KERATAN AKHBAR 21/05/2026 (Khamis)

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Ebola alert rises at borders

Screening tightened after Africa outbreak declared global health emergency

KUALA LUMPUR: The Health Ministry has tightened its Ebola watch after an outbreak caused by the Bundibugyo virus was declared a Public Health Emergency of International Concern by the World Health Organisation (WHO).

The ministry said while there are no Ebola cases reported in Malaysia so far, it is ramping up preparation measures, taking into account the risk of imported cases through international travel following outbreaks in the Democratic Republic of Congo (DRC) and Uganda on May 17.

"We are taking into consideration the risk of imported cases through international travel and will continue to strengthen our preparedness and monitoring measures to ensure the country is always ready to face any eventuality.

"We are monitoring travellers entering Malaysia from Uganda and the DRC, including those transiting through international hubs such as Dubai, Doha and Singapore.

"There are currently no direct flights from these two countries to Malaysia," said a ministry statement yesterday.

It said monitoring and screening efforts are being intensified to assess public health risks and implement early prevention measures.

It said based on information provided by the WHO, there are eight laboratory-confirmed cases and 246 suspected cases reported to the WHO as of May 16, as well as 80 suspected deaths in the Ituri Province in DRC.

In Uganda, there are two confirmed cases, including one death, reported in Kampala, involving an individual with a travel history to the DRC.

"Ebola is a serious infectious disease that can be fatal. It is spread through close contact with the blood or body fluids of infected people or animals.

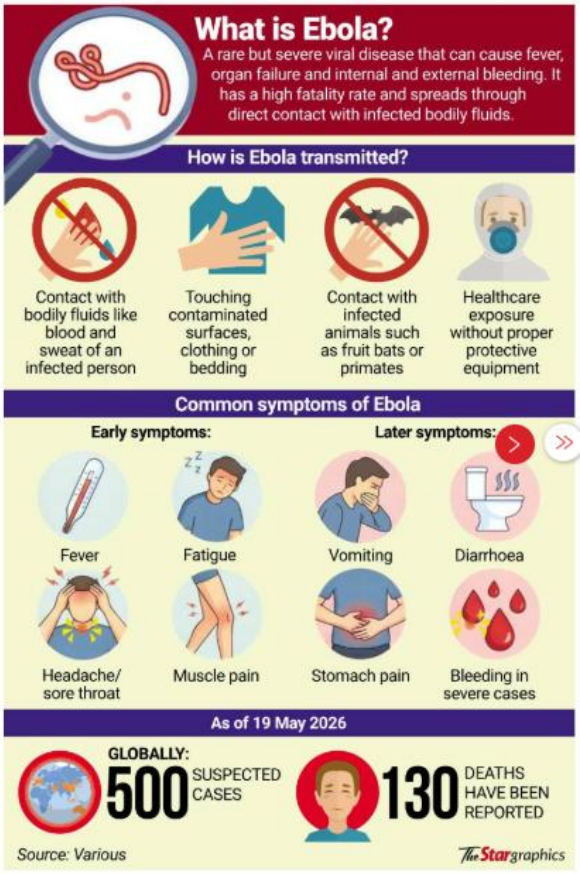
"Common symptoms include fever, headache, muscle pain, fatigue, vomiting and diarrhoea, and in some cases, bleeding," it said.

The ministry said various measures are being implemented such as enhanced surveillance at all international entry points, including airports and seaports.

This included improving early case detection through the existing infectious disease surveillance system by monitoring symptomatic individuals with a history of travel to the affected areas.

The ministry is also strengthening coordination and global risk monitoring with the WHO, the Malaysian Border Control and Protection Agency, airlines and other relevant agencies.

"Individuals with a history of travel to the affected countries are advised to seek immediate treatment if they experience symptoms such as fever, body aches, vomiting or bleeding within 21 days of returning from the country," it said.



M'sia, S'pore sign strategic health MOU

KUALA LUMPUR: Malaysia and Singapore are further strengthening their strategic health partnership to address non-communicable diseases (NCDs), coordinate Nutri-Grade food labelling policies and explore opportunities on medical tourism.

Health Minister Datuk Seri Dr Dzulkefly Ahmad (*pic*), who disclosed this, said this was sealed in an MOU during a meeting with his Singapore counterpart Ong Ye Kung.

He said the MOU was a reflection of the high level of trust and commitment both nations share for the well-being of their people.

Among the key issues discussed was the alignment of the Nutri-Grade food labelling policy, which he described as a proactive and integrated step to combat NCDs across the region.

"This agreement reflects the high level of trust and strong commitment for the well-being of the people of both nations," he said in a Facebook post yesterday.

