AKHBAR : BERITA HARIAN
MUKA SURAT : 6
RUANGAN : NASIONAL

KKM jamin penjimatan tak jejas perkhidmatan

Ipoh: Kementerian Kesihatan Malaysia (KKM) memberi jaminan langkah penjimatan dalaman oleh kerajaan tidak akan menjejaskan perkhidmatan kesihatan kepada rakyat.

Menteri Kesihatan, Khairy Jamaluddin berkata, ini kerana langkah penjimatan yang akan dilaksanakan Kementerian hanya membabitkan perkara yang tidak berkaitan dengan perkhidmatan kesihatan seperti protokol, majlis jamuan dan baju.

"Saya memberi jaminan bahawa Pekeliling Perbendaharaan ini (langkah penjimatan dalaman) tidak menjejaskan perkhidmatan kesihatan dan juga ubat-ubatan.

"Penjimatan tidak akan untuk perkhidmatan kesihatan, ubat-ubatan dan sebagainya kita tidak akan kurangkan.

Khairy Jamaluddin

"Kita akan potong (jimat) perkara yang tidak membabitkan perkhidmatan kesihatan seperti protokol, majlis jamuan, baju.

"Macam majlis buatlah di kemudahan sendiri tak payah sewa hotel, tidak perlu katering mewah, itu yang kita jimatkan," katanya selepas melancarkan Jelajah Agenda Nasional Malaysia Sihat (ANMS) Peringkat Negeri Perak di Bulatan Sultan Azlan Shah, Meru Raya di sini semalam.

Khairy berkata, setiap peringkat KKM sudah diarahkan melakukan penjimatan susulan arahan pekeliling dari Kementerian Kewangan itu.

AKHBAR : BERITA HARIAN
MUKA SURAT : 7
RUANGAN : NASIONAL

Penularan COVID-19

Tahap imuniti turun antara punca kes naik

Penjarakan fizikal, pakai pelitup muka perlu dipantau berterusan

Oleh Suraya Roslan
dan Noor Atiqah Sulaiman
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Kuala Lumpur: Tahap imuniti sama ada secara semula jadi atau daripada vaksin berkemungkinan sudah menurun antara penyebab angka kes harian baharu COVID-19 setakat kelmarin mencecah 5,230, tertinggi sepanjang tempoh seminggu.

Pakar Perubatan Kesihatan Awam, Datuk Dr Zainal Ariffin Omar berkata, selain itu peningkatan kes juga disebabkan akibat mutasi virus asal.

"Pemantauan prosedur operasi standard (SOP) seperti pemakaian pelitup muka dan penjarakan fizikal dilihat semakin kurang diamalkan.

"Perkara ini memerlukan pemantauan yang berterusan dan sekiranya bergejala, lakukan ujian COVID-19 dan kuarantin kendiri," katanya.

Sementara itu, Pakar Perubatan Kesihatan Komuniti Fakulti Perubatan Universiti Kebangsaan Malaysia (UKM), Prof Dr Sharifa Ezat Wan Puteh berkata, peningkatan kes didorong oleh pelbagai faktor antaranya pembukaan semula sempadan, pengurangan SOP, pembukaan semula tempat kerja dan sekolah seperti biasa yang menyebabkan peningkatan jangkitan dan infeksi baru terjadi.

Dr Zainal Ariffin Omar

"Bagaimanapun, Malaysia adalah terlindung kerana vaksin populasi tinggi dan imuniti jangkitan natural juga baik.

"Penurunan kesan vaksin apabila antibodi menurun mungkin berlaku, maka untuk rakyat rentan seperti warga emas, kanak-kanak dan mereka yang tinggi komorbiditi perlu mengambil suntikan penggalak (booster) kedua," katanya.

Menurutnya, jangkitan yang semakin banyak terdiri daripada kes ringan kategori satu dan dua serta hanya beberapa saja kategori teruk dan kematian.

"Ini tidak akan seteruk gelombang pertama dan kedua yang pernah berlaku pada 2020 dan 2021 lalu.

Risiko jangkitan masih ada

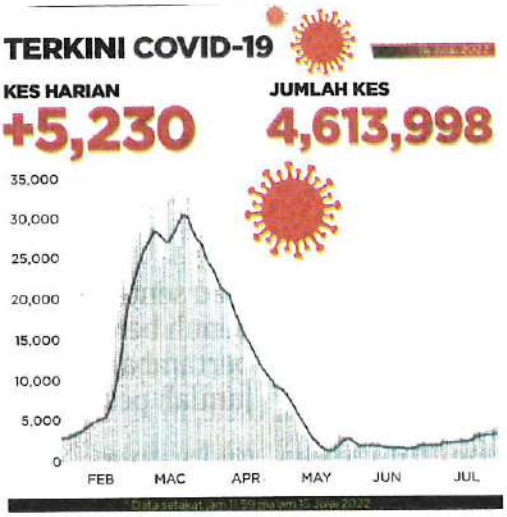
"Bagaimanapun, kita perlu berhati-hati akan kemunculan subvarian baharu terutama jenis VOC dan tidak mengambil mudah kerana risiko jangkitan masih ada," katanya.

Katanya, pemakaian pelitup muka, sanitasi masih perlu diteruskan untuk menurunkan risiko jangkitan.

"Jangkitan baru dijangka lebih berjangkit, tetapi tidak semestinya makin *virulens* (makin parah) dari yang sedia ada.

"Malah, beberapa pakar luar negara berpendapat semakin endemik virus ini akan lebih mudah merebak dan hanya mengakibatkan gejala ringan melainkan beberapa golongan rentan yang perlu vaksin penggalak sekali lagi," katanya.

Laman COVIDNOW melaporkan selepas tiga bulan, Malaysia kembali merekodkan pertambahan kes baharu lebih 5,000 iaitu 5,230 setakat kelmarin.



Kali terakhir negara merekodkan kes lebih 5,000 ialah pada 28 April lalu iaitu sebanyak 5,624 kes.

Pertambahan kes itu menjadikan sehingga kini jumlah kumulatif COVID-19 di negara ini meningkat kepada 4,613,998 kes sejak penularan wabak berkenaan di negara ini.

Kes baharu membabitkan 5,219 penularan tempatan dengan 11 import yang mendapat jangkitan dari luar negara.

Sehingga kini terdapat sejumlah 41,208 kes aktif dengan kebolehjangkitan COVID-19 di negara ini.

Daripada jumlah itu, 96.7 peratus atau 39,703 kes sedang menjalani kuarantin di rumah.

Selain itu, 1,411 kes atau 3.4 peratus pula sedang mendapatkan rawatan di hospital, Pusat Kuarantin dan Rawatan COVID-19 (PKRC) (30), unit rawatan rapi (ICU) dan memerlukan alat bantuan pernafasan (20) dan ICU serta tidak memerlukan alat bantuan pernafasan (40).

Dalam pada itu turut dilaporkan adalah sejumlah lapan kes kematian dicatatkan semalam sekali gus menjadikan jumlah keseluruhan angka korban di negara ini meningkat kepada 35,844 kes. Kes kematian yang dilaporkan itu termasuk satu kes meninggal dunia di luar fasiliti kesihatan (BID).

Data turut menunjukkan sebanyak 2,927 kes sembuh dilaporkan.

Ia menjadikan sehingga kini 4,536,946 kes pulih sepenuhnya daripada jangkitan berkenaan.

Keupayaan fasiliti kesihatan masih terkawal

Kuala Lumpur: Situasi semasa COVID-19 dalam negara setakat ini masih terkawal dengan fasiliti kesihatan dilaporkan tidak terjejas walaupun angka kes baharu terus melonjak.

Pengerusi Majlis Pemulihan Negara (MPN), Tan Sri Muhyiddin Yassin, berkata berdasarkan laporan data terkini dibentangkan kepada MPN, keupayaan bagi menguruskan kes COVID-19 masih lancar.

"Saya yakin keadaan terkawal, walaupun ada petanda peningkatan (kes). Tetapi keadaan logistik seperti katil hospital atau keupayaan mengurus, setakat hari ini tak menjadi masalah.

"Saya fikir dua tahun yang berlalu (sebelum ini), mereka cukup banyak pengalaman dalam menguruskannya," katanya selepas merasmikan program *Blood Donation Drive* di Centre Court, Mid Valley, di sini, semalam.

Yang turut hadir, Presiden Tan Sri Muhyiddin Charity Golf (TSMCG), Datuk Ir Zainuddin Mohd Radzidan Pengarah Pusat Darah Negara, Dr Afifah Hassan

Muhyiddin berkata, MPN akan terus memantau keadaan kes semasa mengambil kira ia adalah agenda tetap dalam majlis yang dipengerusikannya itu.

Katanya, MPN juga akan bermesyuarat pada hujung bulan ini bagi mendapatkan laporan terkini kes COVID-19.

"Pada 26 Julai ini ada mesyuarat (MPN), ada agenda yang saya belum dapat kepastian lagi.

"Urus setia akan ambil kira apa yang terkini yang perlu kita teliti dan kita juga akan mendapatkan maklum balas daripada agensi dan kementerian, selain pandangan pakar yang ada dalam MPN," katanya yang memberitahu Menteri Kesihatan, Khairy Jamaluddin akan membentangkan laporan dan situasi terkini COVID-19 dalam mesyuarat berkenaan.

Sementara itu, Muhyiddin berkata, MPN juga sedang merangka Pelan Pemulihan Negara 2.0.

Katanya, antara agenda penting adalah membincangkan langkah seterusnya yang boleh diajukan kepada Kabinet dan kerajaan dalam usaha mempercepatkan proses pemulihan ekonomi.

