

85% of TB cases involve Malaysians

Data runs counter to perception that foreigners are spreading the virus

By VENESA DEVI
venesa@thestar.com.my

PETALING JAYA: Some 85% of reported tuberculosis (TB) cases in the country involved Malaysians, says Datuk Seri Dr Dzulkefly Ahmad (*pic*).

The Health Minister said this data is contrary to public sentiment, as foreigners account for only 15% of reported TB cases.

"Recently, various perceptions have emerged linking the spread of TB to the influx of foreign nationals. However, the facts show otherwise.

"Data from the Health Ministry confirms that 85% of reported

cases involve local citizens, while only 15% involve foreigners.

"This means the risk of transmission within our own communities is real and must not be taken lightly," he said in a Facebook post yesterday.

He added that the disease is not merely a clinical issue but also a "disease of poverty" as it is closely associated with socio-economic factors such as overcrowded living conditions and malnutrition.

"The bacterium, mycobacteri-



um tuberculosis, is highly resilient but the good news is that TB can be prevented, treated and fully cured if detected early," he said, adding that patients must adhere to at least six months of antibiotic treatment.

He noted that TB is not a new phenomenon affecting the country.

"In fact, it has existed for a long time and remains an endemic disease that requires serious attention from all parties."

The minister urged the public

to be aware of symptoms associated with the disease and to take preventive measures.

"Seek medical attention immediately if you have a cough lasting more than two weeks, fever or night sweats and unexplained weight loss.

"Take preventive steps and ensure children receive the BCG immunisation, and practise a healthy lifestyle with good home ventilation."

He also called on the public to put an end to the stigma against those with TB.

"Do not ostracise patients.

"Emotional support from family and the community is key to

helping them complete treatment."

He said his ministry remains committed to strengthening its active case detection strategy and working with various agencies through a whole-of-government approach to end TB end of text >>

On Monday, the Health Ministry said a total of 503 new TB cases were detected nationwide as of the fifth epidemiological week of this year, bringing the cumulative total to 2,571 cases.

Sabah recorded the highest number of cases at 614, followed by Selangor (476), Sarawak (257), Johor (233), as well as Kuala Lumpur and Putrajaya (202).

History offers lessons in tackling rising TB cases

OFTEN assumed to be a disease confined to history, tuberculosis (TB) has re-emerged in Malaysia with 503 newly-reported cases so far. Behind each statistic lies a story: families at risk, workplaces disrupted and communities exposed.

TB spreads quietly, passing from person to person in homes and offices, often unnoticed until symptoms become impossible to ignore. History reminds us that TB is not merely a medical issue; it is also a social one.

As a historian specialising in Malaysia's medical history during the British administration (1826–1957), I have spent many years studying how societies respond to infectious diseases.

My doctoral research, “A Medical History of Penang: Infectious Diseases, Prevention and Treatment (1918–1957)”, explored a period when TB shaped public policy and everyday life in lasting ways. Many lessons from that era remain strikingly relevant today.

In the 1920s, TB was among Malaya's deadliest infectious diseases. Overcrowded homes, poor ventilation, inadequate sanitation and widespread malnutrition made its spread almost inevitable.

It was not merely a medical threat; it also destabilised families, burdened the workforce and disproportionately affected those living in poverty.

One of the most visible colonial responses was the creation of dedicated isolation facilities. In the 1930s, a hospital was built on Pulau Jerejak specifically to quarantine and treat TB patients.

The Pulau Jerejak TB Hospital reflected the public health strategies of its time, prioritising isolation, prolonged rest and carefully



Filepic: FAIHAN GHANI/The Star

supervised medical care.

Scientific progress brought hope. Robert Koch's landmark 1882 discovery of *Mycobacterium tuberculosis* identified the organism responsible for the disease and by 1908, Penang had acquired X-ray equipment that allowed earlier detection.

Yet, colonial medical records make one point clear: technology alone was never enough. Meaningful progress required coordinated public health systems. The establishment of the Tuberculosis Advisory Board in 1947 marked a turning point, driving screening initiatives, expanding BCG vaccination, promoting hygiene education and launching public awareness campaigns through schools, clinics, newspapers and Radio Malaya.