Dzulkefly said Malaysia welcomed the implementation of the Medical Device Regulatory Reliance Programme, which is expected to accelerate access to high-quality and innovative medical technology in the regional market.

He said both countries are also exploring the potential to expand cross-border health tourism, including facilitating patient referrals from Singapore to private healthcare facilities in Johor, as well as expanding Medisave insurance coverage.

This step, he added, will not only strengthen access to healthcare but is also expected to stimulate economic spillovers and expand health connectivity in the country's southern region.

In a separate post, Dzulkefly said the use of AI in the healthcare sector should not be viewed merely as a symbol of technological sophistication, but rather as a practice built on public trust and strong government governance.

He said the matter was raised during a high-level discussion on the future of AI hosted by the government of Portugal in Geneva.

He said public trust can only be maintained if AI was implemented safely, ethically, fairly and in a people-centred manner.

"This means secure data management and interoperable digital health systems are absolutely critical. Patient information must be protected and systems can no longer operate in silos," he added.

Dzulkefly said Malaysia is now demonstrating the effectiveness of AI in the healthcare sector through AI-powered lung screenings conducted at public health clinics and through field programmes nationwide.

To date, he said 9,174 patients have been screened, with approximately 26.9% showing abnormal chest X-rays.

These include the detection of 724 lung nodules, 73 high-risk cancer cases and several suspected tuberculosis cases.

"These early detections allow for quick referrals and immediate treatment, helping to save patients' lives," he said.

However, he said no matter how advanced AI technology becomes, medical practitioners and frontline healthcare workers remained the core of every clinical decision and treatment.

"The presence of AI will never replace the expertise and human touch of a doctor or nurse. Instead, it empowers and augments their abilities," he said.

Malaysia's growing 'big toe' problem

Young people becoming increasingly affected

By YUEN MEIKENG
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PETALING JAYA: It's a growing [illegible] the big toe – more [illegible]ns are developing gout, with young people increasingly affected.

The Health Ministry said there has been a 21.55% increase in cases between 1990 and 2020, citing a study on Asian disease burden.

From 109 gout cases for every 100,000 people in 1990, the rate in Malaysia has gone up to about 133 incidents per 100,000 population.

"Gout also appears to present at a younger age among patients, based on anecdotal evidence," the ministry said, adding that Malaysia had yet to have national prevalence studies on it.

Previously, a local study in Malaysia showed the average age of gout patients was around 53.

However, doctors say more patients in their 20s and 30s are experiencing their first gout attack.

"This was uncommon before.

"This reflects on how we live and what we eat, particularly the increased consumption of sugary drinks and processed food," said Malaysian Medical Association president Datuk Dr Thirunavukarasu Rajoo.

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Tomorrow marks Gout Awareness Day, a campaign started in the US and observed by health groups in other countries.

The rise in gout is also expected globally – in 2020, an estimated 55.8 million people worldwide had gout, but this number is projected to swell to 96 million by 2050.

Consultant rheumatologist Dr Pradeep Dass said gout traditionally hit men aged 40 to 60, but it was no longer unusual to see patients in their 20s.

"This is especially true for those with strong family histories, obesity or underlying metabolic risk factors," he said.

Malaysians are also underestimating sugar as a major driver of gout, said Dr Thirunavukarasu.

"Fructose, commonly found in sweetened beverages, directly increases uric acid levels," he said.

While high-purine foods like red meat still mattered, the risk increased with high sugar intake, irregular meals, poor hydration and sedentary lifestyles.

To help curb gout cases, the Health Ministry plans to continue roadshows and develop consistent patient education materials to improve diagnosis and symptom recognition at the primary healthcare level.

"There are plans to set up a national special interest group for gout management to encourage education at primary health clinics and secondary care hospitals," it said.

Federation of Private Medical Practitioners' Associations Malaysia president Dr Shanmuganathan TV Ganeson said there should be more public education that gout is a chronic but treatable disease.

He said taking medication is effective in lowering uric acid levels, but it was not a licence to ignore dietary habits.

"Patients can still enjoy a variety of foods, but moderation is key," he said.

Some people have the misconception that gout could be "cured" with home remedies, but Dr Thirunavukarasu warned that this only delayed proper treatment, which enabled joint damage to continue.

"For those with a family history, early intervention is critical. Do not wait for the first attack," he said.

Too few doctors for too many aching joints

PETALING JAYA: Malaysia is "sorely short" of rheumatologists, or specialist doctors who treat arthritis, gout and autoimmune diseases like lupus.

Currently, the country has 132 rheumatologists in the public and private sectors.