Muhyiddin diiringi Pengerusi Ahli Jawatankuasa Kempen Derma Darah, Datuk Mohammad Maidon (tengah) dan Dr Afifah pada program 'Blood Donation Drive' di Centre Court Mid Valley, Kuala Lumpur, semalam. (Foto BERNAMA)

AKHBAR : BERITA HARIAN
MUKA SURAT : 8
RUANGAN : NASIONAL

MMA tinjau situasi kekurangan bekalan

Putrajaya: Persatuan Perubatan Malaysia (MMA) sedang menjalankan tinjauan bagi mengenal pasti situasi sebenar kekurangan ubat-ubatan yang berlaku di klinik swasta dan farmasi.

Presiden MMA, Dr Koh Kar Chai berkata pihaknya meminta hospital swasta atau pengamal perubatan (GP) yang mengalami masalah kekurangan ubat berhubung dengan Klinik Kesihatan berhampiran sekiranya mengalami kesukaran mendapatkan bekalan untuk merawat pesakit mereka.

"MMA menghargai langkah yang diambil oleh Kementerian Kesihatan (KKM) untuk meminjamkan ubat-ubatan tertentu yang mendapat permintaan tinggi.

Tawaran KKM untuk menggunakan ubat daripada simpanan mereka kepada fasiliti kesihatan swasta adalah dialu-alukan dan sangat dihargai.

"KKM dan Pharmaniaga akan meneliti daripada segi logistik bagi memastikan tiada sebarang gangguan berlaku ketika proses berkenaan.

"Bagi melancarkan proses berkenaan, MMA sedang menjalankan tinjauan untuk mengenal pasti kekurangan sebenar yang dihadapi," katanya kepada *BH* semalam.

Kelmarin, Menteri Kesihatan, Khairy Jamaluddin memaklumkan KKM akan melepaskan stok penimbal ubat-ubatan kepada klinik dan hospital swasta untuk menangani isu kekurangan bekalan di fasiliti kesihatan berkenaan.

Dalam pada itu, Kar Chai turut menasihatkan orang ramai yang masih belum mendapatkan suntikan dos penggalak COVID-19 untuk mengambilnya bagi mencegah penularan.

"Jika anda berumur 60 tahun ke atas dan sudah menerima penggalak pertama, anda dinasihatkan untuk mengambil dos kedua penggalak bagi meningkatkan perlindungan terhadap COVID-19 yang teruk.

"Dengan kes COVID-19 yang semakin meningkat sekarang, orang ramai diingatkan untuk memastikan memakai pelitup muka serta mematuhi langkah kebersihan yang ditetapkan oleh kerajaan.

"Langkah itu akan membantu mengurangkan peningkatan kes Penyakit Seperti Influenza (ILI), COVID-19 dan Influenza A.

"Ia sekaligus mengekang berlakunya kesesakan di fasiliti kesihatan dan memastikan mereka yang perlu dirawat mendapat perubatan yang sewajarnya," katanya.

Masalah kekurangan ubat

Hospital swasta sambut baik agihan stok penimbal ubat-ubatan

Kuala Lumpur: Hospital swasta menerima jumlah pesakit yang tinggi sehingga menimbulkan masalah kekurangan ubat.

Jumlah kemasukan ke fasiliti kesihatan itu semakin meningkat termasuk kes saluran pernafasan.

Presiden Persatuan Hospital Swasta Malaysia (APHM), Datuk Dr Kuljit Singh, berkata masalah kekurangan ubat itu termasuk untuk merawat kes saluran pernafasan yang tutut merekodkan kemasukan pesakit yang ramai.

Sehubungan itu, katanya, pihaknya mengalu-alukan keputusan Menteri Kesihatan, Khairy Jamaluddin untuk melepaskan stok penimbal ubat-ubatan Kementerian Kesihatan (KKM) kepada klinik dan hospital swasta yang menghadapi masalah bekalan.

Katanya, APHM akan berbincang dengan Pharmaniaga Bhd berhubung mekanisma untuk mendapatkan ubat-ubatan berkenaan daripada stok penimbal kerajaan, dalam masa terdekat.

"Hospital swasta di seluruh negara kini dipenuhi oleh pesakit sejak dua bulan lalu bagi mendapatkan rawatan untuk pelbagai penyakit antaranya influenza dan prosedur pembedahan.

"Perkara ini adalah fenomena luar biasa bagi hospital swasta, namun ia mungkin disebabkan oleh pendedahan secara tiba-tiba kepada aktiviti sosial terutamanya selepas menjalani tempoh berkurung selama dua tahun (PKP)," katanya dalam kenyataan semalam.

Bagaimanapun, Dr Kuljit, berkata jumlah pesakit COVID-19 di hospital swasta masih rendah berbanding 2021.

Semalam, KKM mengumumkan akan melepaskan stok penimbal ubat-ubatan kepada klinik dan hospital swasta untuk menangani isu kekurangan bekalan di fasiliti kesihatan berkenaan.

> "Perkara ini adalah fenomena luar biasa bagi hospital swasta, namun ia mungkin disebabkan oleh pendedahan secara tiba-tiba kepada aktiviti sosial terutamanya selepas menjalani tempoh berkurung dua tahun (PKP)"

Dr Kuljit Singh, Presiden Persatuan Hospital Swasta Malaysia

Tunggu pengeluaran stabil

Langkah itu sementara menunggu pengeluaran lebih stabil dari kilang ubat-ubatan dalam tempoh dua bulan lagi.

Sementara itu, Dr Kuljit, berkata hospital swasta berdepan masalah kekurangan tenaga kerja untuk membuka lebih banyak perkhidmatan bagi memenuhi permintaan.

"Salah satu kekangan yang dihadapi oleh hospital swasta dan kerajaan adalah untuk mendapatkan jururawat terlatih yang berpengalaman.

"APHM akan berusaha sedaya upaya bekerjasama dengan pengawal selia bagi membantu hospital swasta dapatkan jururawat asing dengan menghapuskan birokrasi sedia ada," katanya.

AKHBAR : KOSMO
MUKA SURAT : 5
RUANGAN : NEGARA

Aplikasi MySejahtera berwajah baharu

PETALING JAYA – MySejahtera kini berwajah baharu dengan beberapa ciri terkini yang dapat membantu memantau dan melihat maklumat kesihatan.

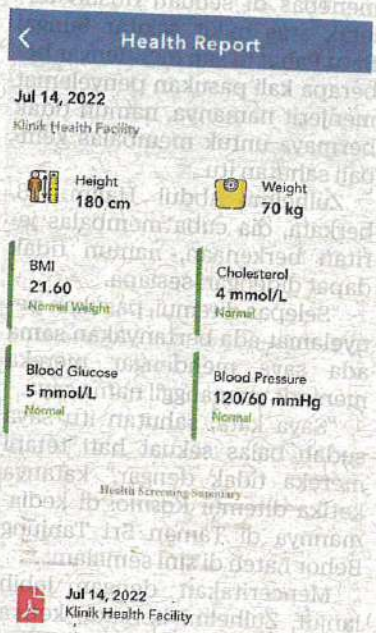
Perkara itu diumumkan Menteri Kesihatan, Khairy Jamaluddin Abu Bakar menerusi Twitter semalam.

"MySejahtera kini berwajah baharu dengan ciri-ciri baharu yang dapat membantu kita pantau dan lihat maklumat kesihatan.

"Rekod saringan kesihatan dan rekod imunisasi anak juga boleh dilihat di MySejahtera. Kemas kini aplikasi anda mulai semalam untuk mendapatkan ciri-ciri baharu ini," ciapnya di Twitter semalam.

Turut akan diperkenalkan menerusi kemas kini terbaharu ialah rekod pendermaan darah dan buku pemeriksaan kehamilan atau buku 'pink' secara digital.

MySejahtera sebelum ini digunakan untuk memantau aplikasi kesihatan dan maklumat imunisasi Covid-19 diri dan anak-anak dalam tanggungan sahaja.



APLIKASI MySejahtera berwajah baharu dengan beberapa ciri diperkenalkan untuk membantu orang ramai memantau maklumat kesihatan.

AKHBAR : SINAR HARIAN
MUKA SURAT : 12
RUANGAN : NASIONAL

Ubat parasetamol masih sukar diperoleh

SHAH ALAM - Selepas beberapa bulan kekurangan bekalan ubat parasetamol di pasaran, tinjauan *Sinar Ahad* di beberapa farmasi di sini mendapati ubat tersebut masih sukar diperoleh.

Ubat itu mendapat permintaan tinggi kerana sering digunakan bagi melegakan demam dan sakit kepala dipercayai berpunca daripada peningkatan kes penyakit seperti Influenza-Like-Illness (ILI) ketika ini.

Seorang pekerja farmasi yang mahu dikenali sebagai Norliza berkata, selain wabak Covid-19, orang ramai kini mulai bimbang dengan penularan influenza yang telah banyak dikesan di beberapa negeri.

Justeru katanya, mereka mula membeli parasetamol sebagai persediaan mengurangkan kesan sampingan seperti demam, selesema, batuk dan sakit tekak.

"Isu kekurangan bekalan parasetamol di fasiliti kesihatan termasuk farmasi juga berlaku disebabkan permintaan yang lebih tinggi berbanding penawaran.

"Jadi, mungkin bekalan sedia ada tidak cukup untuk menampung permintaan orang ramai yang ingin mendapatkan ubat parasetamol ketika ini," katanya kepada *Sinar Ahad*.

Sementara itu, pegawai farmasi yang ingin dikenali sebagai Haleeza pula berkata, selain parasetamol, bekalan ubat sakit tekak dan ubat batuk di premisnya juga ada kalanya mengalami masalah kekurangan bekalan.

"Sekarang musim influenza, jadi memang ramai yang terkena jangkitan akan mencari ubat-ubatan untuk melegakan kesakitan dialami.

"Apabila banyak ubat habis dan bekalan lambat sampai, ramai yang merungut kepada kami, tetapi kami pun tidak tahu mengapa pembekal sukar hantar stok awal," luahnya.

Seorang pekerja farmasi menunjukkan bekalan ubat parasetamol yang sudah kehabisan.

