

AKHBAR : BERITA HARIAN

MUKA SURAT : 3

RUANGAN : NASIONAL

BH AWAD 20 SEPTEMBER 2020

3

Nasional

Penularan COVID-19

Bakau kluster baharu di Semporna

20 kes jangkitan baharu, satu kematian dilaporkan

Oleh Noor Atiqah Sulaiman
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Putrajaya: Kluster Bakau di Semporna, Sabah, diisytiharkan sebagai kluster baharu COVID-19 dengan tiga kes positif direkodkan, setakat semalam.

Ketua Pengarah Kesihatan, Tan Sri Dr Noor Hisham Abdullah, berkata kes indeks kluster itu ialah seorang wanita warga Filipina (kes 10,145) yang juga kes kematian dilaporkan, kelmarin.

"Ujian saringan COVID-19 terhadap kes indeks didapati positif, Rabu lalu. Susulan itu, saringan kontak rapat dijalankan sebelum dua lagi individu dikesan positif."

"Dua kes positif itu membabitkan seorang rakyat tempatan dan seorang warga Filipina. Mereka dimasukkan ke Hospital Tawau untuk rawatan lanjut," katanya dalam kenyataan, semalam.

Dr Noor Hisham memaklumkan,

setakat jam 12 tengah hari semalam, pihaknya sudah melakukan ujian saringan terhadap 109 individu dalam kluster itu.

"Keputusan ujian saringan terbabit mendapati hingga kini, hanya tiga individu positif, manakala 106 lagi masih menunggu keputusan."

"Langkah pencegahan jangkitan, termasuk proses nyah kuman dan pembersihan sudah dijalankan di Hospital Semporna. Punca jangkitan masih dalam siasatan," katanya.

Selain Kluster Bakau, empat lagi kluster masih aktif di Sabah ialah Kluster Benteng Lahad Datu (LD), Kluster Pulau, Kluster Selamat dan Kluster Laut.

Dalam pada itu, negara merekodkan korban baharu COVID-19 dua hari berturut-turut dengan kes kematian ke-130, semalam, membabitkan seorang lelaki warga Malaysia berusia 82 tahun.

Dr Noor Hisham berkata, mangsa (kes 9,578) ada latar belakang penyakit strok dan sukar bergerak sendiri sejak Mac lalu akibat patah tulang utama di kaki.

"Beliau mengalami gejala demam pada 4 September lalu, namun tidak mendapatkan rawatan."



20 jangkitan baharu dilaporkan, setakat jam 12 tengah hari semalam, meliputi 17 penularan tempatan dan tiga kes import dari New Zealand, Qatar serta India.

Dr Noor Hisham Abdullah,
Ketua Pengarah Kesihatan

"Pada 7 September lalu, beliau dikesan sebagai kontak rapat kepada anak dan cucunya adalah kes positif dalam Kluster Sungai (kes 9,458 dan 9,547) lalu dimasukkan ke Hospital Sultanah Bahiyah, Kedah," katanya.

Susulan itu, beliau berkata, pi-

haknya sudah menjalankan ujian saringan COVID-19 ke atas lelaki terbabit pada 9 September lalu.

"Keadaan beliau merosot dan dipindahkan ke Unit Rawatan Rapi (ICU). Beliau disahkan meninggal dunia pada jam 5.45 petang semalam (kelmarin)," katanya.

Secara keseluruhan pula, Kedah mencatatkan angka jangkitan baharu yang tertinggi, semalam, iaitu sembilan kes membabitkan lapan dalam Kluster Sungai dan satu lagi dikesan ketika saringan pesakit Jangkitan Pernafasan Akut Teruk (SARI).

Dr Noor Hisham berkata, ia adalah sebahagian daripada 20 jangkitan baharu dilaporkan, setakat jam 12 tengah hari semalam, meliputi 17 penularan tempatan dan tiga kes import dari New Zealand, Qatar serta India.

Beliau berkata, pertambahan itu menjadikan jumlah kumulatif jangkitan COVID-19 di negara ini 10,167 kes dengan 722 kes aktif.

"Sabah mencatatkan lapan kes baharu, iaitu tiga dikesan ketika saringan rujukan ke Hospital Tawau dari Hospital Semporna dan masing-masing satu kes saringan pesakit SARI di Hospital Tawau, saringan prapembedahan di Hospital Keningau, saringan komuniti di Tawau, Kluster Benteng LD serta Kluster Bakau," katanya.

Seramai 12 individu dirawat di ICU dengan dua memerlukan bantuan pernafasan, manakala 51 kes sembuh dilaporkan, semalam, menjadikan jumlah kumulatifnya sebanyak 9,315 (91.62 peratus).

Malaysia sertai pelan bekalan vaksin

Kuala Lumpur: Malaysia akan menyertai pelan peruntukan vaksin COVID-19 global, COVAX, bagi memperoleh sebahagian daripada bekalan vaksin yang diperlukan terhadap wabak itu.

Kementerian Sains, Teknologi dan Inovasi ketika memaklumkan perkara berkenaan dalam satu kenyataan, semalam, berkata kerajaan sedang membincangkan terma penyertaan Malaysia dengan Pakatan Vaksin Global (GAVI) yang mengendalikannya COVAX.

"Kerajaan Malaysia juga sedang menyediakan perjanjian untuk menyertai Gabungan Bagi Inovasi Persediaan Epidemik (CEPI) dan perjanjian kerajaan dengan kerajaan (G2G) bersama Kerajaan China untuk mendapatkan akses kepada vaksin yang dibangunkan syarikat farmaseutikal di negara itu," katanya.

Menurut kenyataan itu

lagi, Kerajaan Malaysia melalui Kementerian Kesihatan juga sudah menandatangani 'non-disclosure agreement' dengan beberapa syarikat farmaseutikal antarabangsa yang sedang menguji vaksin COVID-19 pada peringkat fasa ketiga, untuk berunding mengenai bekalan vaksin yang bakal mendapat kelulusan.

"Pendekatan menyertai COVAX, menjalinkan kerjasama

strategik bersama negara lain dan berunding terus dengan syarikat farmaseutikal itu akan memastikan Malaysia mendapat bekalan vaksin mencukupi serta pada kadar segera dengan harga berpatutan apabila vaksin berkenaan terbukti selamat dan berkesan," katanya.

Justeru, Menteri Sains, Teknologi dan Inovasi, Khairy Jamaluddin, akan menyelaraskan

perjanjian itu bagi pihak Kerajaan Malaysia.

Laporan media sebelum ini memetik Presiden Persatuan Perubatan Malaysia (MMA), Dr N Ganabaskaran, sebagai menggesa supaya Kementerian Kesihatan lebih telus dalam rancangan mendapatkan vaksin COVID-19 untuk negara ini.

MB Kedah, 55 individu negatif virus

Alor Setar: Semua sampel ujian saringan COVID-19 dijalankan terhadap 56 individu, termasuk Menteri Besar Kedah, Muhamamad Sanusi Md Nor, kelmarin, disahkan negatif.

Pejabat Menteri Besar memaklumkan, perkara itu disahkan oleh Pengarah Kesihatan Kedah, Dr Mohd Fikri Ujang, semalam.

Katanya, ia termasuk ujian saringan ke atas tiga EXCO, iaitu Datuk Dr Mohd Hayati Othman, Datuk Mohd Najmi Ahmad dan Romani Wan Salim.

"Turut menjalani ujian ialah pegawai Pejabat Menteri Besar dan beberapa pimpinan PAS Kedah yang menghadiri program penyerahan sumbangan PAS Kedah kepada Pusat Kawalan Operasi Bencana Daerah Kota Setar di Wisma Darul Aman, Isnin lalu.

