to the tweeting and chirping of birds in the morning.

In residential areas, birds like pigeons and crows gather in large flocks.

It is best to keep them at bay though, as bird droppings are a health hazard.

Bird dropping is a mixture of the bird's waste products, both digestive and urinary.

Generally, bird droppings can be categorised into three main colours: white, green and brown.

White droppings primarily contain uric acid, indicating the high-protein diet of birds.

Green droppings suggest the herbivorous species, which consume plant matter.

Brown droppings are from birds that eat seeds.

Bird droppings can also damage property.

Birds and their droppings can cause a variety of health risks; some are potentially deadly.

The pathogens present in bird droppings such as bacteria, fungi and viruses can cause mild to severe illnesses in humans.

The diseases spread by droppings can become airborne when dried, transferring to humans in the vicinity of the droppings.

People with lung or other health conditions should avoid dried bird droppings as when disrupted, the dust becomes airborne and causes irritation in the bronchial passage.

Bird droppings can cause extensive damage to properties.

This is because it contains uric acid that has a pH level of around 3.5 to 4, which can eat through a few types of building materials, including cement.

As bird droppings are acidic, they can damage the surface of a car and the longer these stay on the car, the more damage they can cause to the paint.

Additionally, their nests built under roofs can become a fire hazard, clog up gutters or drain pipes, and even block ventilation.

It can also be a safety issue with wet droppings causing slips and falls.

When it comes to cleaning bird droppings, it is essential to wear protective gear, including gloves and mask, to prevent exposure to potentially harmful airborne pathogens.

From spreading diseases to damaging infrastructure, the seemingly innocuous act of birds relieving themselves can pose significant dangers to both human health and the ecosystem at large.

WONG SOO KAN
Petaling Jaya

Starlifestyle M/S 9, 8

HIIT that high blood pressure!

HIGH-INTENSITY interval training (HIIT) could be recommended for people with high blood pressure to help them bring their levels down to a healthy range, a new study suggests.

Researchers said that they have shown for the first time that HIIT, as well as combined aerobic and resistance training, can bring down a person's blood pressure.

The study also reinforced promoting aerobic exercise (on its own), such as jogging, cycling or swimming, as a method to control high blood pressure.

Experts said the new study reinforces the "important role" exercise plays in managing high blood pressure.

The research, published in the *British Journal of Sports Medicine*, saw experts from Brazil pool data from 31 studies on high blood pressure and exercise.

The studies involved 1,345 people with high blood pressure.

They found that aerobic training showed "consistent reductions" in blood pressure, measured over a 24-hour period.

"Importantly, this study provides the first evidence that combined training and HIIT are effective in reducing 24-hour ambulatory blood pressure monitoring," they added.

But they said that the evidence for yoga, Pilates and recreational sports "remains limited and imprecise" as they called for more work to assess the impact of these forms of exercise on blood pressure.

"Overall, aerobic exercise, combined training and HIIT show the most consistent signals of benefit based on current data," the authors wrote.

Commenting on the study, British Heart Foundation senior cardiac nurse Regina Giblin noted that regular exercise can reduce the risk of cardiovascular (heart) disease by up to a third, with aerobic activity, like a brisk walk, remaining particularly effective at lowering blood pressure.

"This research linking combined exercise and HIIT to significant reductions in blood pressure over 24 hours is encouraging and reinforces the important role physical activity plays in managing high blood pressure.

"While these findings are promising, more research is needed to better understand how different types of exercise compare," she said.

"It is recommended that you do at least 150 minutes of moderate-intensity activity each week, and the most important thing is finding an activity you enjoy and can stick to."

Blood pressure is considered high when it measures as 140/90mmHg or higher when checked by a healthcare professional.

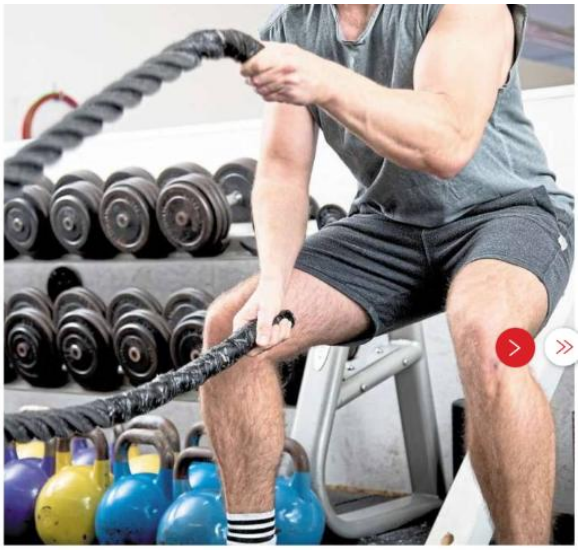
If a person's blood pressure is too high, it puts extra strain on their blood vessels, heart and other organs, including the brain, kidneys and eyes.

