

Century-old jab is sole defence

Infant-focused BCG shot still in use while new TB vaccines undergo trials

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PETALING JAYA: The 100 year-old Bacillus Calmette-Guerin (BCG) vaccine is still the world's only defence against one of its deadliest infectious diseases – tuberculosis.

But sadly, experts say the vaccine given at infancy is generally not recommended for adults.

In 2023, the World Health Organisation (WHO) announced the establishment of the TB vaccine accelerator council to facilitate the development, testing, authorisation and use of new TB vaccines, following the experience from the Covid-19 pandemic.

Prof Dr Zamberi Sekawi, Consultant Clinical Microbiologist at Universiti Putra Malaysia said currently BCG is the only TB vaccine in routine use worldwide and it is mainly given to infants to protect them from severe forms of TB.

“The BCG vaccine does not give lifetime protection. Its main role is to protect young children from severe and life-threatening TB, such as TB meningitis. Protection can reduce over time,” he said.

He said one should seek medical attention early if they have a persistent cough lasting more than two to three weeks.

“They must also complete TB treatment fully if diagnosed, and avoid close contact with untreated TB patients, ensure good ventilation in homes and workplaces and maintain good general health,” he said.

Retired Health Ministry director Datuk Dr Zainal Ariffin Omar said several new TB

List of TB vaccines under clinical trials			
Vaccine name	Clinical trial phase	End Date	Countries
Interferon Gamma for MDR TB	Phase 2	May 2003	United States
AdHu5Ag85A	Phase 1	Aug 2021	Canada
ChAdOx185A-MVA85A	Phase 2	Dec 2021	Uganda, United Kingdom and Northern Ireland
ID93+GLA-SE or QTP101	Phase 2	May 2020	South Korea
RUTI	Phase 2	Nov 2025	India, Argentina
H107e/ CAF 10b	NA	May 2026	South Africa
TB/FLU-05E	Phase 2	Jan 2024	Russia
AEC/BC02	Phase 2	Nov 2024	China
DAR-901 Booster	Phase 2	Nov 2019	Tanzania
BNT164 (a1, b1)	Phase 2	Jun 2026	South Africa
BCG -Travel vaccine	Phase 3	Apr 2025	United States
VPM1002 - infants	Phase 3	Oct 2025	Gabon
MTBVAC	Phase 3	Aug 2029	South Africa
GamTBvac	Phase 3	Oct 2025	Russia
Immuvac	Phase 3	Dec 2021	India
VPM1002	Phase 3	Dec 2021	India, Bangladesh
M72/AS01E	Phase 3	Aug 2029	South Africa

Source: WHO's TB Research Tracker



The Star graphics

vaccines are in development such as the M72/AS01E (M72) developed by GSK Vaccines and sponsored by the Gates Medical Research Institute, as well as the MTBVAC developed by Spain's University of Zaragoza, however none have been licensed for use.

“TB Vaccines are generally not recommended for adults. BCG is ineffective in adults, and revaccination is not routinely advised,” he said.

“For children, BCG protection wanes over time, typically within five to 15 years. It is not sufficient for a lifetime protection,” he added.

He said protecting oneself from TB through examination of close contacts, leading a healthy lifestyle and mandating BCG vaccination for infants in high risk areas are the only way to go for the time being.

Federation of Private Medical Practi-

tioners' Associations Malaysia President Dr Shanmuganathan TV Ganeson said the several new TB vaccines which are in development, including those for adults, are still undergoing clinical trials and are not yet available for public use.

“If successful, they may become available later this decade, possibly around 2030,” he said.

“Currently, there is no recommendation for routine TB vaccination in adults in Malaysia. BCG is primarily given to infants because it offers protection against severe forms of TB in children (such as TB meningitis and disseminated TB),” he said.

In practice, when Malaysians are preparing for travel, they are more likely to request for the influenza vaccine, Covid-19 booster, Hepatitis A and B, Typhoid vaccine, Tetanus-diphtheria-pertussis (Tdap) booster, Meningococcal vaccine, Japanese Encephalitis, and yellow fever vaccines, he said.

“TB risk during travel is usually addressed through risk assessment and early medical evaluation if symptoms develop, rather than vaccination,” he said.

Occasionally, some individuals working long-term in high-TB-burden settings such as healthcare or humanitarian work may ask about TB prevention, but current practice focuses more on screening rather than adult vaccination,” he added.

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.

MMA calls for stronger action against illegal clinics in Kuala Lumpur

KUALA LUMPUR: The Malaysian Medical Association (MMA) has expressed deep concern over the recent discovery of illegal clinics operating in the capital, where foreign nationals allegedly pose as doctors and dispense controlled medicines without proper qualifications or registration.