"Namun sebagai langkah penjagaan diri, Dr Mohd Fikri mengingatkan semua individu, termasuk yang tinggal di luar kawasan Perintah Kawalan Pergerakan Diperketatkan (PKPD) Secara Pentadbiran, supaya terus mematuhi prosedur operasi standard (SOP), terutama memakai pelitup muka, mencuci tangan serta amalkan penjarakan fizikal," katanya dalam kenyataan, di sini, semalam.



AKHBAR : BERITA HARIAN
MUKA SURAT : 5
RUANGAN : NASIONAL

BH ARAB 20 SEPTEMBER 2020

5

Ubat perlu preskripsi dijual berleluasa

Mudah dibeli di farmasi, platform beli-belah dalam talian, laman web

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Kuala Lumpur: Pelbagai jenis ubat-ubatan yang sepatutnya hanya boleh didapati dengan preskripsi doktor; dikesan bukan saja boleh dibeli dengan mudah di farmasi, malah melalui platform beli-belah dalam talian atau laman web.

la menimbulkan persoalan bagaimana ubat yang disenaraikan dalam Kumpulan B mengikut Akta Racun 1952 itu boleh dijual sewenang-wenangnya tanpa preskripsi doktor; sekali gus turut mendedahkan pengguna kepada risiko keselamatan kesihatan.

Hasil tinjauan BH di beberapa farmasi sekitar ibu negara mendapati sebahagian daripada premis terbabit menjual ubat kategori berkenaan tanpa banyak soal dan pengguna hanya perlu maklumkan nama ubat sebelum membuat pembayaran.

Di beberapa farmasi, wartawan BH bertanya mengenai sejenis ubat tahan sakit, *Celecoxib* yang mengandungi *Non-Steroidal Anti-Inflammatory* dan dengan mudah memperolehnya daripada ahli farmasi di situ. Sebanyak 10 tablet *Celecoxib* dibeli di setiap farmasi yang dikunjungi pada harga keseluruhan RM18.

Pelbagai jenis antibiotik juga didapati mudah dibeli, termasuk secara dalam talian pada harga lingkungan RM18 hingga RM59 bagi 10 tablet, tidak termasuk kos penghantaran.

Wartawan BH turut berjaya membeli antibiotik jenis *Amoxicillin* dengan dos 500 milligram (mg) melalui satu portal beli-belah dalam talian tanpa banyak soal dan juga tanpa penjelasan terperinci mengenai cara pengambilan serta fungsi ubat berkenaan.

Ubat itu turut dijual di sebuah lagi platform beli-belah dalam talian secara pukal pada harga RM58 dengan perincian kegunaannya adalah untuk tahan sakit dan antibodi. Ada juga laman web mengiklankan antibiotik bagi merawat jangkitan *Gonorrhoea*, sejenis jangkitan penyakit kelamin.

Mengulas perkembangan itu, Presiden Persatuan Perubatan Malaysia (MMA), Dr N Ganabaskaran, mengakui bimbang dengan trend penjualan ubat preskripsi doktor secara berleluasa, malah pihaknya juga banyak menerima aduan mengenai isu itu.

"Kita bimbang kerana penjualan ubat-ubatan Kumpulan B sudah berleluasa dan kita juga sudah banyak kali adukan kepada Kementerian Kesihatan (KKM), namun dimaklumkan penguatkuasaan akan dibuat berdasarkan aduan diterima.

"Untuk itu kita memerlukan peranan orang ramai supaya melaporkan kepada KKM jika mengesan atau melalui situasi seperti itu," katanya sambil menambah, ubat atau racun dalam Kumpulan B yang dijual tanpa preskripsi doktor berisiko mendatangkan maut jika disalah guna atau diambil secara tanpa kawalan.

Beliau menegaskan, pengambilan ubat terbahit secara berterusan, antara lain boleh menyebabkan risiko kerosakan buah pinggang atau hati, sekali gus berupaya membawa kepada kematian.

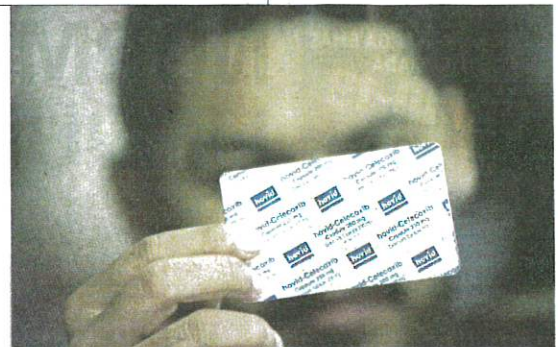
Mengikut Akta Racun 1952, katanya, ada empat kategori ubat termasuk Kumpulan B yang menetapkan pesakit harus mendapatkan preskripsi doktor terlebih dahulu sebelum membeli ubat yang dikehendaki di farmasi.

"Antara ubat dalam kategori itu adalah semua jenis antibiotik, ubat darah tinggi, kencing manis, kolestrol, sesetengah ubat gastrik bagi mengurangkan asid dalam perut dan sesetengah ubat tahan sakit.

"Mengikut undang-undang, jika pesakit mahu mendapatkan ubat Kumpulan B, perlu ada pendaftaran nama, alamat pesakit dan klinik, dos ubat untuk tempoh berapa hari dan tandatangan doktor. Biasanya bagi setiap preskripsi, ia sah digunakan untuk dua kali isian semula.

"Contoh, preskripsi untuk pesakit membeli ubat pada September dan isian semula pada Oktober dan November," katanya.

Beliau berkata, pengambilan



Ubat kategori kumpulan B, Celecoxib yang dibeli di farmasi dengan harga RM18. (Foto Asyraf Hamzah/BH)

Antara peraturan Akta Racun 1952

» Ubat, racun Kumpulan B tidak boleh dijual, dibekalkan secara runcit kepada mana-mana orang, kecuali oleh pengamal perubatan berdaftar, doktor gigi berdaftar Bahagian I atau pegawai veterinar yang menjual atau membekalkan mengikut Seksyen 19.

» Boleh dijual oleh ahli farmasi berlesen sebagai ubat dikeluarkan atas preskripsi ditetapkan pengamal perubatan berdaftar, doktor gigi berdaftar atau pegawai veterinar dalam borang yang dikehendaki oleh Subseksyen (2).

» Setiap resep (preskripsi) untuk ubat, racun Kumpulan B yang ditentukan oleh pengamal perubatan, doktor gigi berdaftar, pegawai veterinar hendaklah bertulis, ditandatangani doktor dan dinyatakan alamat klinik serta nama, alamat pesakit.

» Turut perlu dinyatakan, jumlah ubat dibekalkan, dos serta berapa kali perlu diambil dengan tidak melebihi tiga kali.

» Tiada orang boleh menjual, membekalkan ubat, racun Kumpulan B secara runcit pada preskripsi yang tidak memenuhi semua syarat.

» Sesiapa didapati membekal, menjual ubat, racun Kumpulan B tanpa preskripsi boleh dihukum mengikut Seksyen 32 (2) Akta Racun 1952. Denda sehingga RM5,000 atau penjara sehingga dua tahun atau kedua-duanya sekali.



Antara ubat Kumpulan B selalu dibeli tanpa preskripsi

Kolestrol

- » Atorvastatin Calcium
- » Fenofibrate
- » Gemfibrozil
- » Lovastatin
- » Rosuvastatin



Darah tinggi

- » Captopril
- » Telmisartan
- » Valsartan



Cair darah

- » Clopidogrel



Gastritis

- » Lansoprazole
- » Omeprazole
- » Pantoprazole
- » Rabeprazole



Diabetes

- » Linagliptin



** Kolestrol, darah tinggi, kencing manis

» Pengambilan ubat tanpa pemeriksaan berkala boleh menyebabkan komplikasi seperti kerosakan hati, mata, jantung dan angin ahmar

** Antibiotik

» Penyalahgunaan boleh meningkatkan rintangan melawan bakteria.