Civil society also contributed decisively. Organisations such as the Malayan Association for the

Prevention of Tuberculosis and the Women's Service League raised funds, built healthcare facilities and provided material support for affected families. Volunteers travelled from house to house, offering guidance, encouraging adherence to treatment and ensuring that illness did not inevitably lead to destitution.

Malaysia in 2026 is far better prepared and technologically equipped than it was a century ago. Yet, history reminds us that technology alone is insufficient.

Rapid diagnostics, digital treatment monitoring tools and improved vaccines offer advantages our predecessors could scarcely imagine, but they work best when supported by strong public health systems and active community engagement.

Our history offers a clear response to the rising number of cases and renewed public concern over TB today. Fear is unne-

cessary, but complacency is risky.

Earlier decades show that TB control is most effective when medical care, social support and government policy operate together. Early screening, reliable treatment, improved living conditions and efforts to reduce stigma must remain central to Malaysia's approach.

For policymakers, the Health Ministry, healthcare professionals and civil society organisations, the way forward is already well mapped. By pairing modern innovation with lessons from Malaysia's own public health history, we can strengthen our defences, protect vulnerable communities and prevent TB from regaining the foothold it once held.

DR LEE J. PETER
Assistant professor
HeriotWatt University
Malaysia

PREVENTABLE, TREATABLE

'TB SPIKE NOT DUE TO FOREIGNERS'

85pc of cases involve Malaysians, says Dzulkefly

ZAF SERAJ
KUALA LUMPUR
news@nst.com.my

HEALTH Minister Datuk Seri Dr Dzulkefly Ahmad has dismissed claims linking the rise in tuberculosis (TB) cases in the country to the influx of foreigners.

He said Health Ministry data showed 85 per cent of TB cases in the country involved Malaysians, while only 15 per cent involved foreigners.

"This means the risk of transmission in the community is real and should not be taken lightly.

"TB is not merely a clinical issue, it is also a disease closely linked to socio-economic factors, such as crowded living conditions and malnutrition.

"The Mycobacterium tuberculosis germ is very stubborn, but the good news is that the disease can be prevented, and treated and cured if detected early and

patients follow the antibiotic treatment regimen for at least six months," he said in a Facebook post yesterday.

Dzulkefly said TB, an endemic disease, was not new to the medical profession.

He said the increase in reported cases might be influenced by the ministry's enhanced efforts in case detection, contact screening and improvements to the notification system.

Dzulkefly said the ministry recorded a slight increase in TB cases this year, with an incidence rate of 9.2 per 100,000 population, compared with 8.4 per 100,000 last year.

"However, this increase should be interpreted with caution."

In 2024, the incidence rate was eight per 100,000 population.

"A comparison between 2024 and 2025 shows a relatively stable trend with only marginal variation.

"This suggests that the observed changes are within expected epidemiological fluctuations rather than indicative of an unusual surge."

He said the ministry would monitor the situation and boost control strategies, as prompt treatment could mitigate the impact of the disease.

"TB remains a preventable and treatable disease, and early detection and prompt treatment are essential to interrupt transmission."