If it is not treated, it can increase the risk of conditions such as heart disease, heart attacks, strokes, heart failure, kidney disease and vascular dementia.

Lowering blood pressure by even a small amount can help reduce the risk of these conditions.

Giblin added: "High blood pressure affects one in three adults in the UK, but many people don't know they have it as it often has no symptoms.

"Checking your blood pressure regularly and staying active are key to reducing your risk."



HIIT can be one of the workouts of choice for high blood pressure patients as a study finds it reduces blood pressure over a 24-hour period. — dpa

UK Stroke Association chief executive Juliet Bouverie said: "High blood pressure contributes to around 50% of strokes, but it can be controlled.

"Whilst we've known for some time the benefits of exercise in reducing the risk of primary and secondary strokes, we welcome this research showing the important role exercise plays in lowering high blood pressure." – PA Media/dpa

Ebola emergency: What to know

Here are some facts about the latest public health emergency in Congo and Uganda.

A health worker sprays disinfectant on his colleague after finishing a shift at an Ebola treatment centre in Beni, Congo. — AP Filepic

By CHINEDU ASADU

THE World Health Organization (WHO) declared the Ebola disease outbreak in Congo and Uganda a public health emergency of international concern on Sunday.

Africa's top public health body first confirmed a new Ebola outbreak in Congo's Ituri province last Friday.

By Saturday, it had reported 336 suspected cases and 88 deaths.

All the cases are in Congo, except for two recorded in neighbouring Uganda.

[illegible] authorities say the current outbreak is caused by the Bundibugyo virus – a rare variant of the Ebola disease that has no approved therapeutics or vaccines, making it much harder to fight.

Although more than 20 Ebola outbreaks have taken place in Congo and Uganda, including 17 in Congo since the disease first emerged in the country in 1976, this is only the third time the Bundibugyo virus has been reported.

Here's what to know about the health crisis:

Not a pandemic

The WHO says the latest Ebola outbreak does not meet the criteria for a pandemic emergency, such as Covid-19, and advises against closing international borders.

Its emergency declaration is meant to spur donor agencies and countries into action.

However, the global response to previous declarations has been mixed.

In 2024, when the WHO declared mpox outbreaks in Congo and elsewhere in Africa a global emergency, experts at the time said it did little to get supplies like diagnostic tests, medicines and vaccines to affected countries quickly.

Started in a remote area

The Africa Centres for Disease Control and Prevention (CDC) said the first cases were reported in the Mongwalu health zone, a high-traffic mining area in the Ituri province.

Cases there subsequently migrated to the Rwampara and Bunia health zones as patients sought medical care, the Africa CDC said, "enabling spread across three health zones".

Ituri is in a remote eastern part of Congo, with poor road networks, and is more than 1,000km from the nation's capital Kinshasa.

One major concern, the Africa CDC said, is the proximity of affected areas to Uganda and South Sudan.

Bunia, the capital and main city of Ituri, is near the border with Uganda.

The agency said there's also a risk of further spread due to intense population movement and attacks by armed groups that have killed dozens and displaced thousands in parts of Ituri in the past year.

There are also gaps in contact tracing, according to the Africa CDC, as local authorities race to find those who might have been exposed to the virus.

An unusual strain

The Bundibugyo virus, which health authorities say is responsible for the outbreak, is rare and different from the Ebola Zaire strain that has been dominant in all of Congo's past 17 outbreaks except one.

The virus was first detected in Uganda's Bundibugyo district during a 2007-2008 outbreak that killed 37 people out of 149 cases.

The second time was in 2012 in an outbreak in Isiro, Congo, where 57 cases and 29 deaths were reported.

According to the WHO, the Ebola disease is caused by a group of viruses, with three of them known to cause large outbreaks: Ebola virus, Sudan virus and Bundibugyo virus.

Dr Gabriel Nsakala, a professor of public health who has been involved in past Ebola outbreak responses in Congo, said treatments for viral infections like Ebola are often directed at symptoms.

He said Congo has extensive experience managing Ebola outbreaks, but response efforts could be complicated by the unusual strain.

Immediate containment efforts

When the outbreak was confirmed last Friday, the Africa CDC convened an urgent high-level coordination meeting with health authorities from Congo, Uganda and South Sudan, together with key partners like United Nation agencies and other countries.

The meeting, the agency said, focused on immediate response priorities, cross-border coordination, surveillance, safe and dignified burials, and resource mobilisation, among other areas.

On Saturday, Africa CDC director-general Dr Jean Kaseya said several key response measures had been put in place to address the outbreak, including mobilisation of resources from partners, deployment of multidisciplinary teams at official and non-official border crossing points, isolation of high-risk contacts, enhancement of surveillance, and contact listing and follow-up.