** Ubat tahan sakit

» Tidak semua dalam Kumpulan B, namun salah guna ubat dalam Kumpulan C juga boleh mengakibatkan risiko buah pinggang rosak. Contoh ubat tahan sakit dalam Kumpulan C adalah 'Voltaren', 'Ibuprofen'

Ahli farmasi langgar peraturan kena tindakan

Kuala Lumpur: Semua ahli farmasi sepatutnya sudah maklum mengenai peraturan Akta Racun 1952 yang jelas menyatakan penjualan ubat dalam kategori Kumpulan B tanpa preskripsi doktor adalah satu kesalahan.

Sehubungan itu, Presiden Persatuan Farmasi Malaysia, Amrahi Buang, berkata ahli farmasi yang dikesan melanggar peraturan itu

perlu dikenakan tindakan mengikut undang-undang sedia ada.

"Undang-undang itu jelas dan kita (ahli farmasi) tahu mengenainya. Jadi, kalau mana-mana farmasi buat perkara itu, ia memang salah dan apabila perbuatan itu salah, maka perlu diambil tindakan mengikut undang-undang," katanya.

Beliau berkata, peraturan itu adalah antara syarat bagi mem-

bolehkan seseorang itu menjadi ahli farmasi dan sepatutnya hanya membekalkan ubat preskripsi untuk tempoh 24 jam sahaja, manakala bagi bekalan seterusnya, pesakit masih perlu mendapatkan preskripsi daripada doktor.

Mengenai tindakan sesetengah farmasi menjual ubat Kumpulan B tanpa preskripsi doktor, Amrahi berkata, setakat ini persatuan ber-

kean tidak menerima sebarang aduan secara rasmi daripada mana-mana pihak.

Sementara itu, beliau mencahkan kerajaan menguatkuasakan pengasingan tugas di antara klinik dan farmasi dengan doktor hanya berperanan memeriksa pesakit dan memberi preskripsi ubat, manakala farmasi pula menyediakan bekalan ubat-ubatan.

AKHBAR : KOSMO
MUKA SURAT : 4
RUANGAN : NEGARA

4 **Negara!**



Covid-19 #kitamestimenang

Kosmo! Ahad 20 SEPTEMBER 2020

Sebanyak 20 kes dicatatkan semalam dengan satu kematian

1 lagi kluster baharu di Sabah

Oleh SITI A'ISYAH SUKAIMI

PUTRAJAYA – Satu lagi kluster baharu iaitu Kluster Bakau dikesan di Semporna, Sabah menjadikan lima kluster aktif dengan 577 kes positif di negeri itu.

Ketua Pengarah Kesihatan, Tan Sri Dr. Noor Hisham Abdullah berkata, sebanyak 20 kes baharu Covid-19 direkodkan semalam dengan dua daripadanya daripada Kluster Bakau.

Menurutnya, Kluster Bakau dikesan selepas satu kematian kes indeks kluster yang berusia 50 tahun dilaporkan kelmarin.

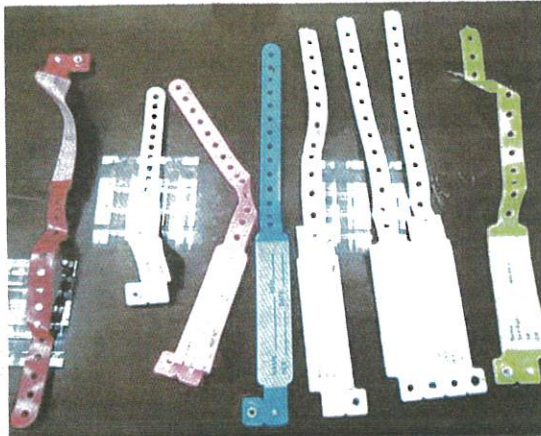
"Hasil saringan kes indeks di dapati positif pada 16 September dan susulan itu, saringan kontak rapat telah dijalankan dan dua lagi kes positif dikenal pasti.

"Dua kes ini melibatkan seorang lelaki Malaysia berusia 46 tahun serta seorang lelaki warga Filipina berusia 40 tahun dan telah dimasukkan ke Hospital Tawau untuk rawatan," katanya dalam satu kenyataan akhbar di sini semalam.

Berikutan itu, beliau berkata, sejumlah 109 individu telah disaring sehingga semalam dalam kluster tersebut dan 106 individu masih menunggu keputusan.

Noor Hisham berkata, satu lagi kes Kluster Benteng LD membabitkan seorang lelaki tempatan berusia 47 tahun iaitu kes generasi kedua menjadikan sebanyak 551 kes dalam kluster tersebut.

Katanya, enam lagi kes di Sabah ialah tiga kes saringan rujukan ke Hospital Tawau dari Hospital Semporna serta masing-masing satu kes bagi jangkai-



GELANG kuarantin terdiri daripada lima warna iaitu merah jambu, merah, putih, biru dan kuning.

tan pernafasan akut teruk (SARI) di Hospital Tawau, saringan prapembedahan di Hospital Keningau serta saringan komuniti di Tawau.

Mengulas lanjut, katanya, lapan kes baharu dilaporkan di Kluster Sungai di Kedah membabitkan tiga kes generasi kedua dan lima kes generasi keempat menjadikan jumlah kes positif sebanyak 73 kes.

"Satu lagi kes baharu di Kedah membabitkan kes SARI di Hospital Sultanah Bahiyah," katanya.

Sementara itu, Noor Hisham memaklumkan, satu kes kematian iaitu ke-130 membabitkan lelaki tempatan berusia 82 tahun yang menghidap penyakit strok

serta sukar bergerak sendiri sejak Mac lepas akibat patah tulang utama di kaki.

"Mangsa mengalami gejala demam pada 4 September lalu, namun tidak mendapatkan rawatan dan telah dikesan sebagai kontak rapat kepada anak dan cucunya yang merupakan kes positif dalam Kluster Sungai pada 7 September lalu," ujarnya.

Jelasnya, lelaki itu dimasukkan ke Hospital Sultanah Bahiyah dan saringan Covid-19 di dapati positif pada 9 September.

"Keadaannya merosot dan dipindahkan ke unit rawatan rapi (ICU) sebelum disahkan meninggal dunia pada 18 September, pukul 5.45 petang," katanya.



Angka Terkini Kes Covid-19 Di Malaysia sehingga semalam

	Jumlah
• Kes baharu	20
• Import: 3 Tempatan: 17	
• Pulih	51
• Kematian	1
• Masih dirawat	722
• Jumlah kes sembuh	9,315
• Jumlah kematian	130
Jumlah kes keseluruhan	10,167

Sementara itu, Noor Hisham berkata, orang ramai perlu melaporkan kepada pihak berkuasa sekiranya temampak individu yang memakai gelang kuarantin berwarna merah jambu, merah, putih, biru dan kuning di kawasan awam.

"Jika ada individu yang memakai gelang kuarantin berada di kawasan umum, ia perlu dilaporkan kepada pihak polis bagi melindungi masyarakat daripada risiko jangkitan," katanya di laman Twitter baru-baru ini.

Menurutnya, gelang kuarantin dipakaikan kepada individu di bawah pengawasan seperti kontak rapat kes positif, pengembara yang pulang dari luar negara atau individu berada di kawasan Perintah Kawalan Pergerakan Diperketatkan (PKPD) Secara Pentadbiran (Temco).

Malaysia sertai Covax, dapatkan vaksin Covid-19

PUTRAJAYA – Malaysia akan menyertai Covax atau Covid-19 Vaccine Global Access bagi mendapatkan sebahagian daripada bekalan vaksin yang diperlukan.

Kementerian Sains, Teknologi dan Inovasi dalam satu kenyataan semalam berkata, penyertaan itu bagi memastikan negara mendapat bekalan vaksin mencukupi pada kadar segera dengan harga yang berpatutan selepas ia terbukti selamat serta berkesan.