Supported by the **Malaysian Communications and Multimedia Commission**



Datuk Seri Dr Dzulkefly Ahmad

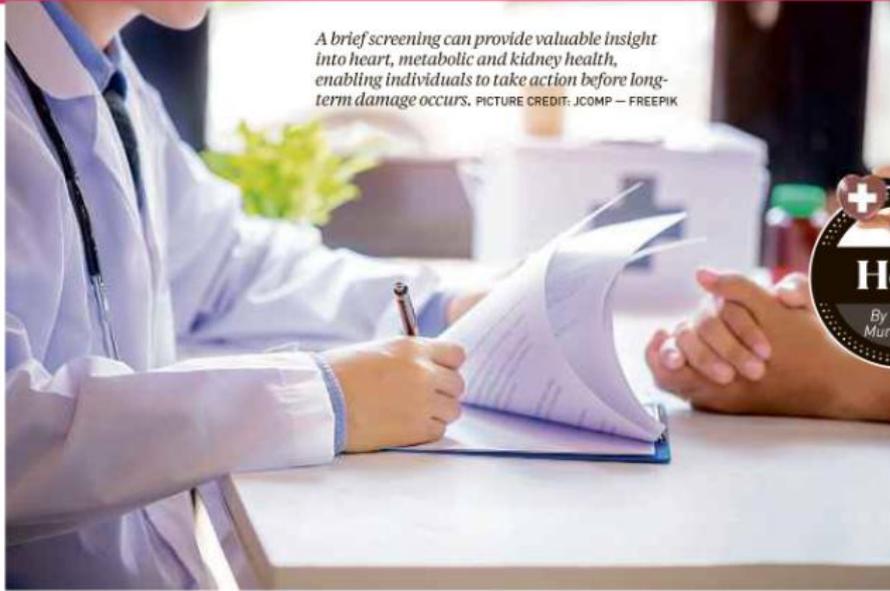
LUNAR New Year celebrations are often marked by an abundance of rich meals, sweet treats, festive snacks, late nights and reduced physical activity.

While these traditions bring joy and togetherness, they can also expose underlying metabolic risks.

The National Health and Morbidity Survey 2023 indicates that over half a million adult Malaysians already live with four non-communicable diseases (NCDs) namely diabetes, hypertension, high cholesterol and obesity, which are major risk factors for heart disease and stroke. Furthermore, one in two Malaysians are unaware that they have high cholesterol while two in five do not know they have diabetes.

Cardiovascular, renal and metabolic (CRM) diseases, including hypertension, diabetes, high cholesterol, and

A brief screening can provide valuable insight into heart, metabolic and kidney health, enabling individuals to take action before long-term damage occurs. PICTURE CREDIT: JCOMP – FREEPIK



majority of Malaysians living within a short drive of one.

"Screening does not need to take place only in hospitals or clinics. When basic tests are available in community settings like pharmacies, more people are likely to take that first step especially those who may otherwise delay care."

Health experts say integrating screening into everyday settings reflects a broader shift in healthcare delivery, one that prioritises prevention and early intervention over late-stage treatment.

A brief screening can provide valuable insight into heart, metabolic, and kidney health, enabling individuals to take action before long-term damage occurs.

These efforts align with Malaysia's National Strategic Plan for Non-Communicable Diseases (2023-2030), which aims to reduce preventable deaths by 25 per cent by strengthening early detection and community-based prevention.

Public health advocates increasingly view prevention as a shared responsibility, requiring collaboration between healthcare providers, community partners, and individuals themselves.

Dr Tan says as families prepare for open houses, and festive gatherings, taking that one simple step can protect them and ensure many more celebrations to come.

A simple screening helps ensure that the wish for good health and longevity extends well beyond the festive season and into the years to come.

meera@nst.com.my



By the time patients experience symptoms, damage to the heart, kidneys, or blood vessels is often already underway, says consultant endocrinologist Dr Tan Hiang Leng. PICTURE CREDIT: DR TAN HIANG LENG, CONSULTANT ENDOCRINOLOGIST

Screen for better health

early-stage kidney disease, often develop without symptoms, sometimes over years. Many only discover that they are at risk after serious complications such as heart attack, stroke, or kidney failure have already occurred.

"I regularly meet patients whose first diagnosis of diabetes or kidney disease comes only after a complication has already developed," says consult-

ant endocrinologist Dr Tan Hiang Leng.

What makes this especially concerning is that these conditions could have been detected years earlier through simple screening, he adds. The challenge from a medical perspective is the gap between when a disease begins and when it is detected. By the time patients experience symptoms, damage to the heart, kidneys, or blood

vessels is often already underway, says Dr Tan.

COMMUNITY SCREENING

In recent years, community-based screening has played a growing role in early detection and prevention. Besides hospitals or clinics, pharmacies have also emerged as accessible touchpoints for basic health checks, with the

JKNK pantau kebersihan makanan

KOTA BHARU - Jabatan Kesihatan Negeri Kelantan (JKNK) akan melaksanakan pemantauan berkala di semua 62 bazar Ramadan termasuk mengambil sampel makanan secara rawak bagi pemeriksaan kebersihan. Pengarah Kesihatan Negeri

Kelantan, Datuk Dr Mohd Azman Yacob berkata, sampel makanan diambil dihantar ke makmal untuk mengesan sebarang pencemaran.