53% rakyat Malaysia tidak saring kesihatan

Jumlah itu menggambarkan kesedaran terhadap saringan kesihatan dalam kalangan rakyat masih rendah

Oleh NOOR AINON MOHAMED YUSOF
IPOH

Khairy (kiri) bertemu dengan pengunjung pada sesi *walkabout* selepas pelancaran Jelajah Agenda Nasional Malaysia Sihat peringkat negeri dan Inisiatif Saringan Kesihatan Kebangsaan di Ipoh pada Sabtu.

Kementerian Kesihatan menganggarkan kira-kira 53 peratus rakyat Malaysia dewasa tidak menjalani saringan kesihatan dalam tempoh setahun yang lepas.

Menteri Kesihatan, Khairy Jamaluddin Abu Bakar berkata, jumlah tersebut menggambarkan kesedaran terhadap saringan kesihatan dalam kalangan rakyat masih rendah.

Menurutnya, inisiatif Saringan Kesihatan Kebangsaan (NHSI) dilaksanakan sebagai usaha menggalakkan rakyat terutama berusia 40 tahun dan ke atas menjalani saringan secara berkala.

"Menerusi inisiatif ini, kita menyasarkan 1.5 juta rakyat yang berusia 40 tahun ke atas dan yang belum pernah melakukan saringan untuk mereka melakukannya sebelum akhir tahun ini.

"Dengan program saringan kesihatan antara lain melalui kementerian dan ProtectHealth menerusi Skim Peduli Kesihatan B40 (PeKa B40), kita menawarkan saringan kesihatan yang komprehensif secara percuma.

"Saya yakin dengan inisiatif ini, kita akan dapat kenal pasti lebih ramai lagi memerlukan rawatan seperti pra kencing manis. Kita akan dapat mengurangkan dan mengawal bilangan rakyat menghidap penyakit," katanya di sini pada Sabtu.

Khairy berkata, klinik-klinik swasta diminta untuk terlibat sama melaksanakan program turun padang ke kampung-kampung dan kawasan pedalaman.

"Kita tidak mahu rakyat susah payah datang untuk dapatkan saringan kesihatan.

"Antara inisiatif adalah program di kawasan tumpuan ramai selain penglibatan klinik swasta untuk buat program *outreach* di pedalaman," ujarnya.

Sementara itu, Khairy memaklumkan rekod imunisasi kanak-kanak dan kesihatan kini boleh diakses di telefon bimbit menerusi aplikasi MySejahtera.

Menurutnya, ciri terbaru itu merupakan langkah awal kementerian untuk MySejahtera digunakan sebagai pendigitalan maklumat kesihatan yang sebelum ini disimpan secara manual.

"Dengan adanya kemas kini terbaru itu, buat kali pertama rakyat Malaysia boleh menyimpan rekod kesihatan peribadi mereka secara digital dalam MySejahtera bermula hari ini (Sabtu).

"Sekarang ini tidak perlu lagi buku imunisasi. Sijil vaksinasi kanak-kanak di bawah Program Imunisasi Kebangsaan akan disimpan secara digital dalam MySejahtera boleh dibawa ke mana-mana sahaja sebagai bukti vaksinasi," katanya.

Menurutnya, ciri baharu untuk rekod imunisasi bayi bermula dengan kelahiran pada 1 Julai 2022 juga kini boleh didapati dalam aplikasi tersebut.

Mengulas kemungkinan data dicerobohi, Khairy menegaskan bahawa ciri-ciri keselamatan aplikasi itu sentiasa dipertingkatkan.

AKHBAR : SINAR HARIAN
MUKA SURAT : 13
RUANGAN : NASIONAL

Vape bukan cara atasi ketagih rokok

Meskipun ada pihak menyifatkan vape dapat bantu perokok berhenti merokok, tetapi kajian saintifik menunjukkan sebaliknya

FOTO: MOHD RAFEQ REDZUAN HAMZAH

Dari kiri, Ismail; Muhammad Aqil Mirza; Murallitharan dan Noraryana ketika Wacana *Sinar Harian* Edisi ke-356 yang berlangsung di Kompleks Karangkraf, Shah Alam pada Jumaat.

Oleh **NUR IFTITAH ROZLAN**
SHAH ALAM

Amalan menghisap rokok elektronik atau vape bukan kaedah terbaik untuk mengatasi ketagihan merokok, kata Pengarah Urusan Persatuan Kanser Kebangsaan Malaysia (NCSM), Dr Murallitharan M.

Beliau berkata, meskipun ada pihak yang menyifatkan vape dapat membantu perokok berhenti merokok, tetapi kajian saintifik menunjukkan sebaliknya.

"Mereka (perokok) ini akan terus mengambil nikotin. Kita sebenarnya tidak mahu kesedapan nikotin terus menghantui hidup mereka.

"Kita nak mereka bebas daripada sebarang bentuk ketagihan," katanya.

Beliau berkata demikian semasa program Wacana *Sinar Harian* Edisi ke-356 bertajuk 'Akta Tembakau, Apa Kata Anak Muda' yang disiarkan di platform *Sinar Harian* pada Jumaat.

Turut menjadi panelis, Pakar Perubatan Kesihatan Awam, Bahagian Kawalan Penyakit, Kementerian Kesihatan Malaysia (KKM), Dr Noraryana Hassan dan Setiausaha Agung Majlis Perwakilan Pelajar (MPP) Sesi 21/22 Universiti Tenaga Nasional (Uniten), Muhammad Aqil Mirza Mohd Shafiee manakala Ismail Adnan selaku moderator.

Program yang bersiaran dari Studio Karangkraf itu turut disaksikan seramai 20 pelajar Uniten dan 10 pelajar Politeknik Sultan Salahuddin Abdul Aziz Shah (PSA).

Murallitharan turut mencadangkan agar kerajaan memberikan bantuan subsidi terhadap bahan atau perkhidmatan yang digunakan untuk membantu perokok berhenti merokok.

"Misalnya jika golongan remaja atau dewasa daftar pada klinik berhenti merokok atau membeli gula-gula getah nikotin (terapi gantian nikotin untuk berhenti merokok), mereka mungkin patut dapat pelepasan cukai.

"Inilah cara kerajaan boleh mendorong generasi yang sudah merokok untuk lepas daripada masalah atau penyakit ketagihan nikotin," jelasnya.

Bilangan perokok baharu lebih tinggi berbanding angka kematian

SHAH ALAM - Bilangan perokok baharu terutamanya dalam kalangan generasi muda menunjukkan peningkatan lebih tinggi berbanding angka kematian akibat menghisap rokok.

Pakar Perubatan Kesihatan Awam, Bahagian Kawalan Penyakit, Kementerian Kesihatan Malaysia (KKM), Dr Noraryana Hassan berkata, penggunaan tembakau dalam kalangan rakyat Malaysia tidak mencatatkan penurunan, sebaliknya kekal sekitar 20 peratus sejak tahun 1986 hingga 2019.

"Kita tidak nampak penurunan trend (penggunaan tembakau). Secara saintifiknya, kita tahu orang yang merokok mempunyai komplikasi penyakit misalnya, kanser.

"Jangka hayat (perokok) adalah kurang daripada mereka yang tidak merokok, tetapi kenapa trend ini tidak menurun?

"Ini kerana daripada Tinjauan Kesihatan dan Mobiliti Kebangsaan (NHMS) pada 2019, perokok baharu bertambah dan menggantikan peratusan perokok 'senior' yang telah pergi (meninggal dunia).

NORARYANA

"Jadi kita nekad bahawa amalan (merokok) ini tidak boleh berterusan. Kita perlu buat satu polisi yang benar-benar serius untuk tangani masalah rokok dalam kalangan generasi muda akan datang," katanya.

Dr Noraryana berkata, rokok elektronik atau vape mula membanjiri Malaysia pada 2015 di mana tinjauan NHMS pada tahun berikutnya mendapati sebanyak 3.2 peratus rakyat Malaysia yang menghisap vape.

"Tetapi kini jumlahnya meningkat kepada 4.9 peratus, dulu kira-kira 600,000 individu yang menghisap vape, sekarang meningkat kepada 1.2 juta, berganda (peningkatan)," ujarnya.

Jelas beliau, ketagihan rokok elektronik berisiko memberikan kesan jangka panjang terhadap kesihatan perokok.

"Kita dah mula kesan sejenis penyakit evali (penyakit berkaitan paru-paru akibat vape). Ini yang kita bimbang dengan penemuan penyakit terkini yang menyebabkan kerosakan pada dinding paru-paru.

"Bayangkan anak-anak muda yang mempunyai paru-paru yang sihat, tetapi dicemari dengan bahan kimia yang boleh menyebabkan radang paru-paru dan sukar untuk bernafas.

"Kita memang sudah ada kes di Malaysia. Kita juga sudah mula buat pemakluman kepada KKM jika adanya berlaku kes evali," ujarnya.

AKHBAR : SINAR HARIAN
MUKA SURAT : 20
RUANGAN : SINAR PLUS

FOTO: MUHAMMAD ASYRAF ABDUL SHUKOR

'Segala fakta yang dikemukakan mesti sahih'

Pakar Pemakanan, Kementerian Kesihatan Malaysia, Muhammad Asyraf Ismail menasihatkan usahawan produk di luar supaya berhati-hati dan dapatkan kelayakan sebelum mengeluarkan kenyataan tentang manfaat inovasi mereka kepada pengguna

UJAR pakar pemakanan ini, terdapat usahawan yang menjual produk tidak memiliki latar belakang tentang kesihatan atau pemakanan. Golongan itu juga biasanya menggunakan pihak ketiga untuk menghasilkan inovasi pada jenama masing-masing.

Oleh NURUL FADILA AWALUDIN

SEBELUM bergelar Pegawai Sains Pemakanan di Jabatan Kesihatan Wilayah Persekutuan Kuala Lumpur dan Putrajaya, Mohammad Asyraf Ismail, terdapat cerita di sebaliknya.

Ketika masih di bangku sekolah rendah, Mohammad Asyraf sentiasa berfikir dan tertanya-tanya mengapa setiap rakan-rakannya memiliki fizikal yang berbeza?