"Kerajaan juga sedang menyediakan perijinan bagi menyertai *Coalition for Epidemic and Preparedness Innovations (CEPI)* serta perijinan *government to government (G2G)* bersama kerajaan China untuk mendapatkan akses kepada vaksin yang dibangunkan oleh syarikat-syarikat farmaseutikal di negara itu," katanya.

Menurutnya, kerajaan melalui Kementerian Kesihatan juga telah menandatangani Non Disclosure Agreement dengan beberapa syarikat farmaseutikal antarabangsa yang sedang menguji vaksin Covid-19 di peringkat fasa ketiga untuk berunding bekalan vaksin yang bakal mendapat kelulusan.

268 kertas siasatan berita palsu dibuka

PUTRAJAYA – Sebanyak 268 kertas siasatan telah dibuka Polis Diraja Malaysia (PDRM) dan Suruhanjaya Komunikasi dan Multimedia Malaysia (SKMM) berhubung berita palsu berkaitan Covid-19 sehingga semalam.

Menteri Kanan (Keselamatan), Datuk Seri Ismail Sabri Yaakob berkata, daripada jumlah itu, sebanyak 131 masih dalam siasatan, manakala 35 kes telah didakwa di mahkamah, 12 diberikan notis amaran, 16 dalam proses perbicaraan dan 19 telah menguak bersalah.

"Sebanyak 370 penafian dan penjelasan mengenai berita palsu telah diperjelaskan dalam usaha membendung penyebaran berita palsu berkaitan Covid-19," katanya dalam satu kenyataan di sini semalam.

Sementara itu, Ismail Sabri berkata, sebanyak 93 individu ditahan atas kesalahan ingkar arahan Perintah Kawalan Pergerakan Pemulihan termasuk 33 membabitkan kesalahan tidak memakai pelitup muka.

Sanusi, 3 Exco negatif

ALOR SETAR – Menteri Besar Kedah, Muhammad Sanusi Md. Nor dan tiga Exco Kerajaan Negeri Kedah yang menjalani ujian saringan Covid-19 di Wisma Darul Aman di sini kelmarin disahkan negatif wabak itu.

Tiga Exco terbabit ialah Datuk Dr. Mohd. Hayati Othman, Datuk Mohd. Najmi Ahmad dan Romani Wan Salim.

Pejabat Menteri Besar Kedah dalam satu kenyataan memberitahu, keputusan ujian saringan itu disahkan Pengarah Kesihatan Kedah, Dr. Mohd. Fikri Ujang.

"Ujian saringan yang turut dilakukan ke atas seramai 52 lagi individu melibatkan pegawai Pejabat Menteri Besar Kedah dan

sebilangan pimpinan Pas negeri juga negatif," katanya.

Menurutnya, kesemua yang disaring hadir pada program penyerahan sumbangan Pas Kedah kepada Pusat Kawalan Operasi Bencana Daerah Kota Setar di Wisma Darul Aman.

"Semua individu termasuk yang tinggal di luar kawasan Perintah Kawalan Pergerakan Diperketatkan (PKPD) Secara Pentadbiran untuk terus mematuhi prosedur operasi standard (SOP)," ujarnya.

Ujian saringan dilakukan berikutan seorang individu disahkan positif pada program yang dihadiri Muhammad Sanusi pada 14 September lalu.



MUHAMMAD SANUSI (tengah) bersama tiga exco, Mohd. Hayati (belakang), Mohd. Najmi (kanan) dan Romani (kiri).

AKHBAR : SINAR AHAD

MUKA SURAT : 14

RUANGAN : MEMERANGI WABAK COVID-19

14

20 SEPTEMBER 2020 • SINAR AHAD



MEMERANGI WABAK COVID-19

Kluster Bakau dikesan di Sabah

Tiga individu di Semporna sudah dijangkiti dalam kluster berkenaan setakat ini

KUALA LUMPUR

Satu lagi kluster baharu dilaporkan semalam iaitu Kluster Bakau di Semporna, Sabah dengan tiga kes dikesan positif coronavirus (Covid-19).

Ketua Pengarah Kesihatan, Tan Sri Dr Noor Hisham Abdullah berkata, kes indeks kluster itu adalah seorang wanita warga Filipina (kes ke-10145) yang merupakan kes kematian ke-129 dilaporkan kelmarin.

"Saringan Covid-19 kes indeks didapati positif pada 16 September 2020. Saringan kontak rapat telah dijalankan dan dua lagi kes positif Covid-19 bagi Kluster Bakau dikenal pasti melibatkan seorang warga tempatan dan seorang warga Filipina.

"Mereka telah dimasukkan ke Hospital Tawau untuk rawatan," katanya dalam kenyataan semalam.

Menurutnya, setakat jam 12 tengah hari semalam, seramai 109 individu telah disaring bagi kluster tersebut dan langkah pencegahan jangkitan termasuk proses nyah kuman serta proses pembersihan telah dijalankan di



DR NOOR HISHAM

Hospital Semporna, manakala punca jangkitan masih dalam siasatan.

Mengenai perincian Kluster Sungai, Dr Noor Hisham berkata, terdapat lapan kes baharu di Kedah semalam, menjadikan jumlah keseluruhan kes positif kluster itu sebanyak 73 kes dengan seramai 23,935 individu disaring setakat jam 12 tengah hari.

Di Kedah, seramai 23,748 individu disaring dengan 72 kes positif termasuk lapan kes baharu dikesan semalam, sementara di Pulau Pinang, seramai 142 individu telah disaring dan Perlis, seramai 45 orang disaring dengan satu kes positif. - Bernama

20 kes baharu, satu kematian

KUALA LUMPUR - Sebanyak 20 kes baharu melibatkan 17 kes penularan tempatan dan satu kematian dilaporkan di Kedah semalam.

Ketua Pengarah Kesihatan, Tan Sri Dr Noor Hisham Abdullah berkata, perkembangan terbaharu itu menjadikan jumlah kumulatif kes positif coronavirus (Covid-19) di Malaysia kini sebanyak 10,167 kes dengan 130 kematian, manakala kes aktif dengan kebolehjangkitan berjumlah 722 kes.

Menurutnya, bagi 17 kes penularan tempatan, sebanyak 14 kes melibatkan warga tempatan dan tiga kes bukan warganegara.

"Daripada 20 kes baharu, tiga adalah kes import yang telah mendapat jangkitan di luar negara melibatkan dua warga tempatan dan satu bukan warganegara.

"Terdapat satu kes kema-

tian yang meninggal dunia pada jam 5.45 petang kelmarin, menjadikan jumlah kumulatif kes kematian sebanyak 130 kes," katanya dalam kenyataan semalam.

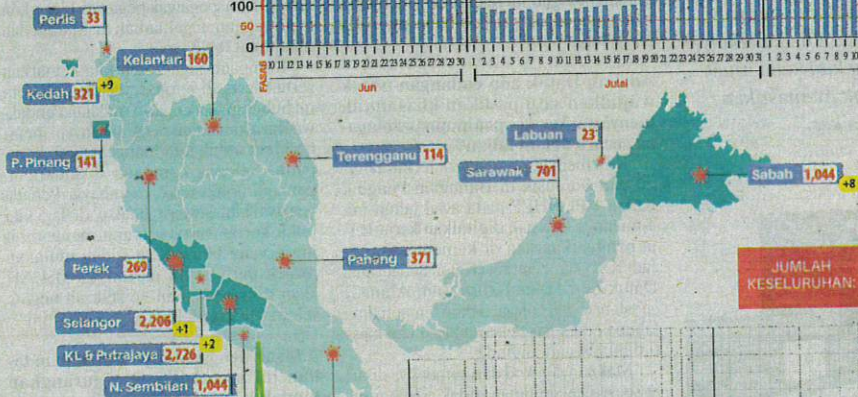
Beliau berkata, kes kematian ke-130 (kes ke-9578) merupakan lelaki warganegara Malaysia berumur 82 tahun dan mempunyai latar belakang penyakit strok serta sukar bergerak sendiri sejak Mac 2020 akibat patah tulang utama bahagian kaki.