Logistic challenges

Congo is Africa's second largest country by land area and often faces logistical challenges in responding to disease outbreaks due to bad roads and long distances.

During last year's three-month outbreak, the WHO initially faced significant challenges in providing vaccines, with delivery taking a week after the outbreak was confirmed.

Funding has also been problematic.

The WHO said last Friday that it has released US$500,000 (RM198,630) to support the response to the Ebola outbreak.

The Africa CDC also said last Saturday that it has mobilised US$2mil (RM7.94mil), but added that it's only a small fraction of the urgently needed funds.

During last year's outbreak, health officials were concerned about the impact of American funding cuts by the Trump administration.

The United States had supported responses to Congo's past Ebola outbreaks, including in 2021, when the US Agency for International Development (USAID) provided up to US$11.5mil (RM45.68mil) to support efforts across Africa.

How it's transmitted

The Ebola virus is highly contagious and can be transmitted to people from wild animals.

It then spreads in the human population through contact with bodily fluids such as vomit, blood or semen, and with surfaces and materials such as bedding and clothing contaminated with these fluids.

The disease it causes is a rare, but severe and often fatal, illness in people.

Symptoms include fever, vomiting, diarrhoea, muscle pain, and at times, internal and external bleeding.

The virus was first discovered in 1976, near the Ebola River in what is now Congo.

The first outbreaks occurred in remote villages in Central Africa, near tropical rainforests. – AP

Lung infections among common maladies affecting Malaysian *haj* pilgrims

MECCA: Lung infections, particularly pneumonia, are among the most commonly detected illnesses among Malaysian *haj* pilgrims.

Head of *haj* medical specialists Dr Taufik Rosli said most of the cases involve elderly pilgrims as well as those with a history of chronic illnesses and high-risk conditions.

He said the situation is caused by factors such as extreme fatigue, dehydration and failure to take medication regularly because pilgrims are overly focused on religious activities.

"Some pilgrims drink less water because they worry about difficulty accessing toilets at Masjid al-Haram. Others become so exhausted that they forget to take their high blood pressure and diabetes medications."

Taufik said the situation causes pilgrims' blood pressure to become uncontrolled and also increases the risk of lung infections due to a weakened immune system.

In an effort to identify pilgrims who may potentially develop complications, the medical team this season has introduced a mobile specialist clinic initiative at pilgrims' accommodation centres to conduct screenings and close monitoring.

He said medical specialists would visit pilgrims to carry out health examinations and identify those who require close observation.

"In the past, patients came to us. Now, we go to the patients. This proactive approach not only speeds up the treatment process but also helps the health team identify high-risk pilgrims before they travel to Arafah and Mina."

On preparations for *Masyair*, Taufik said Malaysian medical personnel are now entering the most challenging phase of operations in the Holy Land, describing the period as the true test of the physical, mental and emotional endurance of both staff and pilgrims.

He said nearly half of the healthcare operational burden is concentrated within the five-day *Masyair* phase involving Arafah, Muzdalifah and Mina, while teams continue actively coordinating the work of specialist doctors, medical officers, pharmacists and emergency response units.

"If things already seem busy now, actually, we haven't even reached 50% yet. The real challenge will begin during *Masyair*."

Despite the operational pressure, Taufik said all personnel are constantly reminded that serving and caring for the guests of Allah is itself a form of worship that carries great rewards.

He admitted that the greatest challenge is not only treating patients but also ensuring that the morale of the staff remains strong throughout the long and demanding operations.

"Sometimes, there are unconscious patients but when the time for *wuquf* arrives, they regain consciousness and realise they are in Arafah. Those are among the moments that make us believe that in the Holy Land, there is a strength that is difficult to explain through ordinary logic."

For the 2026 *haj* season, a total of 224 medical personnel, including specialists, doctors and nurses, have been assigned to the *Masyair* operations. – Bernama

Fighting childhood obesity at home

Q: Do you have any advice for a parent of a pre-teen child who's extremely overweight? I want to help him lose weight while he's young before it becomes a serious problem later in life.

Focus on the Family Malaysia: It's great that you want to see your child live a long and healthy life – starting now! Childhood obesity is a serious problem. Children who are clinically obese – an issue we'd encourage you to discuss with your family doctor – are at high risk for diabetes, heart disease, vascular disease, stroke, arthritis and early death. That's not to mention the hit it puts on their self-esteem.

We suggest focusing on five things: 1) better nutritional choices; 2) an increase in physical activity; 3) eating meals together as a family; 4) better rest and recreation habits; and 5) wiser media choices.