Mengambil tempoh masa yang agak lama untuk mendapatkan penjelasan secara saintifik, akhirnya penganjuran satu majlis berjaya memberikan beliau jawapan.

Empunya diri sendiri tidak menyangka, sebaik seorang penceramah memperincikan tentang kandungan nutrisi seseorang memberi pengaruh kepada tumbesaran, telah membuka hati lelaki itu untuk melanjutkan pengajian dalam jurusan Sains Pemakanan.

"Setelah tamat belajar, saya bekerja di sebuah farmasi sekitar setahun setengah, kemudian mendapat tawaran menjadi pakar pemakanan di Kementerian Kesihatan Malaysia (KKM) sejak 2013 sehingga ke hari ini.

"Lebih tepat sebagai Pegawai Sains Pemakanan, Jabatan Kesihatan Wilayah Persekutuan Kuala Lumpur dan Putrajaya.

"Sejujurnya saya sangat sukakan kerja ini dan sentiasa akan memberikan perkhidmatan terbaik kepada masyarakat," ujarnya yang kini sedang melanjutkan pengajian peringkat Sarjana Pemakanan Kesihatan Awam, Universiti Kebangsaan Malaysia.

Cerewet

Apabila sudah memiliki ilmu dalam bidang itu, tentu sahaja Muhammad Asyraf akan mempraktikkan apa yang dipelajari dalam kehidupan seharian.

-Tanpa berselindung, beliau pantas memberitahu tentang sikapnya yang memang cerewet dalam soal penyediaan makanan.

Bukan kerana terlalu obses sehingga mampu mendorong ke arah *orthorexia* (gangguan makan disebabkan kebimbangan terhadap khasiat dan kandungan nutrisi makanan), beliau perlu lebih peka kepada kesan jangka panjang terhadap kesihatannya.

"Sebagai individu yang berada dalam bidang ini, saya semestinya terdedah kepada informasi baharu tentang makanan, jurnal, kajian tentang baik atau buruk sesuatu makanan.

"Bukan sekadar belajar teori, bahkan saya turut melihat kesannya di depan mata ketika merawat pesakit, terutama impak gaya pemakanan lebih-lebih lagi dalam kalangan belia.

"Pada pandangan saya, mereka perlu mengubah tabiat makan dan praktikkan gaya hidup sihat daripada datang ke klinik untuk mendapatkan rawatan," terang beliau yang turut meluahkan kebimbangan terhadap kos rawatan di institusi perubatan yang semakin meningkat.

Nasihat demi nasihat tidak hanya ditujukan kepada para pesakit, malah peringatan yang sama dituju kepada pasangan hidupnya.

Ungkap Muhammad Asyraf lagi, pendekatan beliau bukan mahu menyeksa isteri waima diri sendiri, tetapi apa yang dilakukan adalah demi kebaikan bersama.

"Alhamdulillah, isteri saya boleh menerima corak pemakanan diri saya, walaupun pada awal perkahwinan kami kira-kira satu setengah tahun lalu, dia agak kekok dengan cara (pemakanan) saya.

"Secara perlahan-lahan, saya mendidik isteri agar kurangkan manisan dan elakkan perasa tambahan dalam makanan dan minuman. Di rumah, kami tidak memiliki bahan perisa. Ya, seperti yang saya katakan tadi, mula-mula memang susah, tetapi akhirnya kita akan terbiasa," kata beliau.

> "Kerajaan sekarang sudah menetapkan undang-undang agar seseorang yang hendak menyampaikan informasi kesihatan perlu memiliki lesen berdaftar di bawah KKM."

Apabila berbual bersama dengan pakar pemakanan, plot ceritanya masih menyentuh tentang bab itu.

Menceritakan tentang dietnya sehari-hari, lelaki tersebut berkata, beliau menjadikan Konsep Suku, Suku, Separuh seperti yang disyorkan oleh KKM sebagai satu prinsip yang wajib dipatuhi.

"Paling penting, kita mengetahui jumlah pengambilan makanan yang perlu diambil. Aturan (Konsep Suku, Suku, Separuh) akan memberitahu kita kuantiti pengambilan dengan betul mengikut keperluan badan.

"Pada masa sama, saya turut memperbanyakan minum air putih atau biasanya akan membawanya (air) sendiri dari rumah. Penggunaan pek minuman tiga dalam satu memang saya hindarkan kerana kandungan gula yang tinggi dan kemanisannya yang terselindung di sebalik beberapa campuran bahan lain," terangnya bersungguh-sungguh.

Jaga penampilan

Bukan sahaja seorang yang amat menitik beratkan soal makan dan minum, personaliti itu dilihat seorang individu yang kemas dan rapi.

Hal itu dibuktikan ketika beliau tampil ke Studio A, Sinar Karangkraf, Shah Alam, Selangor.

Hadir dengan menganakan celana dan *jumper*, Muhammad Asyraf kelihatan *macho*, segak dan kacak.

Sambil tertawa kecil, tuan punya badan sekali lagi mengaku dirinya memang amat teliti dalam bab kebersihan dan kerapian.

AKHBAR : SINAR HARIAN
MUKA SURAT : 21
RUANGAN : SINAR PLUS

MUHAMMAD ASYRAF dan isteri sentiasa saling berusaha untuk mengamalkan gaya hidup dan pemakanan sihat dengan cara mengurangkan gula dan perasa dalam masakan.

"Ya, ciri-ciri itu penting dan sangat diutamakan memandangkan saya sering bertemu dengan banyak pesakit di hospital.

"Itu belum kira memenuhi jamputan ke mana-mana program untuk menyampaikan maklumat kepada masyarakat tidak mengira sama ada di institusi pendidikan atau organisasi kerajaan dan swasta," katanya.

Muhammad Asyraf yang sering diusik memiliki paras rupa persis penyanyi popular tanah air, Sufian Suhaimi berkata, beliau akan ke salun untuk mendandan rambut dan melakukan kemasan wajah setiap satu atau dua bulan sekali.

Apabila diusik persamaan roman mukanya seperti seorang selebriti, lelaki itu tergelak.

"Benar, ramai orang cakap macam tu, jadi saya anggap ia satu perkara biasa. Meskipun bukan seorang penyanyi atau pelakon, saya tetap perlu jaga diri agar kelihatan kemas.

"Selain ke salun, saya akan mencuci muka setiap hari dan memakai pelembap bagi memelihara kulit wajah," katanya berterus-terang.

Tidak hanya itu, beliau turut mengeluarkan peluh dengan melakukan aktiviti sukan di luar seperti berlari atau berjalan. Lokasi seperti di Taman Tasik Titiwangsa atau Taman Botani Perdana, Kuala Lumpur yang menjadi opsyen utama warga ibu kota turut menjadi pilihannya.

Bersenam di gimnasium? Itu bukan pilihan Muhammad Asyraf walaupun beberapa fasiliti terdapat di rumah.

"Pun demikian, ia bergantung juga kepada keadaan cuaca atau jadual kerja saya dan isteri tidak terlalu padat. Jika ada keperluan, mengapa tidak?" ungkapnya.

Ketepatan fakta

Sudah cukup bercerita tentang soal menjaga pemakaian dan diri, penulis mengajukan soalan tentang media sosial yang pengaruhnya bukan biasa-biasa.

Seperti yang diketahui semua, bagaikan seperti ada kuasa magis yang membuatkan orang ramai begitu mudah mempercayai sesuatu perkara, meskipun tanpa sebarang bukti kukuh dan siasatan terperinci dilakukan terlebih dahulu.

Mendengarkan butir percakapan penulis, Muhamad Asyraf meminta ruang untuk memberikan pandangannya.

Selaku pakar dalam bidang pemakanan, dengan tegas beliau berkata, segala fakta yang dikemukakan mesti sahih, bukan sengaja direka-reka demi menarik perhatian warga maya secara semberono.

Dalam aspek perubatan, katanya, KKM sudah mula meletakkan garis panduan bagi menetapkan kelayakan individu yang ingin bercakap soal pemakanan atau produk berkaitan kesihatan. Tidak mengira sama ada di televisyen, radio, akhbar mahupun kandungan dalam talian, segalanya perlu mendapatkan kelayakan.

"Kerajaan sekarang sudah menetapkan undang-undang agar seseorang yang hendak menyampaikan informasi kesihatan perlu memiliki lesen berdaftar di bawah KKM.

"Apa yang saya lihat sekarang, kadangkala usahawan yang menjual produk ini tidak memiliki latar belakang tentang kesihatan atau pemakanan. Di samping itu, mereka dilihat hanya menggunakan pihak ketiga untuk menghasilkan produk. Tanpa kesahihan yang jitu, mereka dengan penuh berani mendakwa produk mereka mampu merawat penyakit.

"Kesannya, pihak hospital akan menerima pesakit yang sudah berada pada tahap kronik. Apabila ditanya, pesakit akan menjawab mereka menggunakan produk begitu, begini dan kemudian menyalahkan doktor kerana gagal memberikan perawatan yang baik," getus beliau panjang lebar.

Muhammad Asyraf tidak menolak sikap masyarakat era ini yang lebih mudah mengambil pendekatan alternatif berbanding berjumpa dengan doktor di hospital.

"Namun, tidakkah mereka terfikir impaknya jika kesihatan tiba-tiba terganggu dan semakin memburuk? Nasihat saya, adalah lebih baik kita ke klinik atau ke hospital," sarannya.

KONSEP makanan suku, suku separuh dapat membantu jumlah pengambilan makanan yang boleh diambil.