"Dia mengalami gejala demam pada 4 September lalu, namun tidak mendapat rawatan. Pada 7 September, dia dikesan sebagai kontak rapat kepada anak dan cucunya yang merupakan kes positif dalam Kluster Sungai.

"Dia dimasukkan ke Hospital Sultanah Bahiyah, Kedah dan didapati positif pada 9 September lalu," katanya. - Bernama

SITUASI TERKINI KES COVID-19 DI MALAYSIA SETAKAT SEMALAM

Bilangan kes Covid-19 mengikut negeri di Malaysia

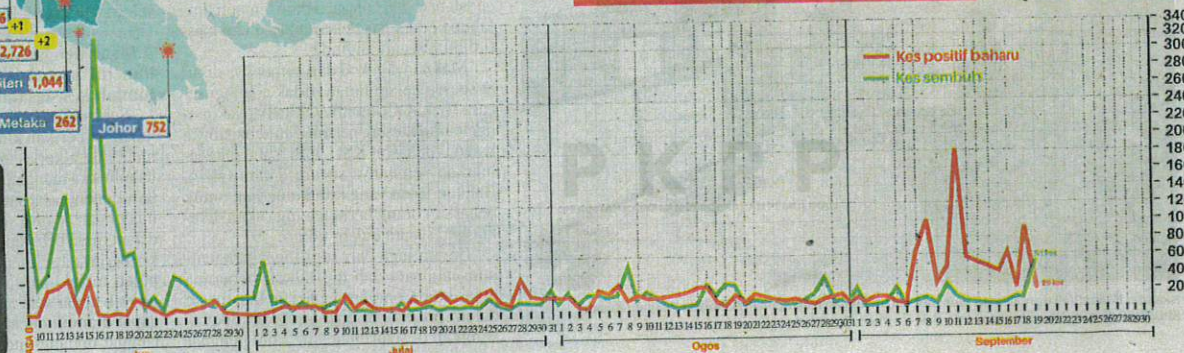
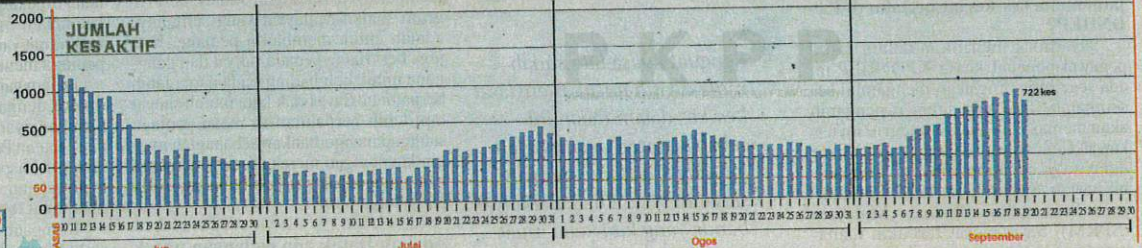


JUMLAH KES BAHARU DAN SEMBUH DILAPORKAN SETIAP HARI

JUMLAH KESELURUHAN:	10,167	PULIH:	9,315	ICU:	12	KEMATIAN:	130	KES BAHARU:	+20
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*Dikemas kini pada jam 6 petang 19 September 2020

Jumlah jangkitan Covid-19 di Malaysia semalam meningkat daripada 10,147 kes kepada 10,167 kes



AKHBAR : SINAR AHAD

MUKA SURAT : 40

RUANGAN : NEGERI

HKL guna 300,000 pelitup muka sebulan

KUALA LUMPUR - Sebanyak 300,000 pelitup muka surgikal digunakan di Hospital Kuala Lumpur (HKL) setiap bulan sejak penularan Covid-19.

Pengarah HKL, Datuk Dr Heric Coray berkata, hampir setiap hari pihaknya menerima sumbangan kelengkapan pakaian perlindungan diri (PPE) dan juga bekalan makanan daripada pihak luar terdiri termasuk swasta, badan bukan kerajaan dan orang awam.

Menurutnya, bekalan pelitup muka setakat ini mencukupi susulan jumlah kes Covid-19 yang dicatatkan di hospital berkenaan juga rendah.

"Pada waktu kemuncak Covid-19 sekitar April dan Mei lalu, pihak hospital menerima 700 pesakit di mana daripada jumlah itu, sebanyak 300 pesakit positif Covid-19, tetapi pada sekitar Jun dan Julai lalu, jumlah itu sudah mula menurun.

"Sekarang tiada pesakit Covid-19 ditempatkan di HKL memandangkan semua pesakit ditempatkan



Dr Heric (dua dari kiri) menerima kelengkapan PPE untuk kegunaan petugas HKL hasil sumbangan We Agro bersama rakan penaja lain.

ke Hospital Sungai Buloh sebagai pusat rawatan Covid-19," katanya kepada *Sinar Harian*.

Beliau ditemui ketika menerima sumbangan PPE oleh Persatuan Usahawan Wanita dan Keusahawanan Agro (We Agro), Persatuan Pengguna Islam Malaysia (PPIM), Royale Rich Resources dan Muslim Volunteer Malaysia (MVM) yang disempurnakan oleh Pengerusi PPIM, Datuk Nadzim Johan di HKL.

Dr Heric berkata, HKL masih menyediakan dua wad terdiri daripada 200 katil untuk persediaan sekiranya terdapat pesakit Covid-19 datang ke hospital itu.

"Buat masa ini Covid Mass Screening Area (CMSA) HKL masih menyediakan ujian Covid-19 yang berjalan selama 24 jam, jika terdapat pesakit yang disyaki Covid-19 kita akan masukkan ke dalam wad itu sebagai transit.

"Jika disahkan positif, mereka akan dihantar ke Hospital Sungai Buloh dan sekiranya negatif mereka dibenarkan keluar," katanya.

Sementara itu, Nadzim berkata, beliau menghargai kerjasama semua pihak terutamanya yang memberikan sumbangan PPE kepada petugas barisan hadapan.

AKHBAR : NEW SUNDAY TIMES
 MUKA SURAT : 3
 RUANGAN : NEWS / STORY OF THE DAY

SEPTEMBER 20, 2020 • NewSundayTimes

Story of the day / NEWS

3

20 new Covid-19 cases, 1 more death

KUALA LUMPUR: The Health Ministry recorded one new Covid-19 fatality, and detected a new cluster, dubbed the Bakau cluster, in Semporna, Sabah, up to noon yesterday.

Its director-general, Tan Sri Dr Noor Hisham Abdullah, said the deceased, Case 9,578, was an 82-year-old local man who had a stroke and suffered immobility since March due to a broken bone in his leg.

"The man had a fever on Sept 4 and did not seek treatment.

"On Sept 7, he was tracked down as the close contact of his child and grandchild, who both were positive with Covid-19 from the Sungai Cluster (Cases 9,458 and 9,547), and was admitted to Sultanah Bahiyah Hospital in Kedah.

"He tested positive from a screening on Sept 9. His condition deteriorated and was transferred to the Intensive Care Unit (ICU). He was pronounced dead on Sept 18 at 5.45pm.

"The ministry would like to convey its condolences to the family members," he said.

The total cumulative death cases in the country now stood at 130 or 1.28 per cent.

On the Bakau cluster, Dr Noor Hisham said the cluster index was a woman from the Philippines (Case 10,145), who was the 129th Covid-19 death that was

reported to the Crisis Preparedness and Response Centre on Sept 18.

