



# TB cases: Seeing the reality on the ground

By Melvin Ebin Bondi

PAUL (not his real name) is a 45-year-old construction worker living on the outskirts of Kota Kinabalu.

He shares a small hostel room with four other men.

Dust fills the air at work, and coughing often feels routine in that environment.

When the cough refused to disappear, when night sweats followed, and when his body weight began to drop, he finally visited a clinic.

The diagnosis was tuberculosis (TB).

The medication did not scare him – the silence did.

Some roommates stopped sitting near him. One colleague asked quietly whether he would be sent home.

Paul worried about losing his income more than losing his health.

Missing work, even briefly, meant uncertainty for his family in Beaufort.

Paul's story reflects how TB intersects with work and crowded living conditions in Sabah.

TB remains a major infectious disease. The World Health Organization (WHO) estimated that in 2024, 10.7 million people developed TB, and 1.23 million died.

It spreads through airborne droplets, particularly in crowded and poorly-ventilated environments.

Malaysia's situation reflects this global struggle.

The Ministry of Health (MoH) reported 26,781 tuberculosis cases

in 2023, with national incidence at 76.9 per 100,000 population in 2024.

TB remains a significant cause of preventable death, with 2,580 TB-related deaths recorded in

2024.

The plan focuses on early detection, preventive therapy, strengthening treatment adherence, and reducing transmission in vulnerable communities.

Recent MoH surveillance confirms that Sabah remains at the centre of Malaysia's TB burden.

As of Epidemiological Week 6 of 2026, Sabah recorded 755 TB cases, the highest number in the country, surpassing more populous states such as Selangor and Johor.

Nationally, 3,161 cases were reported during the same period, representing a 9.8 per cent increase compared to the previous year.

Importantly, 85 per cent of cases involved Malaysians, highlighting TB transmission being largely driven by local conditions rather than external factors.

These findings reinforce that TB in Sabah remains driven by structural determinants including geography, socioeconomic vulnerability, and barriers to early diagnosis.

Sabah has consistently recorded the highest TB burden among Malaysian states for more than a decade, accounting for a disproportionate share relative to its population size.

Distance remains a major barrier.

Many rural communities are hours from diagnostic facilities, and transport costs and lost wages discourage timely care.

These indirect costs lead some to delay testing or miss follow-up appointments.

Housing conditions also play a role.

Worker's hostels and plantation quarters often have poor ventilation and crowded conditions, allowing TB bacteria

to circulate easily.

TB affects both migrant and local Sabahan communities, particularly those facing poverty and under-nutrition.

I spoke to Dr Noorhafizah Asmat, medical officer at Putatan Health Clinic, who oversees the PR1 Putatan (Treatment Centre) for TB.

She said: "In Sabah, distance and employment conditions remain major barriers to early tuberculosis detection.

"Many patients living in remote areas or working in construction sites, plantations, or crowded hostels delay seeking care because transport is costly, and missing work means lost income.

"As a result, they often present late, sometimes after weeks or months of symptoms.

"Our district TB teams play an important role in ensuring early diagnosis, contact tracing, and treatment supervision to prevent further transmission."

TB is notifiable under the Prevention and Control of Infectious Diseases Act 1988 (Act 342), requiring case reporting, contact-tracing, and treatment-monitoring under national guidelines.

On paper, the strategy is sound.

On the ground in Sabah, however, challenges remain.

Rural terrain limits outreach. Clinics face staffing pressures. Language barriers can

complicate communication in multi-ethnic communities. Poverty and under-nutrition weaken immunity, increasing the chance that latent infection becomes active disease.

Stigma discourages people from

coming forward. Some Sabahan patients have described being avoided by neighbours or losing customers when others learn about their illness.

Drug-resistant TB presents an

even greater challenge.

These cases occur when TB bacteria no longer respond to standard first line anti tuberculosis medications, often as a result of incomplete or interrupted treatment.

Management requires longer treatment regimens, sometimes extending beyond 18 months, with more complex drug combinations and closer clinical monitoring.

National and global data show that treatment success rates for drug-resistant TB are significantly lower than for drug-sensitive TB.

In Sabah, the challenges of distance, treatment adherence, and socioeconomic barriers make sustained supervision more difficult, increasing the risk of prolonged illness and continued transmission.