"To meet the ideal ratio, we would need about 684 rheumatologists.

"But we currently have only 62 under the Health Ministry, which is sorely short," the ministry said, adding that there were another 12 rheumatologists in facilities under the Education Ministry and an estimated 58 in the private sector.

In an ideal situation, there should be two rheumatologists for every 100,000 population.

But in Malaysia, the current ratio is 0.38 rheumatologists per 100,000 population, said the ministry.

Nevertheless, about eight to 10 new rheumatologists are expected to qualify each year.

The ministry said there was a need to strengthen gout management in primary care.

"This is because rheumatology units are prioritising the management of various autoimmune rheumatic conditions, which have been on the rise in recent years," it said.

Consultant rheumatologist Dr Pradeep Dass said the distribution of specialists was also a major challenge, as rheumatology services were still concentrated in urban areas.

"At the same time, some patients often require multidisciplinary co-management involving other specialists such as nephrologists, neurologists and respiratory physicians," he said.

In many public hospitals, rheumatologists were also required to perform general internal medicine and physician duties, on top of offering rheumatology services.

"As a result, many rheumatologists in public service are stretched quite thin," Dr Pradeep said.

Nevertheless, he lauded efforts in Malaysia to strengthen gout management nationally, such as the periodic review and updating of clinical practice guidelines.

"While rheumatologists continue to manage more complex gout cases, the guidelines help equip primary care doctors to manage straightforward cases, while recognising patients who require specialist referral," he said.

Federation of Private Medical Practitioners' Associations Malaysia president Dr Shanmuganathan TV Ganeson said while there is a shortage of rheumatologists, most gout cases are effectively managed at the primary care level.

"What is more practical and impactful is to strengthen continuous professional development and continuing medical education for primary care doctors," he said.

NST M/S 13, 14

Silent killer of women

Ovarian cancer is often called the 'silent killer' because its symptoms are subtle and easily overlooked.
PICTURE CREDIT: BRGFX

OVARIAN cancer continues to be one of the most serious health threats that women face.

Each year, nearly a quarter of a million women are diagnosed and the disease claims about 140,000 lives globally.

In Malaysia, it is the fifth-most common cancer among women, with close to 1,000 new cases reported annually — a number that underscores the need for greater awareness, early detection and access to advanced care.

While any woman can develop ovarian cancer, genetics play a major role.

Around five to 10 per cent of cases occur in women who carry inherited changes in their BRCA1 and BRCA2 genes, which also increase the risk of breast cancer, explains Gleneagles Hospital Penang consultant gynaecologist and gynaecological oncologist Dr Suresh Kumarasamy.

Ovarian cancer is often called the "silent killer", he adds, because its symptoms are subtle and easily overlooked.

Common complaints like bloating, loss of appetite, nausea or frequent urination are often dismissed as digestive or urinary issues.

As a result, nearly 70 per cent of women are diagnosed only when the disease has reached stage three or four. By that time, it has usually spread beyond the ovaries.

"Unfortunately, no effective screening exists for early detection. The commonly used CA125 blood test can sometimes be misleading, as high levels may occur even in non-cancerous conditions, leading to unnecessary anxiety and invasive investigations," says Dr Suresh.

To confirm a diagnosis, doctors depend on the patient's medical history, physical examination, blood tests and imaging scans, such as ultrasound and computed tomography.

Once ovarian cancer is detected, surgery is the cornerstone of treatment.

If cancer is discovered early and confined to one ovary, fertility-sparing surgery, which preserves the uterus and the other ovary, may be possible, allowing young patients the chance of future pregnancy.

Post-surgery, most women will require chemotherapy to kill remaining cancer cells and reduce the risk of recurrence.

"Despite major medical advances, early detection remains the most important factor in improving ovarian cancer outcomes," says Dr Suresh.

Women are encouraged to be aware of persistent abdominal symptoms, especially bloating, changes in appetite, urinary frequency and unexplained weight loss.

A pelvic examination may also help detect an ovarian tumour.

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Blind spot in eye health

Eye health should not be viewed separately from overall health and healthy ageing. PICTURE CREDIT: PRESSFOTO — MAGNIFIC.COM

A NEW survey has revealed a major awareness gap in eye health, with more than eight in 10 Malaysians unaware of, or unsure about, common sight-threatening retinal diseases, despite an ageing population and high rates of diabetes.

The findings form the basis of the "Don't Wait to See" public health awareness campaign launched by the College of Ophthalmologists, Academy of Medicine Malaysia, Diabetes Malaysia and Bayer Malaysia.

The campaign calls on Malaysians to recognise vision changes early and make eye health part of routine care.