It's especially important to make this a family project. One of the first things we'd recommend is turning off the TV and begin taking walks in the evening. By working together your son won't feel "singled out," and it's much more likely he'll embrace the dramatic lifestyle changes he needs to make.

You can also maintain a degree of control over his caloric intake by packing him a nutritious lunch and by restricting money that might be used to buy unhealthy snacks from the school canteen or vending machines.

Most important, keep in mind that your child needs an overdose of your love and acceptance throughout this process.

Do everything you can to help him lose weight, but make it clear that your affections do not depend on his success in achieving that goal.

Q: Like a lot of guys, I've tried to surprise my wife only to have my best efforts crash and burn. I have an aversion to failure, so I've about decided to stop trying. Any advice before I throw in the towel?

Focus on the Family Malaysia: Your experience reminds us of a guy most men can relate to. Wanting to find his wife the perfect gift for her 50th birthday, he kept hounding her for hints of what she'd like. Finally, in frustration, she told him, "I'd like something that goes from zero to two hundred in under four seconds." Armed with that information, he bought her the most unforgettable gift she'd ever received: a brand-new weighing scale.

The truth is that most guys try hard, but most of the time, we just don't know what our partners actually want or need. As time passes, many couples slip into a rut of predictability. Things that used to excite and thrill don't produce the same reaction they once did. And when a marriage becomes routine, the passion wanes; couples can drift apart.

With this in mind, it's important to understand that often the goal of surprising your wife is merely to find ways to keep injecting newness and freshness into your marriage. This can be as simple as trying a new restaurant or involve a little more daring and adventure, like taking an art class together or going to an amusement park.

You don't have to go crazy with elaborate plans or spend lots of money to be spontaneous and do something unexpected. There's no shame in smaller, heartfelt gestures. You're only limited by your creativity or desire to save face. Ultimately, your mission is to affirm your wife, remind her of your love and commitment – and have fun living life together.

This article is contributed by Focus on the Family Malaysia, a non-profit organisation dedicated to supporting and strengthening the family unit. It provides a myriad of programmes and resources, including professional counselling services, to the community. For more information, visit family.org.my. Comments: letters@thesundaily.com

COMMENT by Dr Rafidah Lani

Hantavirus outbreak warrants preparedness, not panic

RECENT international headlines have been dominated by the tragic hantavirus outbreak aboard the *MV Hondius*, a cruise ship sailing the Atlantic Ocean. The outbreak has claimed three lives and resulted in other confirmed and suspected cases, prompting emergency medical evacuations and international contact tracing.

While the situation on the high seas sounds alarming, it is crucial for Malaysians to view this event through the lens of science and historical preparedness rather than fear.

Health Minister Datuk Seri Dr Dzulkefly Ahmad has confirmed a vital fact: there are no Malaysians on board the affected ship, and the current risk to our country remains extremely low.

Instead of worrying about worst-case scenarios, this outbreak serves as a timely opportunity to understand the specific science behind this virus and the practical, human-focused steps we can take to prevent its spread.

To comprehend the *MV Hondius* outbreak, we must look at the specific strain of the virus involved. Hantavirus is a broader family of viruses historically known to spread via aerosolised rodent droppings. However, the culprit behind the cruise ship outbreak is the Andes virus, a highly specific strain native to South America.

Scientifically, the Andes virus is unique: it is the only hantavirus confirmed to be capable of human-to-human transmission. This transmission, while rare, typically occurs through close and prolonged contact with an individual who is already showing severe symptoms. This was documented extensively during a 2018-2019 outbreak in Argentina, where a single introduction of the virus led to 34 human-to-human infections.

Because the *MV Hondius* departed from Ushuaia, Argentina, the virus made its way into the confined quarters of the ship, allowing this rare form of human-to-human spread to occur.

Symptoms of the Andes hantavirus typically manifest one to eight weeks after exposure.

The disease often begins with severe flu-like symptoms, including fever, chills, dizziness and intense muscle aches, before progressing to a severe condition known as Hantavirus Pulmonary Syndrome, which involves shortness of breath and fluid in the lungs.

Because the Andes strain of the hantavirus can transmit between people, and hantavirus is not an endemic threat driven by local sanitation issues, our focus must shift strictly to human-to-human prevention and travel awareness. – **REUTERSPIC**

It is important to remind ourselves that Malaysia is not traversing unknown territory when it comes to managing infectious diseases. We are not strangers to dealing with complex, emerging pathogens.

Our public health infrastructure was forged through the fires of the 1999 Nipah virus outbreak as well as our battles with SARS and the H1N1 influenza.

Today, the Health Ministry operates through the highly systematic Malaysia Strategic Workplan for Emerging Diseases and the Crisis Preparedness and Response Centre.

These established protocols ensure that our borders, international points of entry and healthcare facilities maintain strict surveillance and rapid response capabilities.