TB often begins quietly. A cough lasting more than two weeks, night sweats, unexplained weight loss, fever, or coughing up blood are important warning signs.

These symptoms should never be ignored. Early testing protects families and co-workers.

There is also latent TB, where a person carries the bacteria without symptoms and is not infectious.

However, latent infection can develop into active disease later, particularly when immunity weakens.

Close contacts and individuals in crowded settings should be screened when advised.

Recent MoH surveillance has identified tuberculosis clusters in close-contact settings such as households, worker's hostels,

workplaces, and institutional environments, highlighting the importance of early case detection and contact investigation.

These findings have prompted intensified screening,

contact-tracing, and treatment supervision, particularly in high burden areas such as Sabah where crowded living and working conditions increase transmission risk.

Health teams conduct screening, contact-tracing, and directly observed therapy (DOTS), a cornerstone of Malaysia's National Tuberculosis Control Programme.

Under this system, healthcare workers or trained supervisors observe patients taking their medication regularly, ensuring the full course of treatment is completed.

Treatment typically lasts at least six months, and supervision reduces interruption, prevents drug resistance, and improves cure rates.

MoH surveillance shows that TB transmission remains active at community level.

As of February 2026, 10 TB clusters were reported nationwide, with all clusters still under active monitoring by health authorities with many linked to close contact settings such as households, workplaces, and institutional environments.

The MoH has strengthened digital surveillance through MySejahtera to monitor infectious disease activity and respond to emerging clusters.

District TB teams led by medical officers coordinate diagnosis, treatment initiation, contact tracing, treatment supervision, and completion certification, supported by multidisciplinary teams including assistant medical officers, nurses, laboratory staff, pharmacy

personnel, and public health specialists.

Prevention and early action are essential. Tuberculosis is curable, but delayed diagnosis allows transmission to continue.

Anyone with a cough lasting more than two weeks, unexplained weight loss, night sweats, or coughing up blood should seek medical evaluation promptly.

Covering the mouth when coughing, wearing a mask when unwell, and improving ventilation by opening windows can reduce transmission risk.

Most importantly, patients diagnosed with TB must complete the full course of treatment, even when symptoms improve.

Treatment interruption increases the risk of drug resistance and prolonged illness.

Early detection and full treatment remain the most effective tools in protecting families and communities.

Paul is now on treatment and regaining strength.

His case was reported as required. His close contacts were screened.

His recovery shows that the system can work.

Yet the numbers remind us that TB in Sabah is not only a medical issue – it is tied to living conditions, work environments, access to care, and social attitudes.

With strong law, clear policy, supportive employers, and community understanding, Sabah can reduce this burden.

World Tuberculosis Day, observed annually on March 24, carries the 2026 theme 'Yes! We Can End TB: Commit, Invest, Deliver' – reinforcing that tuberculosis is curable, but requires sustained awareness, early detection, and community support to protect families and communities across Sabah.

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# Kekal cergas dan usus sihat sepanjang Ramadan

Ramadan bukan sekadar bulan sementara untuk 'reset'. Ia peluang untuk menanam rutin pemakanan sihat, kekal hidrasi, dan mengambil perhatian terhadap tubuh

Oleh ZAITON ABDUL MANAF

**A**PABILA azan Maghrib berkumandang, semua mata tertumpu pada juadah yang menanti.

Hati seronok tapi awas, jangan mudah tersalah langkah. Ramai yang berakhir dengan rasa kembung, pedih ulu hati, atau perut tidak selesa.

**Pakar Perubatan Gastroenterologi dan Hepatologi dari Pusat Perubatan Sunway, Bandar Sunway, Dr Sheikh Anwar Abdullah** berkata, berpuasa bukan sekadar menahan lapar, tetapi juga peluang untuk menjaga kesihatan usus dan tenaga sepanjang hari.

"Berpuasa memberi peluang untuk sistem pencernaan berehat. Badan menghasilkan kurang asid dan mengurangkan punca keradangan, sekali gus membantu memperbaiki kesihatan usus," jelasnya.

Kajian menunjukkan ramai mengalami masalah penghadaman sepanjang Ramadan, termasuk perut kembung, pedih ulu hati dan sembelit.