"Pengambilan sampel akan dilakukan secara berkala dan tidak semestinya disebabkan berlakunya

kes keracunan makanan.

"Tujuannya bagi memastikan tahap kebersihan makanan dijual di bazar berada pada tahap selamat untuk dimakan pengguna," katanya pada Rabu.

Dr Mohd Azman menambah, JKN Kelantan turut mengadakan taklimat kepada pembekal makanan dua minggu lalu, termasuk memastikan pekerja menerima vaksinasi tifoid hasil kerjasama dengan pihak berkuasa tempatan (PBT).

Dalam pada itu, beliau menasihatkan peniaga memastikan makanan dijual bersih, selamat dan sihat selain mengurangkan penggunaan gula dalam juadah serta minuman walaupun negeri ini terkenal dengan makanan manis.

"Pengurangan gula amat penting terutama pesakit kencing manis," katanya.



Pengambilan sampel makanan dilakukan secara berkala di 62 bazar Ramadan seluruh Kelantan. - Gambar hiasan

Peningkatan pesakit kanser bukti kempen kesedaran awal berkesan

KOTA BHARU - Peningkatan jumlah pesakit kanser mendapatkan rawatan di negeri ini disifatkan petanda positif terhadap tahap kesedaran masyarakat mengenai kepentingan pengesanan awal.

Pengarah Kesihatan Negeri Kelantan, Datuk Dr Mohd Azman Yacob berkata, statistik menunjukkan bilangan pesakit kanser meningkat daripada 5,888 kes bagi tempoh 2012 hingga 2016 kepada 6,172 kes pada 2017 hingga 2021.

"Peningkatan ini menunjukkan sistem saringan dan pengesanan lebih berkesan.

"Ini juga bukti kesediaan pesakit tampil mendapatkan rawatan lebih awal," katanya selepas merasmikan Sambutan Hari Kanser Sedunia Peringkat Negeri Kelantan di Hospital Raja Perempuan Zainab II (HRPZ II), di sini, pada Rabu.

Dr Azman berkata, di peringkat global, sebanyak 20 juta kes kanser baharu dilaporkan dengan 9.7 juta kematian manakala di Malaysia, sebanyak 121,607 kes baharu direkodkan bagi tempoh 2022 hingga 2024.

"Kanser payudara, kolorektal, paru-paru, limfoma dan hati menyumbang kira-kira 51 peratus keseluruhan kes di Kelantan," jelasnya.

Dalam pada itu, beliau berkata, penubuhan klinik khas seperti Pink Ribbon Centre di HRPZ II membantu mempercepat proses diagnosis dan rawatan.

Katanya, jika sebelum ini pesakit perlu menunggu antara satu hingga dua bulan untuk temu janji pakar, kini tempoh itu berjaya dipendekkan kepada kira-kira tiga minggu sebelum rawatan dimulakan.

"Tahun lalu, seramai 319 pesakit dirujuk ke klinik khas berkenaan," katanya.

PENYAKIT TIBI

85% kes babit rakyat Malaysia

Kuala Lumpur

Sebanyak 85 peratus daripada kes tuberkulosis (tibi) yang dilaporkan di negara ini melibatkan rakyat tempatan manakala hanya 15 peratus membabitkan warga asing, kata Menteri Kesihatan Datuk Seri Dr Dzulkefly Ahmad.

Justeru, beliau berkata persepsi yang mengaitkan penularan tibi dengan memasuki warga asing adalah tidak tepat berdasarkan

data Kementerian Kesihatan Malaysia (KKM) yang menunjukkan jumlah kes dalam kalangan warganegara lebih tinggi ketika ini.

"Ini bermakna risiko penularan dalam komuniti kita adalah nyata dan tidak boleh dipandang enteng," katanya menerusi hantaran di Facebook semalam.