PROFIL
Nama penuh: Muhammad Asyraf Ismail
Nama kerjaya: Asyraf
Umur: 34 tahun
Asal: Johor
Tarikh lahir: 14 September 1988
Tempat lahir: Muar, Johor
Adik beradik: 4 orang

Pendidikan:
- Sekolah Kebangsaan Temenggong Ibrahim Penggaram, Batu Pahat, Johor
- Sekolah Sains Sultan Iskandar, Mersing Johor
- Kolej Matrikulasi Pahang
- Universiti Malaysia Sabah, Sarjana Muda Sains Pemakanan,
- Universiti Kebangsaan Malaysia, Sarjana Pemakanan Kesihatan Awam

Hobi: Melancong dan mengembara
Sukan diminati: Badminton
Buku terakhir dibaca: *Cruciferous Vegetable for Cancer Prevention*
Filem terakhir ditonton: *Spiderman: No Way Home*
Idola: Tan Sri Syed Mokhtar Albukhary

EKSTRA

BICARA santai bersama Muhammad Asyraf

1. Apakah nama yang sesuai untuk diberikan kepada karakter adiwira pakar pemakanan?
Nutritionist Boy

2. Apakah saranan anda kepada mereka yang ingin turunkan berat badan, tetapi enggan kawal pemakanan?
Bagi penurunan berat badan yang selamat dan berkesan haruslah mengawal dua aspek utama iaitu pemakanan dan aktiviti fizikal. Jadi harus mengawal kedua-duanya untuk mencapai penurunan berat badan yang sihat dan berkesan.

3. Antara kedesaan, bandar raya, pergunungan dan kepulauan, yang manakah menjadi lokasi tempat tinggal anda? Mengapa?
Pulau kerana suasana pantai amat menenangkan dan sesuai untuk senaman dan aktiviti fizikal yang menyeronokkan.

4. Sekiranya sekumpulan tikus comel seperti filem *Ratatouille* menghasilkan makanan, adakah anda akan pergi ke restoran itu?
Tidak! Kerana fitrahnya tikus adalah haiwan yang boleh menyebarkan penyakit berbahaya.

5. Jika diberi peluang untuk berjalan atas karpet merah bersama seorang selebriti, siapakah yang anda akan pilih?
Fazura

Terima kasih
Jurumekap REIN ZAID
Busana KOLEKSI MUHAMMAD ASYRAF

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 10
RUANGAN : RENCANA

Influenza: Bahaya yang tersembunyi

INFLUENZA turut dikenali sebagai flu adalah penyakit bawaan udara melalui sistem pernafasan yang mudah berjangkit dan berupaya menjadi wabak. Setiap tahun, flu dianggarkan membunuh sehingga 650,000 penduduk dunia. Sejarah menunjukkan tahap keparahan paling teruk adalah pada 1918 hingga 1919, yang mana pandemik global influenza atau dikenali sebagai *Spanish Flu* dan membunuh sekitar 50 juta manusia dunia ketika itu.

Di Malaysia, flu belum lagi menjadi penyakit yang diwajibkan notifikasi seperti penyakit berjangkit lain denggi, taun dan malaria. Tetapi, surveilans penyakit flu telah dipertingkatkan, melalui hasil ujian-ujian positif makmal dan berdasarkan suspek kes jika flu terjadi. Surveilans penyakit meliputi dua jenis penyakit iaitu *Severe acute respiratory illness* (SARI) dan *Influenza like illness* (ILI). Infeksi akut pernafasan dikenali sebagai ILI terjadi jika demam melebihi 38 darjah Celsius, batuk, sakit badan, sakit otot, sakit sendi, sakit kepala, keletihan, selsema, hilang selera, dan sakit tekak.

Acapkali, pesakit ILI menerima rawatan pesakit luar dan tidak dimasukkan ke hospital manakala SARI adalah kriteria yang sama, tetapi lebih parah dan memerlukan kemasukan ke wad, termasuk kes menjadi lebih parah atau wujud gejala komplikasi termasuk dehidrasi, cirit-birit teruk, serta jangkitan merebak ke organ lain. Pertubuhan Kesihatan Sedunia (WHO) menyatakan hampir 99 peratus kematian kanak-kanak berusia kurang lima tahun di negara membangun dikibatkan jangkitan flu.

CARA JANGKITAN

Cara jangkitan utama, adalah melalui udara. Jika titisan air liur (*droplets*) ini disedut orang lain , atau terkena ke permukaan meja dan disentuh orang lain, ia juga boleh merebak melalui sentuhan langsung ini. Influenza adalah penyakit yang wujud sepanjang tahun di Malaysia, dan tidak bergantung kepada musim dingin (seperti yang berlaku di negara-negara sejuk). Waktu inkubasi jangkitan adalah sekitar 1-4 hari (purata 2 hari).

Penyakit ini boleh menyebabkan demam akut dan terbahagi kepada flu jenis A, B dan C. Jenis A dan B adalah penyebab utama wabak influenza yang berlaku ke atas manusia, manakala Avian influenza adalah flu burung, dari jenis A, yang turut berlaku secara zoonotik (jangkitan melalui haiwan) dan merebakkan virus flu burung jenis H_5N_1. Sungguhpun jarang menyerang manusia, flu burung masih berupaya meninfeksi manusia dan turut berupaya menyebab kematian. Influenza jenis B kebanyakan menyerang manusia dan tidak ke haiwan, begitu juga C yang keduanya dianggap kurang berbahaya berbanding jenis flu jenis A.

LANGKAH berjaga-jaga yang patut diikuti untuk mengelakkan Influenza adalah memakai pelitup muka, rajin membasuh tangan dan mengelakkan tempat sesak. - MINGGUAN/ MUHAMAD IQBAL ROSLI

Influenza A dikatakan sebagai penyumbang terbesar flu manusia (hampir 75%) dibahagikan pada sub-jenis berbeza, berdasarkan kombinasi dua protein pada permukaan virus: *hemagglutinin* (H) dan *neuraminidase* (N), ia juga berupaya menyebabkan pandemik global. Influenza jenis B menyumbang ke 25% kepada kes-kes flu.

Infeksi akut pernafasan dikenali sebagai ILI terjadi jika demam melebihi 38 darjah Celsius, batuk, sakit badan, sakit otot, sakit sendi, sakit kepala, keletihan, selesema dan sakit tekak. Simptomnya boleh berubah dari ringan ke berat dan dalam orang yang rentan serta berupaya menyebabkan kematian.

GOLONGAN RENTAN

Siapakah golongan rentan ini? Mereka termasuk warga emas, ada masalah kegemukan, mempunyai penyakit kronik, pengidap kanser, menggunakan ubat supresi imun, wanita mengandung dan kanak-kanak kurang lima tahun. Mereka ini lebih mudah terjangkit jika berhadapan dengan pengidap influenza, manakala individu yang sihat, selalunya hanya akan terjejas sedikit sahaja dan menunjukkan simptom ringan atau hampir tiada gejala.

Penyakit influenza agak sukar dibezakan dengan batuk selesema biasa. Batuk selesema biasa disebabkan oleh beberapa virus seperti *rhinovirus* dan *parainfluenza*. Ia agak ringan berbanding flu dan jarang mengakibatkan komplikasi sistemik manakala flu boleh berlarutan ke beberapa minggu serta mengakibatkan komplikasi berat seperti jangkitan telinga, radang paru-paru, radang ke jantung, radang ke otak, otot dan kegagalan ginjal. Oleh itu, jangkitan serentak flu dan penyakit lain, contoh penyakit asma dan kencing manis akan mengakibatkan kesan berganda, memburukkan keadaan pesakit, malah boleh berakhir dengan kematian.

RAWATAN AWAL FLU

Rawatan awal dalam tempoh 48 jam pertama jangkitan berupaya melawan penyakit dan mengurangkan gejala, malah boleh pulih lebih awal. Terdapat rawatan berkesan bagi merawat influenza, yang mana salah satu daripada pilihan rawatan adalah menggunakan ubat anti-viral dan rawatan lain mengikut gejala dialami pesakit. Rawatan segera adalah amat penting bagi mengelakkan komplikasi penyakit berlarutan.

Ujian calitan tekak atau hidung boleh memberi keputusan sama ada pesakit mengidap flu atau tidak. Sementara menunggu hasil ujian, seseorang patut di kuarantin supaya tidak merebakkan virus ke ahli keluarga lain manakala jika ujian anda positif, anda perlu diisolasi dan jika gejala teruk, perlu dirujuk ke hospital untuk kemasukan ke wad.

Kajian kos jangkitan flu, dari 2016 hingga 2018 di beberapa hospital dan klinik terpilih di Malaysia oleh pengkaji UPM dan UKM, menunjukkan kos terkumpul mencecah RM310.9 juta dan kos terbesar kes disumbangkan oleh kos merawat jangkitan ke sistem pernafasan pesakit berbanding sistem lain.

Langkah berjaga yang patut diikuti adalah memakai penutup muka, rajin membasuh tangan, mengelakkan tempat yang sesak dan tempat kurang ventilasi. Untuk mereka yang layak, boleh menjalani vaksinasi flu sekitar harga RM80 di klinik swasta dan boleh diberi secara tahunan.

Di Malaysia, belum ada rekomendasi mewajibkan vaksinasi flu, bagaimanapun ia sangat digalakkan. Untuk mereka yang hendak menunaikan umrah dan haji, vaksin meninggokokus dan vaksin flu wajib diambil.

PENULIS ialah Pakar Kesihatan Komuniti Fakulti Perubatan Universiti Kebangsaan Malaysia (UKM).

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 2
RUANGAN : NATION / NEWS

FROM JULY 13 TO SEPT 13

FIRST ORANG ASLI HEALTH SURVEY BEGINS

It will involve 21,000 respondents from 4,700 households in 71 villages, says health minister

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Health Minister Khairy Jamaluddin presenting the Anak Malaysia Sihat award to Samuel Eddy Huzairi at the launch of the Orang Asli Health Survey at Sahom Community Hall in Kampar, Perak, yesterday. PIC BY BALQIS JAZIMAH ZAHARI

THE Institute for Public Health, in cooperation with the Department of Orang Asli Development, is conducting an Orang Asli Health Survey for the very first time.

Health Minister Khairy Jamaluddin said the survey aimed to collect data on the health of the Orang Asli.

