

AKHBAR : BERITA HARIAN

MUKA SURAT : 4

RUANGAN : NASIONAL

53 pelajar dijangkiti influenza

Jumlah mangsa meningkat di Pulau Pinang, dua kelas masih ditutup

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Georgetown: Jumlah pelajar dijangkiti influenza di Pulau Pinang meningkat kepada 53 orang setakat semalam, berbanding 19 pelajar kelmarin, namun ia tidak membabitkan penutupan sekolah.

Pengarah Jabatan Pendidikan Pulau Pinang, Abdul Rashid Abdul Samad, berkata semua pelajar terbahit daripada 24 sekolah dengan 45 daripada mereka murid sekolah rendah, manakala lapan lagi sekolah menengah.

Katanya, daerah Seberang Perai Utara (SPU) paling ramai pelajar dijangkiti virus iaitu 27 orang diikuti 10 pelajar di daerah Timur Laut.

"Biarpun jumlah dijangkiti influenza meningkat, tiada sekolah ditutup kecuali hanya dua kelas Tahun Dua di Sekolah Jenis Kebangsaan Cina (SJKC) Li Hwa dekat Butterworth masih ditutup bermula semalam (kelmarin).

"Kes jangkitan influenza ini mula dikesan di SJKC Li Hwa pada Selasa lalu selepas ramai murid Tahun Dua tidak hadir dan pihak Pejabat Pendidikan Daerah SPU bersama Jabatan Kesihatan daerah SPU sudah ke sekolah berkenaan untuk membuat pemeriksaan serta saringan.

"Setakat semalam (kelmarin), 19 pelajar di dua kelas itu dijangkiti influenza, tetapi saya di-

maklumkan hari ini (semalam) ada dua lagi pelajar dijangkiti wabak sama," katanya di sini, semalam.

Abdul Rashid berkata, arahan penutupan kelas terbabit selama 12 hari dibuat Jabatan Kesihatan bagi membolehkan kerja pembersihan, termasuk membasmi kuman dilakukan.

Bagaimanapun, katanya, tiada keperluan menutup kelas atau sekolah di tempat lain berikutan pelajar dijangkiti influenza itu hanya membabitkan seorang hingga tiga saja di sesebuah sekolah serta bukan dari kelas sama.

Beliau berkata, pihaknya bersama Jabatan Kesihatan Negeri sentiasa mengambil langkah proaktif memantau sekolah bagi memastikan keadaan bersih dan murid atau pelajar mengalami simptom penyakit itu mendapat rawatan segera.

"Kita turut mengambil beberapa langkah segera membendung dan mengawal penyakit itu daripada terus merebak dengan mengedarkan topeng muka di semua sekolah," katanya.

Beliau berkata, pihaknya turut mengedarkan surat kepada semua sekolah di negeri ini menjaga kebersihan dan pelajar mempunyai simptom influenza disaran mendapatkan rawatan di klinik atau hospital.

Di Negeri Sembilan, Pengarah Kesihatan negeri, Datuk Dr Zainudin Mohd Ali, berkata tiada sekolah atau TADIKA di negeri itu ditutup setakat ini berikutan penyakit influenza.

Pengerusi Jawatankuasa Kesihatan, Alam Sekitar, Koperasi dan Kepenggunaan negeri, S Veerapan dalam satu kenyataan kelmarin memaklumkan 22 kes influenza dilaporkan di negeri ini bagi tempoh 29 Disember 2019 hingga 4 Januari lalu.

Di Shah Alam, Jabatan Agama Islam Selangor (JAIS) prihatin dan memandang serius langkah



Murid SJKC Li Hwa memakai penutup hidung dan mulut di Butterworth, semalam sebagai langkah berjaga-jaga terhadap jangkitan influenza. (Foto BERNAMA)

Biarpun jumlah dijangkiti influenza meningkat, tiada sekolah ditutup kecuali hanya dua kelas Tahun Dua di Sekolah Jenis Kebangsaan Cina (SJKC) Li Hwa dekat Butterworth masih ditutup bermula semalam (kelmarin).