Antara penyumbang utamanya ialah pengambilan makanan berat, pedas atau berlemak, kurang minum air, serta jarak masa yang panjang antara waktu makan. Corak tidur yang berubah dan tenaga berkurang juga memperlambatkan proses penghadaman.

Meninggalkan sahur atau mengambil makanan segera mungkin mudah, tetapi Dr Sheikh Anwar menekankan kepentingan sahur yang seimbang dan mudah dicerna.

"Menu sahur yang ideal ialah karbohidrat kompleks seperti oat atau beras perang, protein seperti telur, ikan, tofu dan buah-buahan berair seperti tembikai atau timun.

"Jika tiada intoleransi laktosa, yogurt boleh membantu kesihatan usus kerana kandungan probiotiknya. Elakkan makanan pedas dan berminyak kerana boleh mengganggu lapisan perut dan risiko pedih ulu hati," katanya lagi.

Semasa iftar, jangan terus membebani perut dengan makanan berat. Minuman manis, gorengan dan masakan masin mungkin menggoda selera, tetapi boleh mengakibatkan kembung dan tidak selesa.

"Mulakan dengan air kosong dan beberapa biji kurma, kemudian berhenti seketika. Solat Maghrib dahulu sebelum menikmati hidangan utama.

"Pastikan menu berbuka seimbang dengan karbohidrat kompleks, protein dan lemak sihat," nasihat pakar itu lagi.

Terlalu kerap makan lewat malam, terutama moreh selepas solat tarawih juga boleh menjejaskan penghadaman.



Hidrasi yang cukup amat penting. Sembelit sering berlaku kerana pengambilan air yang tidak mencukupi.

Jarakkan dua hingga tiga jam antara waktu makan terakhir dan tidur untuk mengurangkan risiko pedih ulu hati atau masalah pencernaan lain.

Bagi mereka yang mempunyai masalah penghadaman atau penyakit kronik seperti ulser, gastrik, atau sirosis hati, Ramadan perlu dipantau dengan teliti dan nasihat profesional kesihatan diutamakan.

Jika mengambil ubat gastrik, ambil kira-kira 30 minit sebelum sahur untuk kesan maksimum. Jangan abaikan simptom seperti sakit perut berterusan, muntah, cirit-birit atau berdarah.

Serat juga kunci kelancaran sistem penghadaman. Menurut **Tinjauan Kesihatan dan Morbiditi (NHMS) 2024**, ramai rakyat Malaysia masih kurang mengambil buah-buahan dan sayur-sayuran harian, yang boleh memburukkan sembelit dan kembung semasa berpuasa.

"Serat penting untuk kelancaran penghadaman, menurunkan kolesterol, menstabilkan paras gula dan membuatkan anda rasa kenyang lebih lama.

"Puasa dan kesihatan perlu seiring. Makan secara sederhana, kekalkan hidrasi, dan ambil perhatian terhadap badan anda.

"Jika ada yang terasa ada yang tidak betul, jangan paksa diri dan dapatkan pemeriksaan segera," nasihat Dr Sheikh Anwar.

*Menu sahur yang ideal ialah karbohidrat kompleks seperti oat atau beras perang, protein seperti telur, ikan, tofu dan buah-buahan berair seperti tembikai atau timun."*

- Dr Sheikh Anwar Abdullah



Ramadan bukan sahaja menyuburkan rohani, tetapi juga menyokong tubuh yang sihat dan bertenaga sepanjang bulan puasa.

# Doktor pelatih ditemukan maut di asrama HSIP

**KUALA KRAI** - Seorang doktor pelatih ditemukan maut di asrama Hospital Sultan Ismail Petra (HSIP) di sini pada Jumaat.

Ketua Polis Daerah Kuala Krai, Superintenden Mazlan Mamat berkata, pihaknya menerima panggilan berhubung kejadian itu daripada pihak hospital pada jam 9.55 pagi.

"Sebaik sahaja menerima maklumat, sepasukan pegawai dan anggota polis dari Bahagian Siasatan Jenayah Daerah bersama anggota Balai Polis Kuala Krai telah ke lokasi kejadian untuk siasatan lanjut.