He added that the three-month survey, which kicked off on July 13 and concludes on Sept 13, would assist the Health Ministry in strengthening healthcare services for the Orang Asli community.

Khairy said the Orang Asli represented 0.6 per cent (200,000) of the total population.

"The health survey will involve 21,000 Orang Asli respondents from 4,700 households in 71 villages across the country.

"The survey will provide evidence-based input to the ministry and other agencies to aid in formulating new strategies to improve public health," Khairy said after launching the survey at Sahom Community Hall, here, yesterday.

He said the Orang Asli community was still plagued by basic issues in education, living standards, healthcare, amenities and socio-economic status.

"This survey is being carried out to get comprehensive health data and the disease burden of the Orang Asli community.

"The health status of the Orang Asli must be improved.

"This includes tackling nutritional issues in children, non-communicable diseases, hypertension, diabetes and cholesterol."

Khairy said the survey findings would also allow the ministry to assess the existing health programmes for the Orang Asli community.

The villages that were randomly picked for the survey represented the three main Orang Asli tribes: Senoi, Proto-Malay and Negrito from Pahang, Perak, Kedah, Terengganu, Kelantan, Selangor, Negri Sembilan and Johor.

A total of 15 data collection teams will visit all households in the villages to conduct interviews, health checks and reviews of the immunisation records of children.

The health checks will involve anthropometry measurements according to age groups, blood pressure, finger prick blood tests to measure glucose, cholesterol and haemoglobin levels, and hair and nail sample collection for all age groups in 14 selected villages for heavy metal exposure testing.

HEALTH SCREENING, CHILDHOOD IMMUNISATION RECORDS

Two new features on MySejahtera

IPOH: Childhood immunisation records and health screening features are now available on the MySejahtera application.

Health Minister Khairy Jamaluddin said beginning yesterday, those who have updated their MySejahtera app could see these new features.

"This allows health records to be displayed on your phone.

"A new feature for childhood immunisation records, starting with babies born on July 1, is also on the application," he said at the Perak-level Health Malaysia National Agenda and National Health Screening Initiative at Bulatan Sultan Azlan Shah here, yesterday.

He added that this was the first step in using MySejahtera for the digitisation of health information.

"For the second phase, the pink book (appointment book) owned by a mother and her infants (to record infant development) will also be included in MySejahtera.

"The red book or blood donation book (National Blood Transfusion Service) will also be available."

He said more features would be installed in the app soon.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 4
RUANGAN : NATION / NEWS

COVID-19 UPDATES

5,230 CASES, HIGHEST SINCE APRIL 24

There were 8 deaths, 2,927 recoveries, and 41,208 active cases on Friday

TEOH PEI YING
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A TOTAL of 5,230 Covid-19 cases were reported on Friday, the highest daily figure since April 24.

This brought total Covid-19 infections to 4,613,998 cases.

Of the new cases, 5,219 were local transmissions and 11 were imported.

In the Klang Valley, Selangor had 1,877 cases, Kuala Lumpur had 1,584 cases and Putrajaya had 102 cases.

There were 399 cases in Perak, 261 in Sabah, 236 in Negri Sembilan, 219 in Penang, 140 in Melaka, 107 in Johor, 76 in Kedah, 70 in Pahang, 68 in Sarawak, 48 in Kelantan, 23 in Terengganu, 12 in Labuan and eight in Perlis.

Friday saw eight new deaths and 2,927 recoveries, bringing total deaths to 35,844 and total recoveries to 4,536,946.

The number of active Covid-19 cases climbed to 41,208 on Friday.

Of the number, 39,703 patients were in home quarantine, 1,411 were in hospitals, 64 were in intensive care units (ICUs) and 30 were in low-risk quarantine and treatment centres.

Of the ICU patients, 44 were receiving ventilator support.

On Friday, 608 patients were admitted to hospitals, a slight increase from the 593 admissions recorded in the previous day.

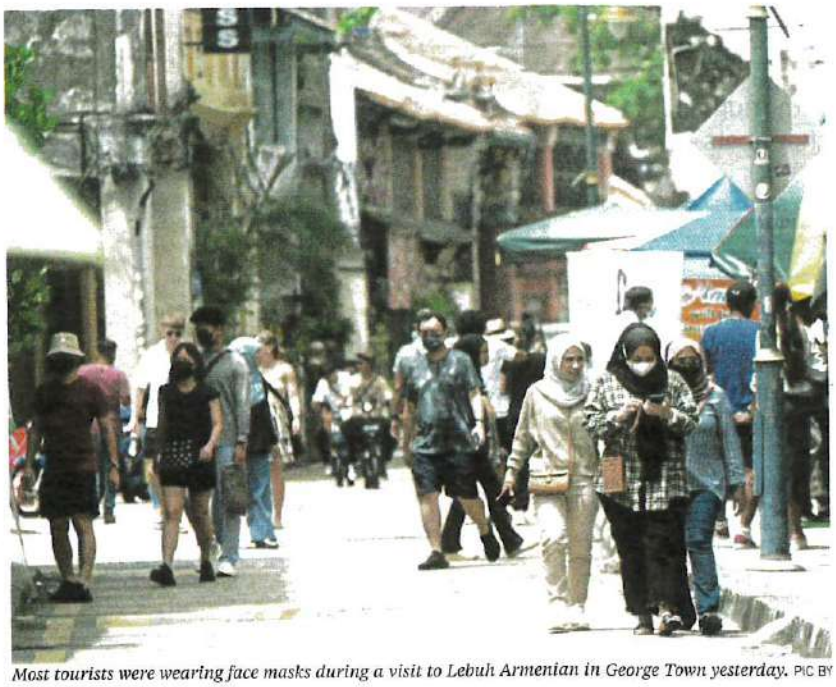
Up to Friday, 21.8 per cent of normal Covid-19 beds, 15.8 per cent of Covid-19 ICU beds and 22.9 per cent of quarantine and treatment centre beds were used.

The Covid-19 positivity rate stood at eight per cent on July 13, involving 57,250 tests.

Only 0.9 per cent of the adult population (203,412 people) had received the second Covid-19 vaccine booster shot.

Up to Friday, 68.5 per cent of adults (16,116,150 people) had received a booster dose.

The Health Ministry recommends elderly and high-risk individuals to get a second booster shot following the emergence of the Omicron BA.5 sub-variant in the country.



Most tourists were wearing face masks during a visit to Lebuh Armenian in George Town yesterday. PIC BY DANIAL SAAD

AKHBAR : THE STAR
MUKA SURAT : 6
RUANGAN : NATION

New features on MySejahtera

Health records and vaccinations among info listed on app

PETALING JAYA: MySejahtera has rolled out new features that allow users to check their health records, says Health Minister Khairy Jamaluddin.

"Health screenings record and our children's vaccination record can also be seen on MySejahtera.

"Update your app starting from today to have these new features," he said on his Twitter account yesterday.

In the two pictures alongside his tweet, the health record of a seven-year-old boy, including his latest health report at a clinic, was shown.

In the health report, the boy's last updated height, weight, body mass index (BMI), cholesterol level, blood glucose level and blood pressure reading were shown, complete with a health screening summary below.

The app also listed the boy's vaccines and his next vaccine appointment date and time.

A list of upcoming vaccines yet to be administered was also shown.

MySejahtera users can access the features after updating the app on their mobile phones.

Meanwhile, in IPOH, Khairy said users' data in the MySejahtera app would continue to be secured amid its recent upgrade.

"The app has never been hacked and since we are adding more features, we have done several things to secure it and will continue to do so to ensure the safety of the data.

"The ministry is keeping the data, not others," he told reporters after launching the Health National Malaysia Agenda road tour at Meru Raya.

"The information can only be shared if the users give their permission," he added.

Khairy said no data of MySejahtera users were leaked after investigating complaints and reports of unsolicited one-time password (OTP) text messages and spam email from the Covid-19 app's helpdesk.

Separately, Khairy said more beds would be prepared in hospitals for influenza patients if needed.

"Like during the Covid-19 pandemic, we have prepared beds, so if the influenza cases continue to spike, we can supply more beds.

"Apart from preparing the beds, we will also ensure that there is sufficient stock of medicine in the market so the public need not be admitted into hospitals to recover at home," he added.

On Friday, Khairy said the ministry had agreed to release the federal stockpile to private hospitals and clinics facing medicine shortages such as for flu and fever, and medication for children.

He also advised the public not to overbuy medicines.

Khairy also said that the ministry focuses on getting at least 1.5 million Malaysians aged 40 and above to get a health screening.

"We believe that's the figure of those who have not done any health screening before.

"They will go for screening from July to December," he said, adding that more than 50% of the adult population in the country has never done any health screening.

"The screening is important to prevent and cure any health problems.

"We realised that many might not have the accessibility to go for a health screening, so we will conduct more outreach programmes," he added.

Paxlovid prescribed on a case-to-case basis

By LIEW JIA XIAN
jiaxian@thestar.com.my

GEORGE TOWN: Paxlovid, the antiviral drug used to treat Covid-19, is available at most major hospitals but it will be prescribed to patients on a case-to-case basis, said an infectious disease consultant.

The drug is meant for those suffering mild to moderate symptoms and not for severe cases, said Penang Hospital infectious disease consultant and infection prevention and control coordinator Datuk Dr Chow Ting Soo.

"Those aged 18 and above who test positive for Covid-19, with symptoms within five days of onset and have no severe kidney or liver disease would be given Paxlovid."

"This is because, if uncontrolled, they will be at a high risk of developing diseases such as hypertension, diabetes, coronary artery disease, stroke, asthma and obesity."

She said the doctor would, however, check the patient's drug interactions as some medicines could not be given together or they could become contraindicated.

"Not all patients will be given Paxlovid," she said.

Dr Chow said that Covid-19 patients aged 60 and above with no medical conditions could also be given the drug.

"Medical practitioners must thoroughly check a patient's medicine list before prescribing Paxlovid.