We already possess the laboratory capacity to identify complex viruses, and the authorities are constantly monitoring global updates from the World Health Organisation (WHO).

Because the Andes strain can transmit between people, and hantavirus is not an endemic threat driven by local sanitation issues in Malaysia, our focus must shift strictly to human-to-human prevention and travel awareness.

Dr Gustavo Palacios, an infectious disease expert advising the WHO, noted that the 2018 Andes outbreak in Argentina was successfully snuffed out using simple, highly effective public health measures.

The Andes virus requires close, prolonged contact to jump from one human to another. If you are interacting with someone exhibiting severe flu-like symptoms, especially if they have recently travelled internationally, maintain a safe physical distance.

As Palacios emphasises, the most fundamental way to break a chain of transmission is to simply stay home when you are unwell. Isolating yourself at the first sign of fever or chills prevents the pathogen from circulating in workplaces, schools and public transport.

Airborne droplets and close physical contact are the enemies here. Limit close contact and frequently use hand sanitiser or wash your hands with soap. Wearing face masks in crowded areas or when caring for a sick individual adds a crucial layer of defence against respiratory transmission.

If you are travelling to regions where the Andes virus is present (such as South America) or boarding international cruise ships, remain highly aware of your health. If you develop symptoms within one to eight weeks of returning, seek immediate medical care and proactively declare your travel history to your doctor.

The *MV Hondius* outbreak is a tragedy, but it is a contained one. By prioritising basic human-to-human infection control, staying home when sick, maintaining hygiene and staying informed, we can easily protect our community from international viral threats without succumbing to panic.

Dr Rafidah Lani *is a Senior Lecturer at the Department of Medical Microbiology, Faculty of Medicine, and an Associate Researcher at the Ungku Aziz Centre for Development Studies, Universiti Malaya. Comments: letters@thesundaily.com*

Sinar Harian M/S 6

Ebola: KKM tingkat kesiapsiagaan

Ambil kira risiko importasi kes melalui perjalanan antarabangsa susulan wabak di Congo dan Uganda

FOTO: AFP

Pegawai kesihatan sempadan di Busunga antara Uganda dan Congo memeriksa suhu badan pengembara susulan darurat kesihatan antarabangsa akibat Ebola.

PUTRAJAYA - Kementerian Kesihatan (KKM) memperkukuh langkah kesiapsiagaan dan pemantauan susulan pengisytiharan penyakit Ebola disebabkan virus Bundibugyo sebagai Kecemasan Kesihatan Awam yang Menjadi Kepentingan Antarabangsa (PHEIC) oleh Pertubuhan Kesihatan Sedunia (WHO) pada 17 Mei lepas.

Menurut kenyataan KKM, tiada kes Ebola dilaporkan di Malaysia setakat ini, namun langkah kesiapsiagaan terus dipertingkatkan mengambil kira risiko importasi kes melalui perjalanan antarabangsa susulan wabak di Congo dan Uganda.

"KKM memantau pengembara memasuki Malaysia dari Uganda dan Congo, termasuk mereka yang melalui penerbangan transit di hab antarabangsa seperti Dubai, Doha dan Singapura. Buat masa ini, tiada penerbangan terus dari kedua-dua negara tersebut ke Malaysia," menurut kenyataan itu.

KKM memaklumkan pemantauan dan saringan terus diperkukuh bagi tujuan penilaian risiko kesihatan awam serta langkah pencegahan awal.

Menurut kenyataan itu, sebanyak lapan kes disahkan makmal dan 246 kes disyaki dilaporkan WHO setakat 16 Mei lepas, serta 80 kematian disyaki dilaporkan di Wilayah Ituri, Congo manakala dua kes disahkan makmal termasuk satu kematian dilaporkan di Kampala, Uganda membabitkan individu mempunyai sejarah perjalanan dari Congo.

KKM memaklumkan pelbagai langkah telah dan sedang dilaksanakan termasuk memperkukuh survelan di semua pintu masuk antarabangsa, meningkatkan pengesanan awal kes serta kesiapsiagaan fasiliti kesihatan untuk pengasingan dan pengurusan kes disyaki.

Selain itu, kesiapsiagaan alat perlindungan diri (PPE) dan latihan petugas kesihatan turut dipastikan berada pada tahap optimum di samping memperkasakan kapasiti diagnostik makmal menerusi kerjasama dengan Institut Penyelidikan Perubatan (IMR) dan Makmal Kesihatan Awam Kebangsaan (MKAK).

"Individu yang mempunyai sejarah perjalanan ke negara terlibat dinasihatkan supaya mendapatkan rawatan segera sekiranya mengalami gejala seperti demam, sakit badan, muntah atau pendarahan dalam tempoh 21 hari selepas pulang dari negara berkenaan," menurut kenyataan itu.