"Hasil siasatan di tempat kejadian mendapati kejadian berlaku di salah sebuah bilik asrama di HSIP," katanya dalam satu kenyataan pada Sabtu.

Jelas beliau, mangsa merupakan seorang doktor pelatih berusia 29 tahun dan meninggal dunia di bilik air.

Ujarnya, hasil siasatan di tempat kejadian mendapati tiada sebarang unsur jenayah berlaku.

Menurut Mazlan, mayat mangsa telah dibawa ke Unit Forensik HSIP untuk dibedah siasat.

"Punca kematian disebabkan oleh tekanan pada leher dan kes disiasat sebagai laporan mati mengejut.

"Orang ramai yang mempunyai maklumat mengenai kejadian yang berlaku boleh menghubungi Balai Polis Kuala Krai di talian 09-9666222 bagi membantu siasatan," katanya.



**MAZLAN**

# JAMAH MAKANAN 'UNGGUL'

Juadah kaya dengan nutrien penting seperti vitamin, mineral, antioksidan, serat dan fitokimia bantu beri tenaga optimum ketika berpuasa

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Ramadan bukan sekadar bulan ibadat, tetapi titik mula baharu yang terbaik untuk tubuh, minda dan jiwa.

Temph berpuasa di Malaysia lazimnya mencecah purata antara 13 hingga 14 jam sehari dan ibadat itu dilaksanakan dalam keadaan cuaca tropika yang panas serta lembap.

Kombinasi temph berpuasa yang panjang dan suhu persekitaran yang tinggi menuntut strategi pemakanan lebih bijak serta terancang.

Tenaga stabil bukan lagi pilihan, sebaliknya keperluan bagi memastikan mampu melaksanakan ibadat dengan sempurna, mengekalkan produktiviti di tempat kerja dan kekal fokus dalam rutin harian.

Pensyarah Kanan, Fakulti Sains dan Teknologi Makanan Universiti Putra Malaysia (UPM) Dr Muhammad Rezza Zainal Abidin berkata, namun demikian, corak pemakanan rakyat Malaysia masih membimbangkan.

Menurutnya, laporan Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2023 Institut Kesihatan Umum, Kementerian Kesihatan Malaysia (KKM) melaporkan, 54.4 peratus rakyat dewasa di negara ini mengalami masalah obesiti.

"Statistik ini berkait rapat dengan pengambilan makanan tinggi gula, lemak dan kalori sifar yang tidak seimbang.

"Ramadan seharusnya menjadi titik perubahan untuk memperbaiki pola ini, bukan sekadar 'musim balas dendam' makanan ketika berbuka.

"Dalam hal ini, konsep makanan unggul ('superfoods') wajar diberi perhatian.

"Walaupun istilah ini sering digunakan secara komersial, secara saintifiknya, ia merujuk kepada makanan kaya dengan nutrien penting seperti vitamin, mineral, antioksidan, serat dan fitokimia yang menyokong fungsi tubuh secara optimum," katanya.

Beliau berkata, pemilihan makanan (tinggi nutrien ketika sahur dan



MAKANAN unggul penting diamalkan sepanjang Ramadan.

**Protein juga tidak boleh diabaikan. Telur sumber protein lengkap mengandungi semua asid amino penting dan kolina yang menyokong fungsi otak**

**DR MUHAMMAD REZZA**

berbuka dapat membantu menstabilkan paras glukosa darah, memanjangkan rasa kenyang serta mengurangkan risiko keletihan mendadak 'sugar crash' yang sering dialami akibat pengambilan makanan manis secara berlebihan.

"Kurma, misalnya, bukan sahaja makanan sunnah ketika berbuka,

malah mempunyai rasional pemakanan yang kukuh.

"Kurma mengandungi gula semula jadi seperti glukosa dan fruktosa mudah diserap tubuh untuk pemulihan tenaga segera.

"Selain itu, kandungan kalium dalam kurma bantu keseimbangan elektrolit, manakala seratnya menyokong fungsi penghadaman," katanya.

Dr Muhammad Rezza berkata, mengambil kurma bersama air kosong ketika berbuka adalah pendekatan yang lebih fisiologikal kerana ia membolehkan sistem pencernaan 'bangun' secara berperingkat selepas berehat panjang.