Beliau berkata tibi bukanlah fenomena baharu dalam landskap kesihatan awam, sebaliknya telah lama wujud dan kekal sebagai penyakit endemik

yang memerlukan perhatian serius semua pihak.

Tibi juga bukan sekadar isu klinikal tetapi merupakan 'penyakit kemiskinan' yang berkait rapat dengan faktor sosioekonomi seperti kesesakan penempatan dan kekurangan zat makanan.

"Kuman Mycobacterium Tuberculosis ini sangat de-

gil namun berita baiknya ia boleh dicegah, boleh dirawat, dan boleh sembuh sepenuhnya jika di-

kesan awal serta pesakit patuh kepada rejimen rawatan antibiotik selama sekurang-kurangnya enam bulan," katanya.

Sehubungan itu, Dzulkefly menyenaraikan masyarakat supaya cakna terhadap gejala seperti

batuk melebihi dua minggu, demam atau berpeluh waktu malam dan susut berat badan, dan segera mendapatkan pemeriksaan serta rawatan di klinik.

Beliau turut menasihatkan orang ramai agar tidak memulakan pesakit, sambil menegaskan bahawa sokongan emosi daripada keluarga dan komuniti adalah kunci utama untuk pesakit melengkapkan rawatan.

Sebagai langkah pencegahan, ibu bapa turut di-

menyuruh memastikan anak-anak menerima imunisasi Bacillus Calmette-Guérin (BCG), di samping mengamalkan gaya hidup sihat dan memastikan pengudaraan rumah yang baik.

"KKM komited memperkasakan strategi pengesanan aktif dan bekerjasama dengan pelbagai agensi melalui pendekatan *whole-of-government* bagi menamatkan endemik tibi di Malaysia. Sama-sama kita lindungi keluarga dan komuniti kita," katanya.

**“
Risiko penularan dalam komuniti kita adalah nyata
Dr Dzulkefly**



WARGA kota memakai pelitup muka susulan peningkatan kes penyakit tibi ketika tinjauan Harian Metro di KL Sentral, semalam. - Gambar NSTP/NABILA ADLINA AZAHARI

Usah panik, jalani saringan segera jika miliki simptom tibi

Johor Bahru: Orang ramai dinasihatkan supaya tidak panik sebaliknya segera menjalani saringan jika mempunyai simptom atau sejarah kontak rapat bagi membendung penularan penyakit tuberkulosis (tibi) yang boleh membawa maut jika lewat dirawat.

Pengasas Bersama Jauhar Medical Clinic (JMC) Dr Amirul Syafig Hishamudin berkata tibi ialah penyakit berjangkit berbahaya disebabkan bakteria Mycobacterium tuberculosis yang lazimnya menyerang paru-paru (pulmonari tibi) namun boleh merebak ke organ lain seperti tulang, usus dan kelenjar limfa.

"Ia merebak melalui uda-

ran dan jika seseorang menghidap tibi, kontak rapat melalui bersin, batuk atau buai berisiko untuk menjangkiti orang lain," katanya kepada Bernama.

Beliau berkata golongan berisiko tinggi termasuk mereka yang menghidap penyakit kronik seperti kencing manis, buah pinggang, paru-paru dan angin ahmar, individu berimuniti rendah seperti pesakit HIV atau sedang menjalani kemoterapi serta kanak-kanak berusia lima tahun ke bawah.

"Tibi terbahagi kepada latent (pendam) dan aktif. Latent tidak berjangkit serta tiada simptom manakala aktif berjangkit dan ber-simptom namun saringan

masih perlu dibuat jika seseorang ada kontak rapat walaupun berbeza risiko dengan orang normal," katanya.

Dr Amirul berkata antara tanda penyakit tibi ialah batuk berpanjangan melebihi dua minggu, batuk berdarah, demam berpanjangan, berpeluh pada waktu malam, hilang selera makan serta penurunan berat badan secara drastik.

"Jika terdedah kepada penyakit ini, pihak kerajaan akan buat pengesanan kontak dan saringan dilakukan kepada kontak rapat dan jika ada positif tidak perlu risau kerana tibi boleh disembuhkan dengan ubat antitibi yang perlu diambil secara

konsisten sekurang-kurangnya enam bulan," katanya.