- Bernama

WABAK EBOLA

WABAK:

- Merupakan penyakit berjangkit disebabkan virus dan walaupun jarang berlaku, ia dikenal pasti sebagai penyakit serius serta sering membawa maut.
- Terdapat beberapa jenis strain Ebola dan wabak semasa di Republik Demokratik Congo dikenal pasti berpunca daripada virus jenis Bundibugyo.

GEJALA:

- Bermula seperti selesema dan lazimnya muncul secara tiba-tiba antara dua hingga 21 hari selepas jangkitan.
- Peringkat awal, pesakit biasanya mengalami simptom seperti selesema termasuk demam, sakit kepala dan keletihan.
- Apabila penyakit semakin serius, pesakit boleh mengalami muntah serta cirit-birit.
- Dalam kes lebih teruk, sesetengah pesakit menunjukkan tanda pendarahan dalaman dan luaran, selain kegagalan organ seperti buah pinggang dan hati.
- Keadaan ini boleh membawa kepada kematian sekiranya tidak dirawat dengan segera.

PENULARAN:

- Virus Ebola secara semula jadi wujud dalam haiwan, khususnya kelawar buah.
- Penularan kepada manusia biasanya berlaku apabila seseorang dijangkiti selepas berhubung dengan haiwan dijangkiti.
- Dalam kalangan manusia, virus berkenaan merebak melalui sentuhan dengan cecair badan seperti darah, muntah atau rembesan lain daripada individu yang dijangkiti.
- Risiko penularan adalah tinggi terutamanya dalam situasi melibatkan penjagaan pesakit atau pengurusan jenazah tanpa langkah perlindungan yang sesuai.
- Sejarah menunjukkan wabak Ebola terbesar berlaku antara tahun 2014 hingga 2016 di Afrika Barat, melibatkan kira-kira 28,600 kes jangkitan.

RAWATAN:

- Pertubuhan Kesihatan Sedunia (WHO) memaklumkan setakat ini tiada vaksin atau rawatan khusus diluluskan bagi strain Bundibugyo yang sedang menular di DR Congo.
- Bagaimanapun, vaksin telah dibangunkan untuk strain Ebola jenis Zaire, yang sebelum ini lebih biasa ditemui dalam beberapa wabak terdahulu.

- Langkah pencegahan seperti mengelakkan sentuhan dengan cecair badan pesakit, mengamalkan kebersihan diri dan mematuhi prosedur kesihatan awam adalah penting bagi mengawal penularan virus.

+Sumber: https://www.astroawani.com/berita-dunia/wabak-ebola-penyakit-jarang-tetapi-membawa-maut-dan-cara-penularannya https://ms.wikipedia.org/wiki/Penyakit_virus_Ebola

Berita Harian M/S 17, 19, 27

KKM laksana 3 kaedah perkasa pengamal perubatan am swasta

Pendekatan lebih bersepadu optimum kapasiti, potensi sistem kesihatan negara

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Kuala Lumpur: Kementerian Kesihatan (KKM) bercadang menambah baik dasar sedia ada bagi memperkasa pengamal perubatan am (GP) dengan pelaksanaan tiga kaedah, termasuk meluaskan skop rawatan di klinik swasta.

KKM berkata, kaedah itu termasuk membenarkan penawaran perkhidmatan seperti ultrasound dan doktor Kesihatan Pekerjaan (OHD) secara lebih efektif dan selamat.

"Langkah itu bagi mengiktiraf kompetensi dan latihan tambahan dimiliki GP, KKM sedang meneliti penambahbaikan dasar melalui penggubalan arahan pelaksanaan skop perkhidmatan khusus di klinik swasta," katanya kepada *BH*.

BH sebelum ini melaporkan kekurangan pesakit diterima berikutan jumlah pengamal perubatan am yang semakin bertambah, di samping peningkatan kos termasuk harga ubat, menyebabkan sebahagian besar daripada 10,000 klinik swasta negara ini, kini berdepan kesukaran meneruskan operasi.

Malah, lebih 70 peratus klinik GP ini dikesan meraih pendapatan di bawah RM60,000 sebulan, sekali gus bergelut untuk meneruskan operasi. Dapatan itu dikesan Persatuan Perubatan Malaysia (MMA) dalam kajian membabitkan hampir 2,000 klinik di seluruh negara.

Presiden MMA, Datuk Dr R Thirunavukarasu, dilaporkan berkata atas dasar itu, KKM digesa meredakan kesesakan klinik kerajaan dengan menyerahkan kes kesihatan asas kepada klinik GP, bagi membantu memperkasa kembali perkhidmatan mereka.