Its president, Datuk Dr Thirunavukarasu Rajoo, said this raised serious concerns over

patient safety and regulatory oversight, Bernama reported.

“Patients risk misdiagnosis, inappropriate treatment, complications from unsafe procedures and exposure to counterfeit or improperly dispensed medications. Medical practice in Malaysia is strictly regulated to safeguard the public, and only doctors registered with the Malaysian Medical Council and holding a valid

Annual Practising Certificate are legally permitted to practise,” he said in a statement yesterday.

Dr Thirunavukarasu urged authorities to intensify surveillance and enforcement to shut down illegal healthcare operations, adding that the recurrence of such clinics despite previous raids pointed to gaps in sustained enforcement.

He said enforcement activities

should be strategically strengthened, especially in areas with a high concentration of migrant workers, as vulnerable communities were often targeted.

“This is not about any particular group, but about protecting individuals who may be taken advantage of due to barriers such as cost, language, or lack of awareness of the healthcare system.

“Every person in Malaysia,

regardless of nationality, deserves safe, ethical and lawful medical care. Firm inter-agency collaboration, regular inspections and decisive penalties are necessary to deter such dangerous activities,” he said.

He also advised the public to remain vigilant and to seek treatment only from registered practitioners and licensed healthcare facilities.

'Routine shifts may spike stress'

➤ Disruption in sleep or meal patterns could amplify emotional strain of at-risk individuals, says psychologist

■ BY FAIZ RUZMAN
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PETALING JAYA: Routine disruptions during Ramadan may amplify emotional strain among individuals already in vulnerable situations, said the Malaysian Psychological Association.

Its president Dr Shazli Ezzat Ghazali said shifts in sleep patterns and meal timing during the fasting month could affect emotional regulation, particularly among at-risk individuals.

"From a biological psychology perspective, lack of sleep and changes in meal timing could affect the emotional regulation system. When sleep is disrupted, a person's ability to control impulses and anger may decline.

"For individuals who are already in a vulnerable state, for example those experiencing financial stress or domestic conflict, these routine changes could act as a stress amplifier," Shazli told *theSun*.

Cases involving "vulnerable individuals" refer to people facing situations such as family conflict, economic distress, abuse risks, neglect concerns or other psychosocial pressures requiring support or intervention.

"However, Ramadan could also be a protective factor because it enhances meaning in life, spirituality and social support, all of which are proven to help emotional stability."

Shazli, who is an associate professor with the UKM Clinical Psychology and Behavioral Health Programme, said certain groups may be more sensitive to routine disruption.

"From a developmental psychology perspective, adolescents and young adults are more sensitive to sleep disruption and routine changes because their emotional regulation systems are still maturing.

"From a social psychology standpoint, women carrying multiple role demands may

experience emotional fatigue due to work and family pressures.

"Individuals facing economic stress are also at higher risk, as financial strain is closely linked to anxiety and depression.

"However, vulnerability is not determined by gender or age alone, but also by the level of existing stress and the strength of a person's support system."

Shazli advised families and communities to watch for behavioural warning signs.

"Significant behavioural changes should be taken seriously. These include excessive irritability, prolonged low mood, withdrawal from social interaction, serious sleep disturbances or expressions of hopelessness.

"Sometimes, the public assumes it is merely the effect of hunger or fatigue. But if the changes are consistent and worsening, it may signal emotional distress that requires support.

"Social sensitivity and early action are crucial because early support could prevent problems from becoming more serious," he said.

On Wednesday, Women, Family and Community Development

Minister Datuk Seri Nancy Shukri said the need for mental health support, counselling and early intervention has reached a pressing level, while urging communities to remain sensitive to early signs of emotional distress.

She disclosed that 156,033 cases involving vulnerable individuals were handled through the Social Support Centre since Oct 2021, prompting the ministry's push to expand stigma-free mental health and early intervention support nationwide.

On a murder-suicide case involving a family of five in Kuantan on Tuesday, Nancy described the tragic incident as deeply distressing and said the incident is believed to be linked to emotional stress and unemployment pressure.

She said the Social Support Centre would be further strengthened and more aggressively promoted to ensure individuals experiencing mental distress know where to seek help.

To obtain assistance from the centre, the public may call Talian Kasih at 15999 for immediate support, or send a WhatsApp message to 012-693 1599.