Beliau berkata ubat perlu diambil secara konsisten pada setiap hari kerana kegagalan rawatan boleh menyebabkan multi-drug resistance tibi yang menyukarkan lagi rawatan selain berisiko menyebabkan komplikasi serta kematian.

"Jangan panik kerana penyakit ini boleh dirawat jika ambil langkah awal, lakukan pemeriksaan kesihatan berkala termasuk ujian darah dan x-ray dada serta dapatkan konsultasi segera jika ada simptom tibi dan kontak rapat terutama batuk melebihi dua minggu," katanya.

Beliau turut menasihatkan orang ramai supaya mengelakkan hubungan rapat dengan pesakit tibi hingga tamat tempoh infeksi yang lazimnya dua minggu selepas memulakan rawatan antitibi atau mengikut nasihat doktor sepanjang tempoh rawatan.

Berkongsi pengalaman sebagai petugas barisan hadapan ketika pandemik COVID-19, Dr Amirul berkata beliau sendiri pernah dijangkiti tibi selepas sistem imun menjadi lemah dan mengalami penurunan berat badan 10 kilogram dalam tempoh sebulan.

"Saya dan anak terpaksa mengambil ubat antitibi setiap hari melalui kaedah

DOTS (*Directly Observed Treatment, Short-course*) selama enam bulan dan Alhamdulillah kini kami sihat, jadi jangan tangguh sebarang simptom kerana tanpa sedar ia boleh meragut nyawa anda dan keluarga," katanya.

Kementerian Kesihatan merekodkan 503 kes baharu tuberkulosis (tibi) dikesan di seluruh negara hingga Minggu Epidemiologi kelima 2026 (ME 5/2026), menjadikan jumlah keseluruhan kes sebanyak 2,571.

Sabah merekodkan kes tertinggi dengan 614 kes, diikuti Selangor (476), Sarawak (257), Johor (233) serta Kuala Lumpur dan Putrajaya dengan 202 kes.

Permintaan tinggi warga asing punca klinik haram terus muncul

Faktor bahasa, kemudahan komunikasi serta bayaran rendah jadi pilihan

Oleh Hakim Mahari
bhnews@bh.com.my

Kuala Lumpur: Permintaan tinggi dalam kalangan warga asing yang mahu mendapatkan rawatan dalam persekitaran lebih selesa tanpa perlu mengemukakan dokumen pengenalan diri dikenal pasti antara faktor utama klinik haram terus muncul dan beroperasi di negara ini.

Ketua Pengarah Jabatan Imigresen, Datuk Zakaria Shaaban, berkata kebanyakan warga asing memilih premis sedemikian kerana faktor bahasa, kemudahan komunikasi serta kadar bayaran lebih rendah berbanding fasiliti perubatan berdaftar.

"Keadaan ini turut dipengaruhi taktik pengendali yang menyembunyikan aktiviti mereka di sebalik perniagaan lain sepe-



Zakaria Shaaban



Sembilan 'klinik bangla' haram diserbu
Keratan akhbar BH 15 Februari lalu.

ti kedai runcit, restoran atau premis komersial biasa bagi mengelakkan dikesan pihak berkuasa.

"Terdapat juga permintaan dalam kalangan warga asing yang berasa lebih selesa mendapatkan rawatan di premis ini kerana tidak perlu mengemukakan dokumen pengenalan, selain caj rawatan lebih murah," katanya ketika dihubungi, semalam.

Premis dibuka semula

Kenyataan itu menyusul serbuan jabatan berkenaan ke atas sembilan klinik haram di sepanjang Jalan Tun Tan Siew

Sin pada 13 Februari lalu, dengan sebahagian daripadanya didapati kembali beroperasi selepas ditutup dalam tindakan penguatkuasaan terdahulu.



Pelbagai jenis ubat-ubatan dirampas dalam serbuan di sembilan klinik haram di sepanjang Jalan Tun Tan Siew Sin Kuala Lumpur 13 Februari lalu.
(Foto Ahmad Ukasyah/BH)

Difahamkan, beberapa premis yang menyasarkan pelanggan warga Bangladesh itu pernah diserbu sebelum ini dan doktor palsu terbabit sudah dihantar pulang.