Abdul Rashid Abdul Samad,
Pengarah Jabatan Pendidikan Pulau Pinang



Keratan akhbar BH, semalam.

pengecapan penularan wabak Influenza A di semua institusi pendidikan terutama di sekolah kendalian JAIS.

Dalam kenyataan semalam, JAIS memaklumkan semua guru dinasihat peka terhadap sebarang perubahan (gejala influenza A) yang berlaku pada murid, terutama ketika sesi persekola-

han berlangsung.

"Sekolah perlu memantau murid dan warganya yang dijangkiti wabak berkenaan.

Jika ada tanda jangkitan, mangsa perlu diasingkan dan berhubung terus dengan ibu bapa untuk dihantar pulang bagi mendapatkan rawatan segera di klinik atau hospital," katanya.

AKHBAR : BERITA HARIAN

MUKA SURAT : 13

RUANGAN : NASIONAL

Tangguh pemansuhan BIPK

CUEPACS, kesatuan jururawat lega

Pengumuman beri reaksi positif, harap terus dikekalkan

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Kuala Lumpur: Pengumuman penangguhan pemansuhan Bayaran Insentif Perkhidmatan Kritikal (BIPK) mengundang reaksi positif Kongres Kesatuan Pekerja-Pekerja Dalam Perkhidmatan Awam (CUEPACS) dan Kesatuan Jururawat Malaya (MNU).

Sambil mengalu-alukan langkah itu, Presiden CUEPACS, Adnan Mat berharap penangguhan BIPK akan terus dikekalkan walaupun selepas perbincangan mengenainya dijalankan bersama pihak berkaitan nanti.

"Kita berharap penangguhan ini berkuat kuasa selama-lamanya dan tidak hanya tertakluk kepada tempoh dinyatakan oleh Ketua Pengarah Perkhidmatan Awam, Datuk Seri Khairul Adib Abd Rahman.

"CUEPACS bersama pihak pemegang taruh juga bersedia untuk mengadakan sesi libat urus bersama kerajaan untuk menambah baik BIPK," katanya ketika dihubungi BH, semalam.

Jabatan Perkhidmatan Awam (JPA) dalam kenyataan pada 25 Disember 2019 memaklumkan pemansuhan BIPK hanya membatalkan pelantikan baharu mulai 1 Januari, 2020.

Bagaimanapun, cadangan itu mendapat bantahan daripada Kongres Kesatuan Pekerja-Pekerja Dalam Perkhidmatan Awam (CUEPACS) yang meminta BIPK dikekalkan.

Peratuan Perubatan Malaysia



Keratan akhbar BH 27 Disember lalu.



Kita berharap penangguhan ini berkuatkuasa selama-lamanya dan tidak hanya tertakluk kepada tempoh dinyatakan oleh Ketua Pengarah Perkhidmatan Awam, Datuk Seri Khairul Adib Abd Rahman.

Adnan Mat,
Presiden CUEPACS

(MMA) sebelum ini, turut melancarkan petisyen bagi membantah pemansuhan BIPK, mulai Januari 2020 bagi penjawat awam 33 Skim Perkhidmatan Kritikal yang baru dilantik.

Selain itu, Menteri Belia dan Sukan, Syed Saddiq Syed Abdul Rahman dilapor berkata, Tun Dr Mahathir Mohammad bersetuju menangguhkan pemansuhan BIPK dengan ia dipersetujui dalam pertemuannya bersama Perdana Menteri, Disember lalu.

Sementara itu, Presiden MNU, Nor Hayati Abd Rashid, menyifatkan pengumuman itu akan mengurangkan kekusaran dalam kalangan penjawat awam bagi 33 skim perkhidmatan berkenaan, selain berharap BIPK akan terus dikekalkan.

MMA sebelum ini turut melancarkan petisyen bagi membantah pemansuhan BIPK mulai Januari 2020 bagi penjawat awam di bawah 33 Skim Perkhidmatan Kritikal yang baru dilantik.

"Pengumuman ini juga akan menjurus kepada tiada amalan diskriminasi dalam kalangan penjawat awam, khususnya bagi kakitangan lantikan baharu, selain berharap ia bakal memberi maklum balas positif pada masa akan datang," katanya.