Illegal clinics expose healthcare gap

Planning of health system should include care for migrant workers

IN the past 20 years, Malaysia has gained a reputation among foreign tourists for affordable and high-quality healthcare. They love the fact that they can walk into any private clinic or hospital to get same-day treatment at an affordable price, as opposed to the weeks or months to secure a doctor's appointment back home.

Malaysian healthcare is respected for its high clinical standards and modern equipment and infrastructure, all staffed by highly trained personnel fluent in English. However, this reputable healthcare has been sullied by illegal clinics catering to undocumented migrant workers. These migrants are taken in by "familiar" surroundings of easy communication: no identification needed, access to controlled drugs, no costly diagnostic tests and "doctors" providing treatment on the cheap. These illegal clinics operate behind nondescript grocery shops, restaurants or commercial premises. But the Immigration Department is on to the ruse, recently raiding nine illegal clinics in Jalan Tun Tan Siew Sin. These bogus clinics, charging RM50 to RM100 per consultation, were also detected in Cheras, Bukit Jalil and Seremban, with a few even

Unregulated treatment risks misdiagnosis and untreated communicable diseases, like the current spread of tuberculosis and dengue.

providing plastic surgery and dentistry. These clinics are risky: misdiagnoses and unsafe treatments, ineffective or harmful counterfeit or unregistered medicine, poor hygiene and improper clinical standards. Illegal migrants avoid government hospitals because they fear Immigration actions. No right-thinking Malaysian patronises these outlawed clinics because of the free healthcare at government clinics and hospitals, while private consultation and medical

care are affordable. Even pharmacists dispense drugs and general medical advice competently at reasonable prices. However, some locals may visit certain illegal clinics unwittingly because of their "legitimate" environment, equipped with proper medical equipment and staffed by "white-coated" practitioners with prescription pads. These clinics bank on patient psychology to subtly operate: preference for "quick relief" over legitimate medical evaluation.

Their existence does expose gaps in affordable primary care, enforcement inconsistencies and rising urban healthcare demand. In Malaysia's technologically-driven society, citizens are well-educated on maladies, thanks to the Internet and social media. There are limitations: self-education will not replace a well-trained doctor's feel, expertise and knowledge. Far from being an immigration issue, bogus clinics are symptoms of a national health vulnerability. Unregulated treatments risk misdiagnoses and untreated communicable diseases, like the current spread of tuberculosis and dengue. Inevitably, migrant healthcare and access may have to be integrated into the national preventive healthcare planning.

STRONGER SOCIAL PROTECTION NEEDED

Financial difficulties, psychological distress are leading to family crises, says MMA



KUALA LUMPUR

THE Malaysian Medical Association (MMA) wants a comprehensive societal response to tackle growing mental health and socioeconomic challenges.

It cautioned that financial difficulties and untreated psychological distress were leading to family crises, such as suicides and acts of violence.

Its president, Dr Thirunavukarasu Rajoo, said doctors were seeing more patients whose mental health had been affected by job loss, mounting debt and the inability to provide for their families.

The association described a recent murder case, in which five family members were killed, as saddening and deeply disturbing.

Dr Thirunavukarasu said the case reflected a wider and worrying trend of suicides and severe psychological distress, particularly among working-age individuals.

“From our frontline experience, doctors are increasingly seeing the impact of job loss, overwhelming debt and a deep sense of hopelessness presenting

as depression, anxiety, family conflict and, in the worst cases, suicidality.”

He said public health evidence showed that only a portion of health outcomes was determined within hospitals and clinics.

“Socioeconomic conditions such as income security, housing, food access, education and safe communities play a significant role in shaping overall well-being.

“When these basic needs are not secured, mental health can deteriorate rapidly, often long before a person seeks professional help. Socioeconomic policy is, therefore, in effect health policy.”

While acknowledging the government’s efforts to introduce targeted subsidies and intensify poverty-eradication programmes, Dr Thirunavukarasu said a more coordinated action was needed.

He called for enhanced social welfare outreach to identify households facing sudden income loss, heavy debt or care-

giving pressures.

At the healthcare level, he urged the expansion of accessible and stigma-free mental health services in primary care and community settings, including routine distress screening, shorter referral pathways to psychologists and wider use of tele-counselling services.

He also highlighted the role of employers in creating psychologically safe workplaces and called for responsible media reporting on suicide and family violence to avoid sensationalism and reduce the risk of copycat incidents.

“MMA stands ready to work with the government, welfare agencies, civil society and community leaders to address the deeper roots of such tragedies.

“Stabilising incomes, ensuring food and housing security, and strengthening social protection are not merely economic objectives — they are essential health interventions that can save lives and protect Malaysian families,” he added.