Menurut KKM, sebagai langkah penambahbaikan juga, kaedah kedua sedang dilaksanakan KKM ialah untuk memperluas skop program Skim Peduli Kesihatan untuk Kumpulan B40 (PEKA B40) dan Skim Perubatan MADANI membabitkan rawatan penyakit tidak berjangkit (NCD).


70 peratus klinik swasta 'tenat'
EKSKLUSIF
Keratan akhbar BH 5 Mei lalu.

Katanya, namun pelaksanaan perluasan program itu tertakluk kepada kelulusan peruntukan kewangan akan datang.

PEKA B40 dan Skim Perubatan MADANI ialah model Kerjasama Awam-Swasta yang direka khusus sebagai platform kerjasama GP swasta.

Sebelum ini, Skim Perubatan MADANI bertumpu kepada rawatan pesakit luar kesihatan primer akut atau penyakit ringan seperti demam, selesema, batuk, cirit-birit dan keracunan makanan.

Sementara PEKA B40 pula membabitkan saringan dan pengesanan awal NCD seperti kencing manis, darah tinggi dan kolesterol tinggi.

Menurut KKM, langkah ketiga dilaksanakan ialah bekerjasama dengan Kementerian Kewangan (MOF), Kumpulan Wang Simpanan Pekerja (KWSP) dan perunding swasta bagi meneliti serta memperkemas lagi sistem serta penyampaian perkhidmatan dalam aspek pemprosesan permohonan pembukaan klinik swasta.

Tingkat akses perkhidmatan

Katanya, KKM sememangnya sedang melaksanakan pendekatan lebih bersepadu untuk memperkukuh penyelarasan tadbir urus lebih menyeluruh bagi sektor penjagaan kesihatan primer negara, termasuk memperkasakan peranan GP swasta.

"Pendekatan itu bagi mengoptimum kapasiti dan potensi keseluruhan sistem kesihatan negara, termasuk kerjasama di antara sektor awam dan swasta, ke arah memastikan akses perkhidmatan kesihatan lebih saksama, mudah dicapai, berkualiti serta mampan untuk seluruh rakyat.

"Kerjasama strategik antara kerajaan dan GP swasta sebenarnya sudah lama terjalin melalui program kesihatan awam seperti pemberian vaksin dan program saringan kesihatan di bawah program PEKA B40 dan Skim Perubatan MADANI.

"Ini membuktikan pembabitan sektor swasta sangat membantu meningkatkan akses perkhidmatan, khususnya bagi kumpulan sasaran," katanya.

Menurut KKM, pelaksanaan reformasi jangka panjang yang lebih inklusif dan mampan, ia memerlukan penelitian khusus dan menyeluruh, terutama membabitkan aspek perundangan sedia ada, sistem penyampaian perkhidmatan, prosedur operasi, mekanisme kewangan serta tatacara perolehan.

Katanya, perkara itu juga memerlukan libat urus lanjut bersama semua pihak berkepentingan bagi memastikan setiap cadangan dapat dilaksanakan secara berkesan, adil dan memberi manfaat kepada rakyat secara menyeluruh.

"KKM yakin usaha memperkukuh sistem kesihatan primer ini mampu dicapai melalui perancangan teliti dan pelaksanaan secara berfasa selaras dengan agenda reformasi kesihatan negara," katanya.

Jangkitan paru-paru paling kerap dihidap jemaah Malaysia

Inisiatif klinik pakar bergerak di maktab bantu kesan penyakit lebih awal

Makkah: Jangkitan paru-paru (pneumonia) menjadi antara penyakit paling kerap dikesan dalam kalangan jemaah haji Malaysia ketika operasi kesihatan di Tanah Suci memasuki fasa kritikal menjelang musim Masyair.

Ketua Pakar Rombongan Perubatan Haji Dr Muhammad Taufik Rosli, berkata kebanyakan kes itu membabitkan jemaah warga emas serta mereka yang mempunyai sejarah penyakit kronik dan berisiko tinggi.

Beliau berkata, keadaan itu berpunca daripada faktor keletihan melampau, dehidrasi serta kegagalan mengambil ubat secara teratur berikutan jemaah terlalu memberi tumpuan kepada aktiviti ibadah.

"Ada jemaah kurang minum air kerana bimbang sukar ke tandas di Masjidil Haram. Ada juga terlalu penat hingga terlupa mengambil ubat darah tinggi dan ubat kencing manis," katanya di sini, baru-baru ini.

Dr Muhammad Taufik berkata, situasi berkenaan menyebabkan tekanan darah jemaah tidak terkawal, selain meningkatkan risiko jangkitan paru-paru akibat sistem imun badan yang semakin lemah.

Percepat proses rawatan

Dalam usaha mengesan lebih awal jemaah berpotensi mengalami komplikasi, pasukan perubatan musim ini memperkenalkan inisiatif klinik pakar bergerak di maktab penginapan jemaah bagi menjalankan saringan dan pemantauan rapi.