AKHBAR : HARIAN METRO

MUKA SURAT : 6

RUANGAN : LOKAL



PENGUAT KUASA Jabatan Kesihatan memeriksa dokumen pengenalan seorang warga asing.

Kuala Lumpur: Cubaan seorang lelaki warga Bangladesh melarikan diri dengan basikal selepas merokok di sebuah kedai makanan di Bangsar, di sini, gagal apabila dia

ditahan pihak berkuasa yang melakukan pemeriksaan, semalam.

Lelaki itu yang terkejut dengan kehadiran pihak berkuasa dilihat memadam dan membuang pun-

tung rokok sebelum cuba melarikan diri dengan basikal.

Lelaki itu dilihat merokok di premis berkenaan ketika pemeriksaan dilakukan 30 pegawai dan anggota daripada Jabatan Kesihatan dan Alam Sekitar (JKAS) Dewan Bandaraya Kuala Lumpur (DBKL) serta Jabatan Kesihatan Wilayah Persekutuan Kuala Lumpur kira-kira jam 9 pagi semalam.

Lelaki berusia 40-an yang bekerja sebagai penjual buah di premis berhampiran memberi alasan tidak tahu mengenai larangan merokok di kedai makan.

"Saya tidak tahu tidak boleh merokok di sini. Saya hanya sambung hisap rokok kawan," katanya yang dikenakan kompaun atas kesalahan merokok di kedai makan.

Sementara itu, Pengarah JKAS DBKL Datin Dr Noor Akma Shabbudin berkata, sebanyak 11 kedai makan dan 19 gerai di sekitar Bangsar diperiksa dalam pemeriksaan berkenaan.

AKHBAR : HARIAN METRO

MUKA SURAT : 13

RUANGAN : LOKAL

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Kuala Lumpur

Masih ada peniaga yang menjual air zamzam di pasaran walaupun Kementerian Kesihatan Malaysia (KKM), Isnin lalu mengeluarkan kenyataan bahawa air itu tidak boleh dijual.

Tinjauan Harian Metro di sebuah kiosk di ibu negara mendapati air zamzam dijual pada harga RM45 untuk 1.5 liter, 10 liter RM170, RM110 lima liter dan RM15 botol kecil 500 milliliter.

Seorang wanita 30-an yang mendakwa pekerja di kiosk itu berkata, penjualan tong besar 10 liter dilakukan secara sorok-sorok sebab isu air zamzam sedang panas ketika ini.

"Saya pun bekerja saja di sini, tak tahu di mana alamat pembekal itu. Biasa ada Pak Arab hantar bekalan. Kami kena sorok sebab sekarang tengah panas mengenai air zamzam.

"Tong besar diletakkan di bawah meja tak dipamerkan, kami hanya tunjukkan sekiranya pelanggan mahu membelinya. Sebenarnya RM180, tetapi boleh kurang

PENJUALAN AIR ZAMZAM

Sorok-sorok 'kasi jual'

Pekerja kiosk dakwa tak tahu pembekal tapi Pak Arab yang hantar



AIR zamzam dijual dengan harga RM45 untuk 1.5 liter, 10 liter RM170, RM110 lima liter dan RM15 botol kecil 500 milliliter.

kepada RM170. Ada yang jual lebih mahal daripada harga kami," katanya.

Sementara itu, seorang pekerja warga Bangladesh di premis pemorong bekalan

makanan di Jalan Tuanku Abdul Rahman di sini, berkata, sekarang susah men-

dapat bekalan air zamzam.

Menurutnya, stok yang ada di premis itu pun hanya

ada lima kotak berisi botol besar kandungan 10 liter berharga RM120 dan tiada botol saiz lain yang dijual.

Harian Metro turut menjalankan tinjauan pendapat orang ramai dan mereka bersetuju dengan larangan berkenaan.

Eksekutif Teknologi Maklumat Johan Japar, 37, berkata, Arab Saudi mengharuskan terlebih dulu penjualan air zamzam.