The commissioned survey of over 800 Malaysian adults across age groups, ethnicities and income levels found that while cataracts are widely recognised, 81.7 per cent of respondents had never heard of or were unsure about retinal diseases, such as age-related macular degeneration (AMD) and diabetic macular oedema (DME), both of which can cause vision loss if not detected early.

"As Malaysia moves towards becoming an aged nation, with non-communicable diseases such as diabetes continuing to affect many Malaysians, preserving functional independence must be an important public health priority.

"The findings of this survey remind us that eye health should not be viewed separately from overall health and healthy ageing," says Health Ministry deputy director-general of Health (research and technical support) Datuk Dr Nor Fariza Ngah.

The survey also highlighted a gap between how Malaysians perceive eye health and how retinal conditions may present.

When straight lines begin to appear wavy or distorted, nearly half of all respondents attributed it to eye strain or a natural part of ageing.

Only eight per cent identified it as a possible medical condition.

Heal
By Meera Murugesan

DISREGARDED OR DISMISSED

The findings also suggest that many Malaysians may associate pain with urgency.

More than 81.8 per cent of respondents said they would wait weeks, months or indefinitely before seeking care if a change in vision was not physically painful.

However, retinal diseases such as age-related AMD and DME can develop without pain in the early stages. This makes it important for sudden or unusual changes in central vision to be assessed in a timely manner.

"Changes in central vision should not be dismissed. If straight lines appear wavy or distorted, or if vision changes suddenly, it is important to seek timely specialist assessment.

"Early attention can help patients better understand what is happening and receive appropriate care," says consultant ophthalmologist and medical retina specialist and vice-chairperson of the retina chapter at the College of Ophthalmologists, Dr Rajasudha Sawri Rajan.

For diabetics, the issue is not only recognising vision changes, but understanding that eye health is part of diabetes care, adds consultant ophthalmologist and medical retina specialist, Dr Tara George.

"For people living with diabetes, eye care needs to be part of routine disease management, not something addressed only when vision has already changed," adds Dr Tara.

The good news is that treatment options for retinal conditions such as DME have evolved significantly. Today, there are effective therapies that can help stabilise vision and, in some cases, support meaningful improvement when patients present early.

This underscores the importance of regular retinal checks, at least once a year for people with diabetes, so that if changes are detected, there is the opportunity to act at a stage where treatment can make the greatest difference, explains Dr Tara.

The survey found that eye examinations ranked last among health screening priorities, behind blood pressure, blood sugar, cholesterol and cancer screening.

This suggests that eye health may not yet be seen as part of routine diabetes care, even though diabetes can affect the retina and lead to changes in vision if not detected and managed early.

Diabetes care is often focused on blood sugar, blood pressure and cholesterol, but eye health needs to be part of the same conversation.

For people living with diabetes, regular comprehensive eye examinations are an important part of long-term care.

"We need to help patients understand that protecting their eyes is part of managing diabetes well," says primary care specialist and Diabetes Malaysia honorary general secretary Dr Mohazmi Mohamed.

For those who seek care, the survey identified practical barriers that may affect their ability to stay consistent with appointments and treatment.

Cost of treatment was cited as the biggest obstacle, followed by long waiting times and difficulty scheduling appointments.

The survey also found that treatment visit frequency can affect daily routines.

More than eight in 10 respondents said current treatment visit frequencies were disruptive to their daily lives, while 83.8 per cent preferred follow-up appointments every six months or at longer intervals.

Nearly all respondents agreed that fewer hospital visits would improve their ability to stay consistent with care.

These findings suggest that improving retinal care is not only about awareness, but also about making care pathways easier for patients to understand and maintain over time.

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A new survey reveals a major awareness gap in eye health among Malaysians.
PICTURE CREDIT: DCSTUDIO — MAGNIFIC.COM

JEMAAH HAJI HADAPI CUACA PANAS EKSTREM DI ARAB SAUDI

Jaga kesihatan hadapi suhu 48 darjah Celsius

BERNAMA

Makkah

Jemaah haji Malaysia diingatkan supaya sentiasa menjaga kesihatan dan mengurangkan aktiviti luar susulan cuaca panas ekstrem di Arab Saudi yang dijangka mencecah suhu 48 darjah Celsius dalam tempoh terdekat.

Menteri di Jabatan Perdana Menteri (Hal Ehwal Agama), Dr Zulkifli Hasan berkata, peringatan itu amat penting memandangkan kemuncak ibadah haji serta operasi Masyair bakal berlangsung dalam keadaan suhu yang tinggi.