"Those who have been given Paxlovid reported some change in their taste buds. However, there is not much cases of vomiting or diarrhoea and there are no allergies reported so far."

She added that patients who took Pavlovid are recovering well, she added.

Virologist Dr Kumitaa Theva Das from Universiti Sains Malaysia said Paxlovid is an antiviral therapy that consists of two medications, namely Nirmatrelvir and Ritonavir.

"With Nirmatrelvir, Covid-19 is unable to infect new cells, which means the infection is stopped."

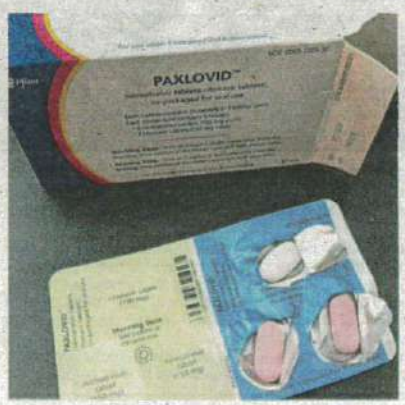
Ritonavir, on the other hand, helps retain the levels of the antiviral for a longer period of time, giving it a boost to fight the infection," she said.

Dr Kumitaa noted, however, that some people who had completed the five-day course of Paxlovid had Covid-19 symptoms return.

"In those cases, symptoms recurred for a few days after completing the treatment or some reported testing positive after being treated with the drug."

She said a brief return of symptoms might occur as the immune system did not have a chance to see the full impact of the virus since Paxlovid suppressed the virus early on.

"Overall, it is a game-changer as it still has clear benefits and can prevent hospitalisation and death in people who are at high risk," she said.



Antiviral therapy: A box of Paxlovid consists of two pink tablets (Nirmatrelvir) and one white tablet (Ritonavir).

Dr Kumitaa emphasised that prevention is always preferable to cure and that for Covid-19, vaccination was an important part of prevention even as more drugs became available.

"It is crucial to remember that Paxlovid, even with its high efficacy, is not perfect as the virus can still mutate and develop resistance to antiviral medication in the future.

"So, Paxlovid is definitely not a substitute for vaccination and boosters."

Association of Private Hospitals Malaysia president Datuk Dr Kuljit Singh said most major private hospitals now have a supply of Paxlovid.

He said private hospitals started receiving the stock early this month.

"The drug would be dispensed to patients based on guidelines set by the Health Ministry.

"Patients will first have to consult a doctor who will examine them before deciding if Paxlovid should be given," he said.

He said elderly patients with comorbidity or who have severe health conditions would be given priority.

"Those with mild symptoms may not be given Paxlovid but instead be given symptomatic medication and advised to rest at home," he said when contacted.

Dr Kuljit urged those who fall under the high-risk category, like senior citizens, those with comorbidity and those with underlying health conditions, to get their second booster as soon as possible.

According to CovidNow, only 0.9% of the adult population (203,412) has received their second booster shot as of July 15.

Penang health committee chairman Dr Norlela Ariffin said Paxlovid had been prescribed to eligible patients at Covid-19 assessment centres in health clinics as well as private hospitals in Penang.

On June 22, Health Minister Khairy Jamaluddin said provision of the drug to patients at private health facilities is free, but patients are still subject to consultation charges and other related charges determined by the private health facility.

He said Paxlovid would be dispensed to high-risk groups with mild to moderate symptoms.

The criteria include those aged 18 and above with Categories 2 and 3 infections and those who do not need oxygen therapy.

Khairy also said Paxlovid had been used to treat Covid-19 at government health facilities since April 15.

AKHBAR : THE STAR
MUKA SURAT : 12
RUANGAN : FOCUS

Igniting the BAN on SMOKING

Stories by YUEN MEIKENG
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The Bill to ban smoking for those born in 2005 and onwards will be tabled in Parliament in the new session starting tomorrow. If passed, enforcement will be key to the successful implementation of the law, say experts.

THE move to create a smoke-free generation in Malaysia is about to spark off.

Getting the nod from Cabinet, the new Tobacco and Smoking Control Bill is expected to be tabled in the coming Dewan Rakyat meeting beginning tomorrow.

Called the generational endgame (GEG), the new law is the Health Ministry's ambitious move to ban smoking and vaping for those born in 2005 and beyond – even after they turn 18.

Health Minister Khairy Jamaluddin has said the goal is to reduce smoking prevalence among Malaysians to 5% in 2040.

It will be a big change once the Bill becomes law, but many believe the key to its success lies in its enforcement.

For that, there are plans to require cigarette and vape sellers to check the age of buyers before a sale is made when the ban kicks off, the ministry tells *Sunday Star*.

This is similar to the current practice – at present, those who sell tobacco products are required to check the identification of buyers, like their MyKad or driver's license, to verify their age.

Currently, they are not allowed to sell to anyone under 18, in line with the Control of Tobacco Product Regulations 2004.

"The method will be the same when the new Act takes effect.

"Sellers will need to verify that the buyer wasn't born on Jan 1, 2005, and onwards.

"They cannot sell any tobacco or smoking products to this generation under the GEG," says the ministry.

In the long term, the ministry will also update the methods of verifying the age of buyers from time to time using the latest technology.

As for those who illegally sell tobacco products, they may face jail time under the new Act, said Khairy on July 8.

Current regulations also prohibit advertisements and the online sale of tobacco products.

Once the new Bill is passed, Khairy hopes to execute the law quickly, as regulations on vape have an impact on taxes.

Vape and e-cigarettes are currently outside the purview of any law, so when the new Act comes into effect, the government will be able to collect taxes for these items, he said.

At the same time, the ministry is also concerned about the availability and sale of illicit cigarettes in Malaysia. It hopes to curb such illegal businesses through the GEG too.

"This is because the illegal trade will negatively impact our overall target to reduce the smoking prevalence in Malaysia," it says.

As such, it believes the issue of illicit cigarettes must be tackled simultaneously by various enforcement agencies.

"By having the GEG, the demand for tobacco products will reduce as we aim for no electronic cigarettes and vape products, even after reaching 18 years of age.

Apart from this, shopkeepers and cigarette vendors are also not allowed to sell smoking products to those covered by the ban.

President of health NGO Ikram Health Malaysia Dr Mohd Afiq Mohd Nor says the government should increase the workforce, budget and facilities, and create a better system to enforce the move.

"For example, they can create a system using a mobile app or MySejahtera to stop the GEG group from buying cigarettes or vape products," he says, adding that MySejahtera already has our identification records.

A new feature can be added into the app so that it can scan the cigarette pack or vape packaging while purchasing.

"At the same time, this will be able to prevent retailers from selling the products to the GEG group," he says.

Malaysia also needs community will and support to implement this law successfully.

"They can report illegal activities to the authorities through a digital platform on smoking issues.

"GEG youths who violate this law may also be fined a minimum of RM50, just to teach them a lesson.

"Those who repeat the offence should attend a tobacco awareness programme or perform community service," Dr Mohd Afiq proposes.

Similarly, National Cancer Society of Malaysia managing director Dr Murallitharan M. suggests that an additional QR code on MySejahtera or a simple identification card (IC) reader be tied into a purchasing barcode at the point of sale for cigarettes or vape products.

"This way, immediate verification can be done without any difficulty.

"Another option can be an app available for salespersons to scan and verify the IC of buyers to ensure immediately they are above age," he says.

He reminds everyone that each person is required to carry their IC as it is an offence to go about without it.

"I think we would need at least a year or two for educational mechanisms to be put in place – similar to what happened with the move to stop smoking in restaurants," he says.

He also believes that low fines of about RM50 can be introduced for minor offences and subsequently stiffer penalties for repeat offenders.

Hold sellers more accountable

Some experts also believe that cigarette and ecigarette sellers should be the ones to hold a bigger responsibility under the GEG rather than the youth.

Respiratory specialist Dr Helmy Haja Mydin says punitive action should be focused on retailers who sell cigarettes or ecigarettes to the GEG group.

"They should bear the higher burden of responsibility, and should be held responsible for their part in perpetuating the nation's high burden of smoking-related diseases," he says.

Dr Helmy says there should also be integrated enforcement between the Health Ministry and other agencies like the Customs Department, police and local authorities to strengthen such efforts.

Concurring, Malaysian Green Lung Association president Ho Rhu Yann says retailers should be held more accountable than the buyers.

He says under the current regulations, anyone who is found guilty of selling tobacco products to the underaged will be fined or jailed or both.

"The same mechanism should be maintained with the new policy.

"The fine amount

Imposing fines and using MySejahtera among ways to enforce smoking ban, suggest experts

BIGGER fines for sellers, using MySejahtera to verify ages, getting the public to report illegal sales, and introducing compounds for youths who smoke – such are among the suggestions on how the government can enforce the generational endgame (GEG) law on smoking from several experts who support the policy.

Under the proposed Tobacco and Smoking Control Bill, children born in 2005 and subsequent years are prohibited from smoking and buying or possessing any type of smoking product, including

CIGARETTE SMOKERS

- Among daily cigarette smokers, the average number of cigarettes smoked was **12.4 sticks** per day
- Most **(30.5%)** daily cigarette smokers smoked **15 to 24 sticks per day**
- **4.2%** smoked **25 or more sticks a day**

CALLING IT QUITS

- Less than **half (48.9%)** of current smokers attempted to quit smoking in the past **12 months**
- Attempts were highest among smokers aged between **15** and **19**
- The prevalence of quit attempts rises in line with higher education background

E-CIGARETTES / VAPE USERS

- States with the highest percentage of vapers
  - **8.2%** Putrajaya
  - **7.3%** Terengganu
  - **6.9%** Sabah
- The use of e-cigarettes among male current smokers was almost **31 times** higher than females
- The prevalence of e-cigarette/vape use was highest among those aged between **20** and **24 (14.7%)**

- States with the highest percentage of smokers: Kedah **(27.6%)**, Sabah **(25.3%)**, Terengganu **(23.9%)**
- Male smokers outnumber females by more than **30 times**
- Tobacco use is more prevalent in rural areas **(25.4%)** compared to urban places **(20.1%)**
- The state with the lowest percentage of smokers is Putrajaya **(12.2%)**
- The age group with the highest percentage of smokers are those between 30 and 34 **(27.1%)**
- The overall prevalence of smokers is **21.3%** as of 2019 – a drop from 22.8% in 2015
- About **4.8 million** Malaysians aged 15 and above are tobacco smokers

AKHBAR : THE STAR
MUKA SURAT : 13
RUANGAN : FOCUS

new smokers. Subsequently, this will shrink the illegal cigarette market significantly," it says.