He said the Covid-19 screening on the index case was found to be positive on Sept 16 and following that, close-contact tracing was initiated and two new Covid-19 cases from the Bakau cluster were identified.

"These two new cases involve a Malaysian and a Philippine national. They have been admitted to Tawau Hospital for further treatment.

"Up to noon Sept 19, 109 individuals have been screened. From the screening, three people have tested positive while the other 106 are still waiting for the results.

"The cause of the infection is still under investigation. Sanitisation and disinfection processes are ongoing at Semporna Hospital," he said.

The ministry logged 20 new Covid-19 cases up to noon yesterday, which brings the tally to 10,167, with 722 active cases.

Dr Noor Hisham said of the 20, three were imported cases, involving two Malaysians and one non-Malaysian from New Zealand, Qatar and India.

He also said of the 17 local transmission cases, 14 involved Malaysians.

"There are nine cases in Kedah, eight of which are from the Sungai cluster and one from

a severe acute respiratory illness (SARI) case at Sultanah Bahiyah Hospital.

"The other eight cases in Sabah involve three referred screening cases from Semporna Hospital to Tawau Hospital, which involved two non-Malaysians, one SARI case at Tawau Hospital, one pre-surgery screening case at Keningau Hospital, one community screening case in Tawau, one case from the Benteng LD Cluster, and one case from the Bakau Cluster which involves a non-local.

"Meanwhile, 12 cases are being treated in the ICU, with two requiring breathing assistance," he added.

On the latest development of the Sungai cluster, he said eight new Covid-19 cases were reported yesterday, which take the total cumulative cases in the cluster to 73. He said 23,935 individuals had been screened in this cluster up to noon yesterday.

On the Benteng LD Cluster, Dr Noor Hisham said one new case had been identified and the total number of positive cases was 551.

"Up to noon today, 7,985 individuals have been screened. From the 551 cases, 272 are Malaysians, while 279 people are from the Philippines and Indonesia. Close contact tracing and active case detection are still ongoing for these two clusters."

AKHBAR : SUNDAY STAR

MUKA SURAT : 7

RUANGAN : NATION

New cluster found after death of its index patient

PETALING JAYA: A new Covid-19 cluster has been found in Sabah following the death of its index patient in Semporna, says Health director-general Tan Sri Dr Noor Hisham Abdullah.

"The index case is a Filipina, who is the 129th fatal case. Close contact screening was conducted and two cases were found from this Bakau cluster. The two are a Malaysian and a Filipino who have been admitted to Tawau Hospital," he said in a statement yesterday.

A total of 109 people have been screened, with 106 still awaiting results.

Dr Noor Hisham said the Sungai cluster, which originally involved healthcare workers from a private medical centre in Kedah, recorded eight new cases.

He said only one additional case was reported from the Benteng LD cluster. The cluster originated from two undocumented migrants who were under detention at the Lahad Datu police headquarters' lockup.

On current Covid-19 statistics, the country recorded an additional 20 cases, with 51 recoveries. Of the 20 newly reported cases, three were imported.

"From the 17 local transmissions, 14 were from Malaysia," said Dr Noor Hisham.

The country also recorded an additional fatality, an 82-year-old Malaysian.

"He experienced fever symptoms on Sept 4 but received no treatment. On Sept 7 he was found to be a close contact of case 9,458 and case 9,547. The patient was admitted to the Sultanah Bahiyah hospital in Kedah on Sept 9 but his condition worsened and he was transferred to the ICU ward. He died on Sept 18 at 5.45pm," he said.

AKHBAR : SUNDAY STAR

MUKA SURAT : 16

RUANGAN : FOCUS

Stories by YUEN MEIKENG
meikeng@thestar.com.my

IT will be World Heart Day on Sept 29 – a reminder for us to take our heart to heart.

As it is, heart disease is still the number one killer in Malaysia and the world.

For 14 years in a row, ischaemic heart disease (IHD) or heart problems due to narrowed arteries, has been the top cause of death in Malaysia.

It has led to 18,267 deaths, or 15.6% of the total 117,387 deaths in 2018.

More worryingly, it's becoming more common among those aged between 15 and 40.

For this age group, deaths involving IHD went up from 6.4% in 2017 to 7.2% in 2018, reveals the Health Ministry.

"Although transport accidents remained the principal cause of death for this age group, IHD related deaths have increased," the ministry's disease control division director Dr Norhayati Rusli tells *Sunday Star*.

There's also a bigger percentage of those aged 40 and below who require invasive treatment for IHD, according to the National Heart Institute (IHN).

This age group made up 4.4% of the total number of patients requiring invasive treatment in 2019, but spiked to 5.5% this year.

"The percentage of patients aged 40 and below who need invasive treatment is still small.

"But there is an increasing trend for more young people to require such procedures," says IHN cardiovascular sports and fitness director Datuk Seri Dr Jeffrey Jeswant Dillon.

There are two types of invasive treatments: coronary artery bypass graft surgery to improve blood flow to the heart, and percutaneous coronary intervention (PCI) which is a

Tending to matters of the HEART

Heart disease is becoming more serious among Malaysians aged 40 and below, based on recent data. More deaths involving heart disease were recorded in this age group, while a bigger percentage need invasive treatment.

procedure to treat the narrowing of heart arteries.

"The percentage of patients aged 40 and below who need PCI increased from 5.4% in 2019 to 7.4% this year," Dr Jeswant points out.

Across ages, male patients outnumber female patients for the treatments, but there has been an increase in females over the past two years, he notes.

"For bypass surgery, female patients rose from 15.8% to 17.1%.

"A bigger percentage of female patients also went through PCI, from 17.5% last year to 19.6% this year," he says.

Aside from health implications, heart disease also comes with a negative effect on the economy.

Heart-related disease is one of the main non-communicable diseases (NCDs) that has caused productivity losses in our economy.

On Tuesday, it was reported that NCDs, particularly cardiovascular diseases, diabetes and cancer, cost the Malaysian economy RM8.91bil or about 0.65% of Malaysia's gross domestic product.

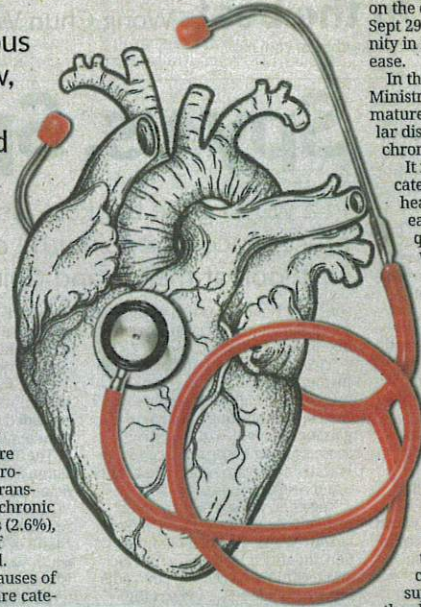
This is based on a report by the Health Ministry and World Health Organisation, which estimated the value of productivity losses due to absenteeism, working while being sick and premature death of workers.

After IHD, the following top causes of death here are pneumonia (11.8%), cerebrovascular diseases (7.8%), transport accidents (3.7%) and chronic lower respiratory diseases (2.6%), data by the Department of Statistics Malaysia showed.

Dr Norhayati says the causes of heart diseases and NCDs are categorised as modifiable and non-modifiable.

"Non-modifiable factors include increasing age, gender, family history of premature cardiovascular disease, ethnicity and genetic diseases.

"Modifiable reasons are poor diet and dietary patterns, smoking, physical inactivity, obesity, hypertension and diabetes," she says.



Amid the pandemic, this year's World Heart Day campaign theme is to "#UseHeart" to beat cardiovascular disease.

"We don't know what course the pandemic will take in the future but we do know that taking care of our hearts right now is more important than ever," reads the World Heart Federation's website on the campaign, celebrated on Sept 29 yearly to unite the community in fighting cardiovascular disease.