"Ketika sahur pula, pilihan karbohidrat kompleks seperti oat menjadi antara contoh makanan yang praktikal dan berkesan.

"Oat mengandungi beta-glukan iaitu sejenis serat larut yang membantu memperlancarkan proses pengosongan gastrik serta penyerapan glukosa.

"Kesannya, tenaga dilepaskan secara lebih stabil dan berpanjangan. Vitamin B dalam bijirin penuh turut menyokong metabolisme tenaga, sekali gus membantu tubuh menukar makanan kepada

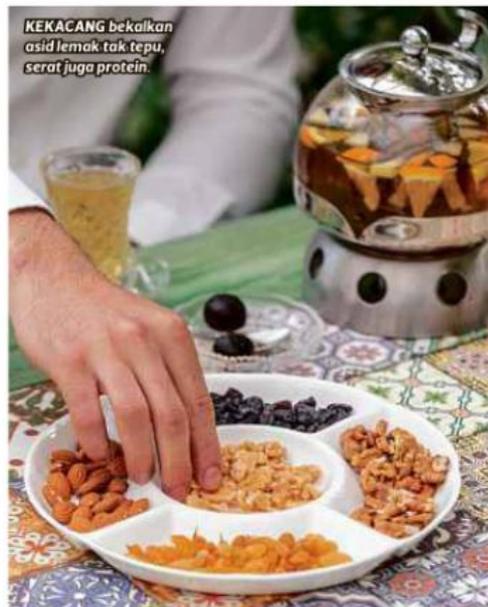
tenaga dengan lebih cekap," katanya.

Katanya lagi, dalam erti kata lain, menu sahur mengandungi karbohidrat kompleks ibarat 'pelaburan tenaga' untuk temph puasa yang panjang.

"Protein juga tidak boleh diabaikan. Telur sumber protein lengkap

mengandungi semua asid amino penting dan kolina yang menyokong fungsi otak.

"Pengambilan protein ketika sahur terbukti membantu meningkatkan rasa kenyang dan mengurangkan keinginan untuk mengambil snek secara berlebihan ketika



KEKACANG beakikan asid lemak tak tepu, serat juga protein.

berbuka.

"Gabungan protein dan karbohidrat kompleks adalah formula yang seimbang untuk kestabilan tenaga sepanjang hari.

"Selain itu, kacang dan bijian seperti badam serta walnut membekalkan asid lemak tak tepu, serat juga protein," katanya.

Dr Muhammad Rezza berkata, lemak sihat ini penting untuk kesihatan jantung, manakala serat membantu kesihatan usus yang sering terjejas akibat perubahan jadual makan sepanjang Ramadan.

"Dalam konteks gaya hidup moden yang aktif, snek berkhasiat ini boleh dijadikan sebagai makanan sahur atau hidangan tambahan untuk berbuka.

"Buah-buahan dan sayur-sayuran berwarna-warni pula memainkan peranan besar dalam aspek hidrasi serta pemulihan.

"Tembikai dan oren misalnya mempunyai kandungan air yang tinggi, sekali gus membantu menggantikan kehilangan cecair selepas seharian berpuasa," katanya.

Jelasnya, sayur-sayuran hijau seperti bayam dan brokoli kaya dengan zat besi, folat serta pelbagai antioksidan yang menyokong sistem imun juga pembentukan sel darah merah.

"Dalam cuaca panas Malaysia, hidrasi bukan sekadar soal minum air mencukupi, tetapi juga memilih makanan yang menyumbang kepada keseimbangan cecair tubuh.

"Mengikut saranan KKM menerusi Pinggan Sihat Malaysia, pengambilan makanan perlu seimbang dengan nisbah 'suku-suku-separuh' yang merangkumi karbohidrat kompleks, sumber protein dan sayur-sayuran serta buah-buahan.

"Prinsip ini sangat relevan ketika Ramadan bagi mengelakkan pengambilan kalori berlebihan dalam satu masa yang singkat ketika berbuka," katanya.

Beliau berkata, tenaga yang berkualiti bukan datang daripada kuantiti makanan semata-mata, tetapi daripada keseimbangan nutrien dan kecekapan tubuh memprosesnya.