As for existing smokers, they are not left behind: the ministry will help those who find it tough to quit the habit.

It realises that one of the main challenges for current smokers is the limited cessation services available in public clinics and hospitals.

"To overcome this, and in line with Article 14 in the World Health Organisation's Framework Convention on Tobacco Control, Malaysia has developed a holistic and structured programme under the Malaysia Quit Smoking Service, or mQuit," it says.

The mQuit service, launched on Nov 27, 2015, aims to make smoking cessation services accessible throughout both public and private sectors.

The service was further improved with a website to promote and facilitate registration of smokers in the programme through jomquit.com.

Above all, the ministry says GEG will lead to the denormalisation of smoking culture among Malay-sians.

"Apart from reducing the expenditure on healthcare, this policy will also help to produce healthier and more productive generations in Malaysia," it adds.

Help current smokers to stub out the habit too, urge experts

THERE are plans to ban smoking and vaping for the younger generation, but more help should also be given to existing smokers.

Respiratory specialist Dr Helmy Haja Mydin says, as quitting can be tough, it is important to make more services available to help smokers snuff out the habit.

"We should consider allowing medicine to treat nicotine addiction be available as over-the-counter products rather than by prescription," he suggests.

Another important measure that can be taken by the government is to increase the availability of "quit smoking" services for the B40 (low income) group.

"This is because about 60% of smokers are from the B40 category," he says.

Dr Helmy says studies have shown that it takes only 10 seconds for smokers or vapers to feel a sense of pleasure.

As such, the more nicotine you consume, the more your body craves it.

"Without it, there are withdrawal symptoms which explains the difficulty in quitting for smokers even though 50% of all smokers want to quit.

"This is one of the reasons there is a vape epidemic among youth in the United States that has led to the Food and Drug Administration there calling for the ban of juul [an electronic cigarette product]," says Dr Helmy, who is also the co-founder of Asthma Malaysia, an NGO for patient education and empowerment.

As for parents who smoke and have children who will be under the GEG, he says if they can't quit, they must not smoke in front of their kids or at home.

"This will prevent their children from picking up the behaviour and avoid complications from second-hand smoke," he says, adding that a special programme to promote a no-smoking home can be found at my-house.com.my.

It was reported that the new Tobacco and Smoking Control Bill is expected to be tabled in the Dewan Rakyat this month.

Called the generational endgame (GEG), the Health Ministry plans to ban smoking and vaping for those born in 2005 and beyond.

Urging all MPs to vote in favour of passing the Bill, Dr Helmy says protecting our children's future is already a good enough reason to vote for it.

"If not, there is also sufficient data that this move will result in positive economic returns," he adds.

Disagreeing that vaping should be excluded from the GEG, Dr Helmy says cigarettes are another form of nicotine addiction with their own list of health complications.

"The pro-vape lobby states that they only want to sell in order to help smokers quit. As such, they shouldn't have any problem with the GEG concept as the ban is to prevent new users of cigarettes or electronic cigarettes," he says.

Malaysian Green Lung Association president Ho Rhu Yann says nicotine replacement therapy (NRT) such as nicotine transdermal patches and nicotine chewing gum should be easily available for purchase at pharmacies.

"This will enable treatment to be made more widely and easily accessible when smokers need it," he says.

Smokers need an instant remedy for the craving to ease off, just like paracetamol for fever or headache, he explains.

Another factor that affects the access to medicine is affordability.

"The government should treat NRTs like any other medicinal products and consider zero-rating its import tax of 15%.

"This is in contrast to ecigarette gels or liquids which have zero import tax," he says.

For the tobacco industry, Ho says the new Bill will not "kill them overnight" as they can continue to run their businesses for at least 50 years while adapting to other businesses.

"These issues are solvable, but once health is damaged, life is lost, it is irreversible.

"Health should be the only concern the lawmakers have when they evaluate this Bill," he says.

Malaysian Medical Association president Dr Koh Kar Chai says the association is all for the GEG.

"In fact, we have been working very hard over the years for a bold move to be made to end smoking in this nation," he says.

Dr Koh points out that smoking causes a whole host of diseases which includes various cancers, heart diseases and respiratory illnesses.

"It can also contribute to certain eye diseases, stroke, certain immune diseases – the list goes on," he says.

With the move, Malaysia may also see diseases caused by second-hand smoke reduced.

Dr Koh believes that more importantly, the move should push Malaysians to embrace a healthier lifestyle.

"This must become desirable to Malaysians. With more health conscious Malaysians, I believe we will eventually see fewer smokers and vapers," he says.

President of the NGO Ikram Health Malaysia Dr Mohd Afiq Mohd Nor says it is a fact that giving up nicotine is very challenging, especially if someone has been using it for a long period.

"Smokers may experience withdrawal symptoms, which usually start within two to three hours after the last cigarette.

"It may drag from a few days up to a few weeks. That's why one should never start smoking or vaping," he says.

Dr Mohd Afiq says the government can also give some incentives, awards, or tax exemptions to those who have joined smoking cessation programmes and successfully quit for good.

For those who vape, Dr Mohd Afiq says the new Act does not ban the product for people born before 2005.

"They still can vape. But of course, we will never stop encouraging them to quit vaping," he says.

National Cancer Society of Malaysia managing director Dr Murallitharan M. says it is critical for smoking cessation tools, products and services to be more widely available at highly subsidised prices, if not for free.

"This should be the government's commitment towards helping current smokers," he says.

should even be increased to a point which is high enough to deter retailers from selling cigarettes or vape products to the GEG youth," he says.

Some might argue that retailers are compelled to sell because there is a demand, Ho points out.

"However, retailers should be aware that such demand is unlawful and must not be fulfilled," he says.

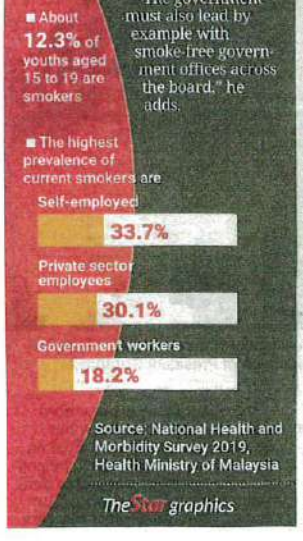
But, of course, the youth themselves should be liable for breaching the law too.

"Imprisonment may be too harsh for such an offence. The amount of the fine can be determined by the authorities based on the number and severity of offences," he says.

Malaysian Medical Association president Dr Koh Kar Chai says revoking licences of sellers to sell tobacco products may be necessary for the GEG to achieve its desired result.

"Stricter punishments could perhaps be considered if the high fines aren't effective.

"The government must also lead by example with smoke-free government offices across the board," he adds.



'Leave vape out of proposed ban on smoking'

AN association representing ecigarette users is urging the government to leave out vape products in its proposed ban on smoking for those born in 2005 and later.

This is because the move, or generational endgame (GEG), lumps together vape with tobacco and covers all vaping products.

"An outright ban will only fuel the illicit market and coupled with weak enforcement, it is a recipe for disaster," says Vape Consumer Association of Malaysia (VCAM) president Tengku Aslahuddin Ja'afar.

While he says the GEG is a good step forward, the VCAM does not support the move.

"The GEG paves the way for unregulated, unsafe and sub-standard products to flood our market when we know that enforcement remains a challenge.

"So it is only wise to create an alternative when the objective is to ban combustible cigarettes.

"The government should ban products that are of higher risk and provide a safer alternative for smokers to switch to, and eventually quit.

"Vape is definitely proven to be less harmful than cigarettes according to many reliable studies by foreign government medical bodies," he says.

Tengku Aslahuddin says smoking is not a crime but a habit that needs to be tackled medically.

"A more effective way is to offer alternatives or else the younger generation will turn towards more harmful substances," he says.

As such, he says the government should rethink its plans.

"I strongly believe that if there are no alternatives, people will start looking elsewhere and this is a dangerous route to go down as people will always find a way," he states.

Instead, VCAM believes that regulating vape products can ensure that they will only be sold to those of legal age.

"There are about two million vapers in Malaysia, and the users get younger and younger, which is very worrying.

"VCAM firmly opposes any form of vape use by underaged consumers, whether or not they contain nicotine," stresses Tengku Aslahuddin.

As such, by having regulations, he says all vape products will only be sold to adult consumers in a safe and legal manner.

Meanwhile, some smokers and vapers believe people should be given a choice whether they want to smoke or not.

A vaper who wishes to be known only as Jacob, says the GEG sounds like a "pipe dream" as it will be tough to implement the ban in the long run.

"When someone born in 2005 turns 40 in future, it doesn't appear to make sense to stop such a full grown man from buying a pack of cigarettes.

"Not to mention, people have a choice whether they want to smoke or not.

"To completely decide for the generation born in 2005 and onwards is not fair at all," says the 47-year-old graphic designer.

A personal trainer who wishes to be known only as John, 39, believes it is better for the government to encourage people not to smoke instead of forcing a ban on them.

"Also, I feel the government should give more leeway for vaping as more often than not, it leads to people quitting smoking entirely.

"Vaping is easily much safer than smoking and thus it should not be held to the same standards as smoking," he says.

John adds that it is only some people who give vaping a bad reputation by including cannabis in what they smoke.

"That's clearly illegal no matter the medium," he says.