In the same vein, the Health Ministry is hoping to reduce premature deaths due to cardiovascular disease, cancer, diabetes and chronic respiratory diseases.

It is intensifying efforts to educate Malaysians on leading a healthy lifestyle, advocate for early detection, and providing quality care to people living with NCDs.

"The ministry is guided by the National Strategic Plan for NCDs 2016-2025 in order to achieve global targets of reducing such premature mortality.

"The collision of NCDs and Covid-19 demonstrates the need to invest in NCD prevention and control, including heart disease, as an essential foundation for national security and preparedness," she says.

The ministry will also continue to engage other agencies to create the necessary supportive environment for the change to happen.

"At the highest level, we have a Cabinet Committee made up of different ministries to create a supportive environment for healthy living.

"An example of government policies that support a healthier environment is the smoking ban at all restaurants and eateries," Dr Norhayati illustrates.

But ultimately, people must embrace a healthier lifestyle.

"Maintain an ideal body mass index (BMI) by incorporating physical activity and mindful eating as a way of life.

"Mental well-being should also be prioritised.

"For parents, invest in the health of your children even when they are in the womb, by living a good example.

"Smoking remains the leading preventable cause of death and disease globally," she says, adding that those looking for help can visit the ministry's *JonQuit* website at jonquit.moh.gov.my

"Most importantly, get screened for NCD risk factors early to nip the disease in the bud," she advises.

From the available data, Malaysians develop acute coronary syndrome – a condition due to decreased blood flow in the heart arteries – at a younger age compared to neighbouring countries.

"This could be due to a high prevalence of NCD risk factors among the younger age group in Malaysia, as shown by the National Health and Morbidity Survey 2019," Dr Norhayati explains.

For example, 11.2% of Malaysians already have raised blood sugar in their early 30s.

"This proportion increases to 24.7% in their late 40s.

"Similarly, 54.6% Malaysians in their early 30s are either overweight or obese," she adds.

It's also a concern that over 90% of those who died in Malaysia due to Covid-19 have at least one risk factor for NCD, such as hypertension, diabetes and smoking.

"Those with heart disease are more likely to have these risk factors, and a higher likelihood of more severe Covid-19 infection and death," Dr Norhayati warns.

Listen to your heart

- > Heart disease, or ischaemic heart disease (IHD), is the top cause of death in Malaysia.
- > It refers to heart problems due to reduced blood supply to the heart as a result from narrowed arteries.
- > It has led to 18,267 deaths, or 15.6% of the total 117,387 deaths in 2018.

> Among Malaysians aged from 15 to 40, deaths involving IHD went up from 6.4% in 2017 to 7.2% in 2018.

Sources: National Heart Institute (IHN), Health Ministry, Department of Statistics Malaysia



Symptoms of heart disease

- > Chest pain, tightness or discomfort
- > Pain on the right chest, left shoulder/arm, neck and jaw may also indicate heart disease
- > Shortness of breath
- > Palpitations
- > Dizziness or feeling faint
- > Decrease in usual effort tolerance or exercise capacity
- > Severe chest pain, accompanied by sweating, nausea and vomiting are classical presentations of a heart attack
- > Patients with heart disease may also be totally asymptomatic. Those at risk should go for regular screening.



Look after your heart even if you're young, say ex-patients

HE'S a national cyclist, with a fit and lean frame – not someone you would think to have heart problems.

But Mohd Zamri Salleh, 36, suffered a heart attack in August last year, when he fainted while competing in the Oita Urban Classic road cycling race in Japan.

"At that time, I was told that I just didn't get enough rest. Previously, I didn't experience any signs of heart problems at all.

"When I returned to Malaysia, I conducted a full check-up and nobody diagnosed it as heart disease.

"But still, I suffered chest pains. Two weeks later, I went for some checks again and it turned out to be issues with my heart.

"One of my blood vessels was 100% blocked," says Mohd Zamri,

who has a family history of heart problems.

After going for treatment at the National Heart Institute and recovering for a month, he is back on his bike and feels like his normal self.

"I only have one hope – that the attack will not happen again," says Mohd Zamri, who is currently part of the Terengganu Pro-Asia Cycling Team.

"The heart is the most important organ. We have to take care of it. "It is not impossible for younger people to get heart disease these days.

"Take myself, for example – I'm an athlete, I watch what I eat and I don't smoke," he says.

Another former heart patient, Wan Hartini Wan Ngah, went through a bypass surgery two

years ago when she was 38.

While she exercised by running at least once a week, her cholesterol level was high.

After feeling constantly tired, she went through some checks and the doctor told her to go for an angiogram to scan her blood vessels.

"I didn't do it immediately as I had to travel to London and Paris at that time for work.

"However, after I returned to Malaysia, I suffered an attack when I got heart palpitations and my hands started shaking non-stop," she recalls.

Wan Hartini found out that she had three blockages and had to undergo open-heart surgery.

Fortunately, she has since recovered and is back on her feet, and even enjoys hiking.

"I'm grateful for the second

chance to see the world up. Heart problems can happen to anyone.

"I urge everybody to control your cholesterol levels, exercise regularly and don't put yourself under too much stress," she says, adding that medical check-ups should also be done regularly.

Also thankful for a second lease on life, Shaffik Affandi, 40, says lifestyle choices play a major role in our health.

"I was an active person, playing sports like volleyball and running, but I was quite a heavy smoker.

"I believe that was the main reason for my problem. So, one day I felt dizzy and had slight chest pain.

"I went for a series of check-ups and found out that I was in desperate need of a bypass surgery," says the human resources



Mohd Zamri Salleh

consultant. Having recovered, Shaffik has started light sports again. "Most importantly, I'm now an ex-smoker. I save around RM500 a month from not smoking," he adds.

AKHBAR : SUNDAY STAR

MUKA SURAT : 17

RUANGAN : FOCUS

Re-start exercise gradually, advises IJN

MORE Malaysians are keeping themselves active these days – and that's good news for the heart.

But for those who are restarting their exercise routine after a prolonged period, be sure to get back on track gradually to avoid putting too much strain on the heart.

That's the advice from National Heart Institute (IJN) cardiovascular sports and fitness director Datuk Seri Dr Jeffrey Jeswant Dillon.

In July, it was reported that four people died of cardiac arrest while exercising.

This was following the re-opening of selected public parks in June, allowing people to exercise outdoors during the movement control order (MCO).

"The enforced partial lockdown during the MCO may also play a role in exacerbating heart problems among those who restart exercise after a prolonged period of inactivity.

"Just like the skeletal muscles in our body, our heart muscle undergoes 'deconditioning' due to lack of exercise.

"When called upon to perform suddenly after a period of inactivity, it may struggle to cope with demands of exercise," explains Dr Jeswant, who is also a senior consultant cardiothoracic surgeon.

As such, he calls upon Malaysians to restart exercise rationally – starting easy and gradually increasing the intensity over time as opposed to pushing the limits from the onset.

"We advise to be prudent and be safe when returning to physical activity," he says.

It was reported that a 49-year-old man was pronounced dead at the Penang Hospital on June 8 from cardiac arrest while another man suffered a similar fate while hiking at the Penang City Park.

Later that month, an elderly man also

died after he collapsed while trekking up to the Cherok Tokun Hill in Bukit Mertajam while a 56-year-old man collapsed while working out at the Ayer Itam dam.

Health Ministry disease control division director Dr Norhayati Rusli says sudden cardiac arrests among active sportsmen in Malaysia are rare events, usually due to genetic conditions and congenital heart defects.

"Evidence from elsewhere suggests that these conditions occur rarely, in one in 100,000 to one in 300,000 athletes, and more often in males," she says.

Nevertheless, Dr Jeswant notes that there have been cases of sudden death when the person was playing football, futsal, endurance sports like long-distance running and cycling, swimming, and even golf.