Dr Thirunavukarasu Rajoo

Tibi penyakit lampau kini jadi ancaman kesihatan awam

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Walaupun sering dianggap sebagai penyakit lampau sudah berialu, tuberkulosis (tibi) kekal sebagai ancaman kesihatan awam utama di Malaysia ketika ini.

Laporan rasmi terdapat 10 kluster tibi aktif dikesan setakat awal Februari di beberapa negeri termasuk Selangor, Johor, Kedah, Kelantan, Pahang, Perlis dan Sabah.

Ramai rakyat masih mempercayai tibi adalah penyakit masa lalu. Persepsi ini menyumbang kepada kelewatan mendapatkan rawatan apabila mengalami gejala awal seperti batuk berpanjangan, keringat malam atau penurunan berat badan.

Kesedaran awam rendah ini menjadi salah satu punca jurang pengesanan awal, sekali gus memberi peluang kepada penyakit ini untuk terus menular tanpa disedari.

Selain persepsi masyarakat, faktor sosioekonomi turut memainkan peranan penting dalam dinamik jangkitan tibi. Kepadatan tempat tinggal, keadaan perumahan tidak kondusif, mobiliti tinggi kawasan bandar, tabiat merokok serta peningkatan kadar penyakit kronik seperti diabetes dan obesiti menyumbang meningkatnya risiko jangkitan dan penularan.

Tempat kerja serta ruang kerja bertutup dengan pengudaraan lemah juga meningkatkan risiko jangkitan. Ini bermaksud cabaran tibi bukan hanya pada tahap kesihatan awam seperti pencegahan penyakit dan kejayaan rawatan, tetapi memerlukan penyelesaian sosial demi peningkatan kesejahteraan masyarakat.

Mengubah persepsi masyarakat adalah kunci utama bagi membendung penularan tibi. Pendidikan kesihatan perlu berfokus kepada pendekatan mudah difahami, relevan dengan kehidupan harian dengan bersasar kepada komuniti berisiko tinggi.

Komuniti boleh memainkan peranan utama di barisan hadapan dalam pengesanan awal kes. Pendekatan ini penting kerana orang sekeliling sering menyedari perubahan seseorang sebelum individu itu sendiri sedar perlunya rawatan.

Ramai tersalah anggap tibi hadir dengan gejala

batuk berdarah atau batuk kering, namun batuk berpanjangan dan tidak dapat dilegakan dengan ubat dibeli farmasi juga tanda amaran.

Salah satu halangan terbesar dalam usaha kawalan tibi ialah masalah 'tibi laten' iaitu apabila seseorang dijangkiti tetapi tidak menunjukkan simptom. Individu seperti ini boleh menjadi pembawa senyap. Jangkitan berpotensi menjadi aktif apabila sistem imun individu berkurangan disebabkan masalah penyakit termasuk diabetes, kanser dan HIV.

Pengesanan kes aktif perlu dilakukan

Oleh itu, strategi kawalan, iaitu pengesanan kes aktif perlu dibuat membabitkan aktiviti saringan kontak rapat, terutama dalam kalangan keluarga dan tempat tinggal dan ruang sama.

Teknologi moden seperti kecerdasan buatan (AI) dalam pembacaan X-ray analitik data besar untuk pemetaan kawasan berisiko tinggi serta aplikasi mudah alih untuk pemantauan rawatan dapat memperkukuh usaha pengesanan awal. Teknologi ini bukan menggantikan peranan profesional ke-

sihatan, tetapi menyokong mereka membuat keputusan lebih cepat dan tepat.

Jika tibi tidak dikawal dengan efisien, Malaysia berisiko menghadapi peningkatan kluster penularan dan meningkatkan beban ekonomi kepada keluarga akibat pengurusan penyakit panjang. Kemungkinan peningkatan kes tibi rintang ubat, memerlukan rawatan lebih kompleks dan mahal akan berlaku. Oleh itu, pendekatan bersepadu membabitkan sektor kesihatan, masyarakat dan kerajaan amat penting.

Tibi bukan sekadar penyakit menjadi sejarah. Penyakit ini masih wujud dan menjadi ancaman nyata hari ini seperti dibuktikan dengan kewujudan kluster aktif sedang dipantau di seluruh negara.

Pendidikan kesihatan, pengesanan kontak, sokongan komuniti serta penggunaan teknologi adalah elemen penting bagi membendung penularannya.

Amat rugi sekiranya pencegahan dan rawatan awal tidak dilakukan kerana penyakit ini mampu sembuh dan rantaian jangkitan diputuskan.