Bagaimanapun, premis sama dibuka semula dan kembali menawarkan khidmat konsultasi serta menjual ubat terkawal.

Pada 23 Januari tahun lalu, jabatan itu menyerbu sembilan premis termasuk enam di Jalan Tun Tan Siew Sin, dua di Leboh Pudu dan satu di Jalan Silang, selain menahan 10 lelaki warga

Bangladesh yang menyamar sebagai doktor.

Serbuan terbaharu turut mendedahkan modus operandi sama apabila klinik haram beroperasi secara tersembunyi di sebalik premis makanan dan kedai runcit bagi mengelak dikesan.

Zakaria berkata, semakan rekod mendapati hanya satu lokasi yang pernah diserbu sebelum ini beroperasi semula, manakala selebihnya membabitkan premis baharu yang menggunakan taktik sama.

Beliau menegaskan kemuncu-

lan semula klinik haram bukan berpunca daripada kelemahan undang-undang atau prosedur penguatkuasaan.

"Sebaliknya, ia didorong perubahan modus operandi oleh pihak terbabit yang beroperasi secara tersembunyi di sebalik premis lain.

"Individu yang ditahan dalam operasi terbaharu juga bukan mereka yang pernah ditahan sebelum ini, sebaliknya individu berbeza yang dipercayai meneruskan kegiatan menggunakan pendekatan sama," katanya.

85 peratus kes tibi babit rakyat tempatan

Kuala Lumpur: Sebanyak 85 peratus daripada kes tuberkulosis (tibi) yang dilaporkan di negara ini membabitkan rakyat tempatan, manakala hanya 15 peratus membabitkan warga asing.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata persepsi yang mengaitkan penularan tibi dengan kemasukan warga asing tidak tepat berdasarkan data Kementerian Kesihatan (KKM) menunjukkan jumlah kes dalam kalangan warganegara lebih tinggi ketika ini.

"Ini bermakna risiko penularan dalam komuniti kita nyata dan tidak boleh dipandang enteng," katanya menerusi hantaran di Facebook semalam.

Beliau berkata, tibi bukan fenomena baharu dalam landskap

kesihatan awam, sebaliknya lama wujud dan kekal sebagai penyakit endemik yang memerlukan perhatian serius semua pihak.

Tibi juga bukan sekadar isu klinikal tetapi adalah 'penyakit kemiskinan' yang berkait rapat dengan faktor sosioekonomi seperti kesesakan penempatan dan kekurangan zat makanan.

"Kuman Mycobacterium Tuberculosis ini sangat degil, namun berita baiknya, ia boleh dicegah, boleh dirawat, dan boleh sembuh sepenuhnya jika dikesan awal serta pesakit patuh kepada rejimen rawatan anti-



Dr Dzulkefly Ahmad

biotik sekurang-kurangnya enam bulan," katanya.

Sehubungan itu, Dr Dzulkefly meminta masyarakat supaya cakna terhadap gejala seperti batuk melebihi dua minggu, demam atau berpeluh waktu malam dan susut berat badan dan segera mendapatkan pemeriksaan serta rawatan di klinik.

Beliau menasihatkan orang ramai tidak memulatkan pesakit, sambil menegaskan sokongan emosi keluarga dan komuniti kunci utama untuk pesakit melengkapkan rawatan.

Sebagai langkah pencegahan, ibu bapa turut diseru memas-



Segera dapatkan rawatan di klinik jika ada gejala seperti batuk melebihi dua minggu, demam atau berpeluh waktu malam dan susut berat badan.
(Foto hiasan)

tikan anak menerima imunisasi Bacillus Calmette-Guerin (BCG), di samping mengamalkan gaya hidup sihat dan memastikan pengudaraan rumah yang baik.

"KKM komited memperkasakan strategi pengesanan aktif

dan bekerjasama dengan pelbagai agensi melalui pendekatan whole-of-government bagi menamatkan endemik tibi di Malaysia. Sama-sama kita lindungi keluarga dan komuniti kita," katanya.

BERNAMA