"Autopsy findings point to sudden cardiac arrest as the cause of death," he says.

Among young people, Dr Jeswant says the main causes of heart diseases are either inherited conditions like coronary artery anomalies, or due to acquired factors like unhealthy lifestyle.

"It is not uncommon these days to see patients in their 30s with blockage of coronary arteries.

"We recently treated a 22-year-old male who suffered a heart attack after playing futsal," he shares.

Dr Jeswant says the spike in cases is because of more awareness among the public, leading to early screening, especially for those with a family history of juvenile heart disease or sudden deaths among young relatives.

"Another reason is largely due to unhealthy choices such as poor dietary habits, smoking and sedentary lifestyles," he adds.

On a brighter note, Malaysians, in general, are getting more active as shown in the

For good health, get enough exercise



> **150 minutes** of moderately intense exercise per week (30 minutes x 5 sessions)

Examples: brisk walking, leisure swimming, cycling less than 20km/h on a flat road, ballroom dancing, moving the lawn

OR > **75 minutes** of intense exercise per week (25 minutes x 3 sessions)

Examples: jogging or running, swimming laps, cycling more than 20km/h or climbing hills, aerobic dancing, garden activities that involve shovelling or digging

National Health and Morbidity Survey 2019. The proportion of physical inactivity has decreased from 35.7% in 2011 to 25.1% last year, based on the findings.

As being physically active is good for the heart, Dr Jeswant debunks any misconceptions that sports are the cause of sudden cardiac arrests or heart disease.

"Being active is protective against the development of cardiovascular diseases like heart disease and stroke.

"Sports by itself does not kill those with normal healthy hearts but the physical activity may act as a trigger for sudden collapse or cardiac arrest in those who have underlying heart disease.

"Rest assured that these occurrences are not common.

"There are certainly many benefits of exercise on the body and mind that offsets and outweighs the risks that may be associated with it by far," he explains.

Urging Malaysians to reap the benefits of a healthy lifestyle, Dr Jeswant says the ultimate goal is to enjoy sports and exercise safely.

"As the adage goes, even a little is good, and more is better," he adds.

If a friend collapses during a sports activity



> **Call 999** for help. They would help identify if the person is having a cardiac arrest.



> **Check for breathing** and pulse and perform cardiopulmonary resuscitation (CPR) immediately.



> **Use your hands to perform 30 compressions** hard and fast onto the centre of the chest.



> If you are trained in basic life support, add **rescue breaths** after every 30 compressions.

> If not trained, just **perform hands-only CPR until emergency rescue workers arrive** at the scene.

> Time is of the essence. **Prompt attention and CPR can help save a life.**

A question of health for world's leaders

By BHOPINDER SINGH

THE unending saga of accusing the other of ill health, neurological disorder and therefore unfit to occupy the office of the president of the United States, continues with two geriatrics in the fray.

While the incumbent Donald Trump leaves no stone unturned to insinuate about "Sleeping Joe" (read Joe Biden), it is Trump himself who is at the centre of the storm with the latest book by Michael Schmidt, who (as per Trump) claimed that Trump actually had "mini strokes" and that Vice-President Mike Pence was on standby after an unusually early annual medical check-up, last year.

Giving credence to whispers about the president's health were the increasingly garbled, slurred and incoherent statements by Trump, as also his tottering steps with the effortful usage of two hands to lift and drink water from a bottle. In a bid to "out-healthy" his elder rival, Joe Biden, not only had Trump slammed accusations as "fake news", but had insisted falsely, "Final ten feet I ran down to level ground. Momentum!"

The vanity and desperation to project his fitness was so compelling that Trump had supposedly dictated his physician to declare incredulously that Trump was, "the healthiest individual ever elected to the presidency!"

The American soap opera is in sharp contrast to the happenings in Japan, where the longest-serving Prime Minister ever, Shinzo Abe, voluntarily resigned for health reasons, as he did not want his



Not fit to govern?: (From left) Trump, Abe, Mandela and Churchill.

illness to get in the way of decision-making.

Abe had done so earlier also in 2007, when he had publicly declared his struggles with ulcerative colitis, and yet again, the Japanese nationalist threw in the towel, a year before the end of his tenure. He claims that the treatment that he is undergoing will not allow him adequate time to carry out his prime ministerial functions and therefore, "I made the judgment I should not continue my job as the prime minister".

It was refreshingly honest, rare and significant for a man famous for his "Abeonomics" and a hawkish reputation of a strongman.

But somewhere perhaps, an overriding sense of country before self or even beyond partisan politics, must have prodded Shinzo Abe to take a step that is seldom seen in democracies.

The world's third biggest economy and Abe would be well versed with "calling it a day" with them having seen the recent case of Japan's Emperor Akihito declaring his abdication after a 30-year reign. The 85-year-old former Emperor

had surgery for prostate cancer and heart bypass, and therefore thought it best to pass the sacred sword and jewel on to someone who was fit enough to bear the responsibility.

No such selfless renunciation or retirement owing to ill health occurs in the Indian political context, where instances of clearly unwell leaders continuing their positions unquestionably, is the definitive norm.

The pretext of pressures from irreconcilable "party cadres" or pliant "party leadership" ensures that more often than not, these politicians pass away only in harness.

Such political desperation is perhaps imbibed from our past colonial masters like Winston Churchill who personified the "never say die" spirit despite suffering from depression and stress, that he sought to compensate publicly with whisky and cigars.

Churchill had suffered a heart attack as early as 1941 and caught pneumonia thereafter.

His biographer, Roy Jenkins, had famously called him, "gloriously unfit for office".

In his second Prime Ministerial term in 1953 he again had a stroke, which was deliberately kept away from the public, as Churchill went about his stuttering ways without making an apparent fuss about obvious ill health. Not coming clean on one's health is often the trait that is displayed by political leaders who have dictatorial streaks.

Konstantin Chernenko took over the leadership role in the USSR, knowing fully well that he was terminally ill. He essentially remained in the secretive Central Clinical Hospital in Moscow for most of his 13-month term, which ended with him slipping into a coma and death, soon thereafter.

Even the ageless Cuban revolutionary, Fidel Castro, was nearly 90 years old before he less than enthusiastically stood down by saying, "It would betray my conscience to take up a responsibility that requires mobility and total devotion, that I am not in a physical condition to offer". Today, the First Secretary of the Communist Party of Cuba is Fidel's "younger" brother Raul Castro, aged 89!

Politicians lust for power in the same manner as business managers crave profits i.e. insatiably.

The road to the top of the political pyramid is usually mired with intrigues, deceit and plain hard work, that makes it impossible for them to give up once achieved.

Therefore the "passing on" of the mantle or sharing of power if ever, assumes the form of dynastic or loyalist preferences, as opposed to competency being the primary consideration.

In the Indian context, the

political parties (both national and regional) have sham "internal democracy" with deliberately suppressed bench-strength of possible successors, as the portents of any potential 'successor' can be suicidal for any upcoming leader in a party. The insecurities are institutionalised.

It takes a statesman to recognise the inevitability of age and the withering of faculties, Nelson Mandela was one such singularity.

Well before the completion of his first (and only five years) tenure as the President of South Africa after the end of apartheid, and when his popularity was at an all-time high, Mandela ruled out serving a potential second term.

He had sagely said, "I will be available for advice if they want me, but to occupy a position as a Head of State, definitely, I won't take that risk!"

But most politicians are not Mandela (even in terms of good health) and yet insist on occupying the high offices, nevertheless.

Sound health is not just dependent on age or some concerns of physical abilities; more often it is a question of mental health and having the heart at the right place, metaphorically.

Therefore, if tested sincerely, then many political leaders across the leadership roles in states, countries and political parties would be found unfit to occupy their posts. — The Statesman/ANN

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