Menerusi pendekatan itu pakar perubatan akan turun padang menemui sendiri jemaah bagi menjalankan pemeriksaan kesihatan serta mengenal pasti mereka yang memerlukan pemantauan rapi.

"Jika dahulu pesakit datang kepada kita, sekarang kita pergi kepada pesakit. Pendekatan proaktif ini bukan sahaja mempercepat proses rawatan, malah membantu pasukan kesihatan mengenal pasti jemaah berisiko tinggi sebelum mereka bergerak ke Arafah dan Mina," katanya.

Mengulas mengenai persediaan Masyair, katanya, petugas perubatan Malaysia kini memasuki fasa paling getir dalam operasi di Tanah Suci sambil menyifatkan musim itu sebagai medan sebenar yang menguji ketahanan fizikal, mental dan emosi seluruh petugas serta jemaah.

"Kalau sekarang nampak sibuk, sebenarnya ini belum sampai 50 peratus lagi. Cabaran sebenar bermula ketika Masyair nanti," katanya. BERNAMA


Timbalan Ketua Rombongan Haji (Perubatan), Dr Mohamad Zamri Harun (kanan) memeriksa kelengkapan beg perubatan kecemasan dan trauma yang digunakan untuk membantu jemaah haji di Makkah. (Foto BERNAMA)

Duopharma kekal harga ubat, serap kenaikan kos

Syarikat teroka sumber alternatif bahan mentah kurangkan risiko gangguan bekalan

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Wan Amir-Jeffery bersama Ketua Pegawai Kewangan Duopharma Biotech Berhad, Rohayu Rosnani Mohd Adanan (kiri) dan Ketua Pegawai Komersial, Noor Aida Jaafar pada sidang media selepas mesyuarat agung tahunan Duopharma Biotech Bhd di Kuala Lumpur, semalam. (Foto Saifullizan Tamadi/BH)

Duopharma Biotech Bhd mengakui kos bahan mentah farmaseutikal dan logistik meningkat sehingga 15 peratus susulan konflik di Asia Barat, namun masih mampu menyerap kenaikan itu tanpa perlu memindahkannya kepada pengguna setakat ini.

Ketua Pegawai Eksekutif Kumpulan (GCEO) Duopharma, Wan Amir-Jeffery Wan Abdul Majid, berkata peningkatan kos itu membabitkan bahan aktif farmaseutikal (API), bahan pembungkusan serta kos insurans dan logistik global.

Katanya, kebanyakan bahan mentah dan pembungkusan yang digunakan syarikat adalah diimport dari luar negara, selain turut bergantung kepada derivatif petrokimia.

"Ketika ini, banyak harga meningkat merentasi pelbagai kategori. Ada yang naik lima, 10 hingga 15 peratus dan dalam beberapa kes tertentu, bahan mentah paracetamol meningkat lebih tinggi daripada itu.

"Bagaimanapun, setakat ini kami masih cuba menyerap kenaikan kos berkenaan selagi mampu," katanya pada sidang media selepas mesyuarat agung tahunan (AGM) syarikat di Kuala Lumpur, semalam.

Wan Amir-Jeffery berkata, Duopharma hanya akan mempertimbangkan pemindahan kos sekiranya kenaikan melepasi ambang tertentu dan tidak lagi mampu diserap.

Beliau berkata, syarikat itu ketika ini masih mempunyai simpanan bekalan bahan mentah dan inventori bagi tempoh tiga hingga empat bulan akan datang, selain keadaan semasa masih terkawal.

Ketersediaan bekalan

Katanya, syarikat memegang stok produk siap antara dua hingga tiga bulan, manakala bahan mentah sekitar empat hingga enam bulan.

"Kami masih mempunyai akses kepada kuantiti bahan mentah yang diperlukan, walaupun berlaku sedikit inflasi harga. Perkara paling penting ketika ini ialah ketersediaan bekalan," katanya.

Menurut Wan Amir-Jeffery, konflik semasa turut memberi tekanan kepada rantaian bekalan global berikutan peningkatan kos logistik dan insurans, selain risiko gangguan bekalan bahan berkaitan petrokimia.

Sebagai langkah mitigasi, katanya, syarikat mengaktifkan pelan kesinambungan perniagaan (BCP) bagi mengurus isu inventori, ketersediaan bahan mentah dan kos operasi.

Duopharma juga bekerjasama rapat dengan Kementerian Kesihatan (KKM) dan Bahagian Regulatori Farmasi Negara (NPRA) bagi mempercepat proses kelulusan sumber alternatif bahan mentah untuk mengurangkan pergantungan kepada pembekal tunggal.