"Mufti tempatan juga mengeluarkan pandangan sehaluan dengan arahan larangan penjualan air zamzam selain KKM.

"Ini menunjukkan tiada pengesahan tempat penjualan air zamzam di negara ini dan senario itu dibimbangi menyebabkan berlakunya penyelewengan," katanya.

Terdahulu, Ketua Pengarah Kesihatan, Datuk Dr Noor Hisham Abdullah dilaporkan berkata, air zamzam dikategorikan sebagai air mineral semula jadi dan termaktub mengikut Peraturan 360A, Peraturan-Peraturan Makanan 1985.

"Pengimportan air mineral semula jadi memerlukan lesen punca air KKM selepas mendapat pengesahan pihak berkuasa geologi dan hidrologi dari negara pengeksport," katanya.

AKHBAR : THE SUN

MUKA SURAT : 3

RUANGAN : NEWS WITHOUT BORDERS

Many still rely on traditional treatment: Minister

■ BY AMAR SHAH MOHSEN
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PETALING JAYA: Despite technological advances in the health industry, close to a third of Malaysians still seek traditional treatment and medicines, said Dr Lee Boon Chye.

The deputy health minister said a recent survey by the ministry found that about 30% of Malaysians seek traditional and complementary medicine (TCM) each year.

He said in view of this, the ministry aims to ensure safe and quality TCM services are easily accessible to the public, by encouraging its full integration with the national health system.

Lee hoped more Malaysians would become practitioners, adding that the government also plans to increase public hospitals providing such services, up from the current 15.

"There is a need (for TCM) because when we did a survey, a large portion of Malaysians still sought traditional treatment.

"T&CM is still the choice for many here," he said after attending the opening of the Sunway TCM Centre yesterday.

"As such, it is better for us to regulate the industry to ensure the safety and quality of the service is guaranteed," he added, referring to the establishment of the Traditional and Complementary Medicine Act 2016.

Lee said once the Act is fully enforced in a year or two, practitioners would be required to register with the ministry to continue their practices, with action taken against those failing to do so.

He said the ministry also plans to regulate the fee imposed by practitioners to ensure it is fair and competitive.

Under the Act, the seven practices that will be recognised are traditional Malay medicine, traditional Chinese medicine, traditional Indian medicine, Islamic medical practice, homeopathy, chiropractic and osteopathy.

Despite its popularity, Lee advised Malaysians against using TCM as their primary source of medical healthcare.

AKHBAR : THE STAR

MUKA SURAT : 4

RUANGAN : NATION

Malaysia in dire need of oncologists

Experts: Lack of psycho-social support also a factor in late diagnosis and treatment

By LOH FOON FONG
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KUALA LUMPUR: A large number of cancer patients seeking treatment in public hospitals nationwide have never seen an oncologist in their lives, according to a medical practitioner.

In many government hospitals, there are no oncologists in-house and with an overwhelming number of patients, medical officers or specialists in smaller hospitals will email oncologists for them to prescribe the needed cancer treatment course, said one who declined to be named.

"Normally, a surgeon or a specialist will diagnose the patient and an oncologist decides on the treatment after seeing the patient in person.

"But in government hospitals, there are way too many patients. A large number of patients will not get to see an oncologist at all," said the medical practitioner who declined to be named.

She said most of the oncologists are in private hospitals. There are 33 oncologists in six government cancer treatment centres, 14 in university hospitals and 61 in private hospitals nationwide.

The 33 oncologists are stationed in Hospital Kuala Lumpur (HKL), National Cancer Institute (IKN), Hospital Pulau Pinang, Hospital Sultan Ismail in Johor, Likas Women and Children's Hospital in Sabah and Sarawak General Hospital.

On top of their heavy workload,

government oncologists also have to travel once every two months to other hospitals in other states that have no oncologists.

Many public sector oncologists are frustrated with the immense workload and have left the service for the private sector, worsening the brain drain, she said.

A clinical consultant oncologist who used to work in Universiti Malaya Medical Centre, Dr Mastura Md Yusof, said Terengganu, Pahang and Perlis do not have oncological services and in Kedah, there is only one private centre offering chemotherapy, but for radiotherapy the patients need to go to Penang.