Beliau berkata, jemaah disaran menggunakan laluan berbumbung atau membawa payung ketika bergerak ke Masjidil Haram, selain memastikan pengambilan air mencukupi bagi mengelakkan dehidrasi dan strok haba.

"Jemaah juga digalakkan untuk kekal berada dalam khemah ketika operasi Masyair nanti bagi mengelakkan terdedah kepada cuaca terlalu panas, terutama ketika waktu wukuf," katanya kepada pemberita di sini, semalam.

DR Zulkifli

Zulkifli berkata, pasukan perubatan haji Malaysia kini berada pada tahap kesiapsiagaan tinggi dengan pelbagai langkah proaktif disusun bersama pihak berkuasa Arab Saudi bagi memastikan keselamatan dan keselesaan jemaah sepanjang musim haji, khususnya ketika operasi Masyair berlangsung.

Kelmarin, Pusat Meteorologi Kebangsaan Arab Saudi mengeluarkan notis amaran cuaca panas ekstrem dengan suhu di sekitar Makkah dijangka mencecah 48 darjah Celsius.

Kerajaan Arab Saudi menetapkan 1 Zulhijah 1447H ialah pada Isnin lalu, manakala hari wukuf di Arafah iaitu kemuncak ibadah dijangka berlangsung kurang daripada seminggu lagi.

KKM TINGKAT PEMANTAUAN PINTU MASUK NEGARA

Tiada kes Ebola dikesan

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Putrajaya

EBOLA adalah penyakit berjangkit serius yang boleh membawa maut dengan penularan berlaku melalui kontak rapat dengan darah atau cecair badan individu atau haiwan dijangkiti.

Kementerian Kesihatan Malaysia (KKM) mengesahkan sehingga kini tiada kes Ebola dilaporkan di negara ini walaupun wabak yang disebabkan virus Bundibugyo itu kini melanda Republik Demokratik Congo (DRC) dan Uganda.

KKM memaklumkan, pihaknya bagaimanapun terus memperkukuh langkah kesiapsiagaan dan pemantauan mengambil kira risiko importasi kes melalui perjalanan antarabangsa.

Katanya, pemantauan turut dijalankan terhadap pengembara yang memasuki Malaysia dari Uganda dan DRC, termasuk mereka yang melalui penerbangan transit di hab antarabangsa seperti Dubai, Doha dan Singapura.

"Buat masa ini, tiada penerbangan terus dari kedua-dua negara berkenaan ke Malaysia.

"Pemantauan dan saringan terus diperkukuh bagi tujuan penilaian risiko kesihatan awam serta pelaksanaan langkah pencegahan awal," katanya menerusi kenyataan semalam.

Selain itu, KKM turut mempertingkatkan kesiapsiagaan di semua pintu masuk antarabangsa termasuk lapangan terbang dan pelabuhan selain memperkukuh pengesanan awal kes melalui sistem survelan penyakit berjangkit sedia ada.

Kesiapsiagaan fasiliti kesihatan bagi pengesanan, pengasingan dan pengurusan kes disyaki turut dipertingkat termasuk pematuhan langkah Infection Prevention and Control (IPC).

KKM berkata, kementerian itu juga memastikan kesiapsiagaan alat perlindungan diri (PPE) dan latihan petugas kesihatan berada pada tahap optimum selain memperkasa kapasiti diagnostik makmal melalui kerjasama bersama Institut Penyelidikan Perubatan (IMR) dan Makmal Kesihatan Awam Kebangsaan (MKAK).

> **"Pemantauan dan saringan terus diperkukuh bagi tujuan penilaian risiko kesihatan awam serta pelaksanaan pencegahan awal"**
>
> *KKM*

Ebola merupakan penyakit berjangkit serius yang boleh membawa maut dengan penularan berlaku melalui kontak rapat dengan darah atau cecair badan individu atau haiwan yang dijangkiti.

Antara gejala penyakit itu termasuk demam, sakit kepala, sakit otot, keletihan, muntah, cirit-birit dan dalam sesetengah kes, pendarahan.

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

Pertubuhan Kesihatan Sedunia (WHO) pada 17 Mei lalu mengisytiharkan wabak Ebola sebagai Kecemasan Kesihatan Awam Yang Menjadi Kepentingan Antarabangsa (PHEIC).

Menurut WHO sehingga 16 Mei lalu, sebanyak lapan kes disahkan makmal, 246 kes disyaki dan 80 kematian disyaki dilaporkan di wilayah Ituri, DRC.

"Selain itu, sebanyak dua kes disahkan makmal termasuk satu kematian turut dilaporkan di Kampala, Uganda membabitkan individu yang mempunyai sejarah perjalanan dari DRC," katanya.