"Delayed appointments for referral, diagnostic scan, biopsy and treatment such as surgery, chemotherapy and radiotherapy can take one to three months in public hospitals due to heavy patient load and lack of manpower," said Dr Mastura who now works in a private hospital.

The lack of oncologists and oncological services is one of the contributing factors to delayed diagnosis and treatment besides underdiagnosis, patients' poor cancer knowledge and fears, and the lack of social and psycho-social support systems, she added.

The medical practitioner who declined to be named also said Terengganu gives very basic chemotherapy treatments with no visiting



oncologists while Perlis does not have any services.

Hospitals in Kuantan, Ipoh, Slim River, Teluk Intan, Sri Manjung, Kuala Lipis and Temerloh treat very basic cancer cases while complicated ones are referred to HKL.

Patients from Pahang, Perak, Selangor and Kuala Lumpur are referred to HKL while those from Serdang, Kajang, Klang, Putrajaya, Negri Sembilan and Melaka go to IKN for treatment.

Visiting oncologists from HKL see patients in Kuantan, Ipoh and Kota Baru hospitals.

IKN oncologists visit only the Melaka Hospital, which does not have an oncologist or radiotherapy services.

The hospital gives basic chemotherapy for straightforward cancer cases, carried out by the surgical or gynaecology or ear, nose and throat department, depending on the tumour.

Visiting oncologists from Hospital Sultan Ismail will go to Batu Pahat and Muar, Johor, while oncologists from Likas Women and Children's Hospital will visit Tawau and Sandakan in Sabah.

University hospitals UMMC, UKMMC and USM have oncologists and radiotherapy services but refer their own patients to one another.

UiTM has oncologists but no radiotherapy services and its specialists currently work in UKMMC.

While the medical practitioner said cancer needs were acute for the severe lack of facilities and manpower, Universiti Malaya Cancer Research Institute director Prof Dr Nur Aishah Mohd Taib (*pic*) said the cancer situation in the country is in a state of "national emergency".

"The delay in diagnosis and treatment is a serious concern because it determines patients' survival rate," she said.

Overall, advanced-stages cancer cases detected – stages 3 and 4 – were found to have increased from 58.7% for 2007-2011 to 63.7% for 2012-2016, according to the latest National Cancer Registry Report 2012-2016 released by the National Cancer Institute last Friday.

Scrutinising the data in detail, Dr Nur Aishah said the number of men diagnosed with lung cancer Stage 4 went up from a high 66% to an even higher 78% for the two comparison periods, while for women, it was 71% to 81%.

Patients detected with colorectal cancer Stages 3 and 4 increased from 65.2% to 73.1% for women although for men, the figures went down from 65.9% to 62.4% for the two periods.

Patients detected with breast cancer Stages 3 and 4 increased from 43.2% to 47.9% for the two periods.

The top 10 most common cancers for 2012-2016 were breast, colorectal, lung, lymphoma, nasopharynx, leukaemia, prostate, liver, cervix and ovaries.

The cancer incidence rate was 86

cases for every 100,000 males and 102 cases for every 100,000 females.

The report showed that the number of new cancer cases in Malaysia also went up by 11.3% over two five-year periods.

A total of 115,238 new cases (44.7% among males and 55.3% females) were recorded from 2012 to 2016, versus 103,507 from 2007 to 2011.

While cancer care services need to be beefed up, Dr Nur Aishah said to achieve early diagnosis, communities and primary healthcare providers need to be trained to have better knowledge of symptoms of cancer and clear referral pathways.

While calling for a mandatory reporting of cancer cases and for the registry report to be published biennially or annually for cancer trends to be monitored, she said tracking timeliness in diagnosis and treatments must also be driven by data for continuous improvement.

Dr Mastura said a comprehensive, coordinated cancer care service in multi-sectors is also needed as there is a lack of communications and collaboration between doctors of various disciplines and hospitals on managing patients.

To better control cancer, health literacy should be taught in school while more funds are needed for cancer drugs and treatments, and for building a cancer centre in states that do not have any, she added.