

596 NEW TB CASES RECORDED

Public urged to practise cough and sneeze etiquette at Ramadan gatherings

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THE Health Ministry has logged 596 new tuberculosis (TB) cases in the sixth Epidemiological Week, up from 503 cases the previous week.

The latest figures bring the cumulative nationwide total to 3,161 cases.

Sabah recorded the highest number of cases at 755, followed by Selangor with 596, Sarawak, 332; Johor, 280; Kuala Lumpur and Putrajaya, 244; Kedah, 181; Penang, 172; and Perak 154.

Other states that recorded cas-

es were Kelantan with 121, Pahang, 103; Terengganu, 74; Negri Sembilan, 62; Melaka, 48; Perlis, 21, and Labuan, 18.

The ministry said Ramadan was a much-anticipated month, marked by social activities, such as visits to bazaars and breaking fast with family and friends.

"The public is advised to continue practising self-care health measures, including maintaining good respiratory hygiene," it said yesterday.

It added that the risk of trans-

mission might increase if an individual was exposed for a prolonged period in enclosed, crowded and poorly ventilated spaces, particularly where there are individuals with active TB, who have yet to undergo treatment.

It said the risk depends on several factors, including the duration of exposure, ventilation conditions and the health status of individuals involved.

"It must be stressed that Ramadan is not a cause of TB transmission. The increase in social

activities and gatherings during this month generally leads to increased interaction in the community," it said.

The public is advised to practise cough and sneeze etiquette, ensure good ventilation in enclosed spaces and wear a face mask if symptomatic or in crowded areas.

The ministry urged people to seek medical attention if they experience a cough lasting more than two weeks or other related symptoms.



Mask-wearing is encouraged for people experiencing fever, cough, cold or sore throat. NSTP FILE PIC

Ministry: Mask up in crowded areas

KUALA LUMPUR: The public is encouraged to wear face masks, especially in crowded or poorly ventilated areas, following a rise in tuberculosis (TB) cases nationwide, although the Health Ministry has not made mask-wearing mandatory.

It said said mask-wearing was encouraged for people experiencing fever, cough, cold or sore throat.

It advised the use of face masks in crowded areas or enclosed spaces with poor ventilation, when visiting healthcare facilities and when interacting with high-risk groups, including the elderly, those with chronic illnesses and immunocompromised individuals.

"Public health practices

strengthened during the Covid-19 pandemic remain relevant and should be continued to prevent communicable diseases, particularly those spread transmitted through air and close contact," the ministry told the *New Straits Times* yesterday.

Despite Malaysia transition into the endemic phase of Covid-19, the ministry said the risk of respiratory infections, including influenza, Covid-19 and other diseases spread via droplets and aerosols, persists.

"This approach is risk-based and grounded in personal responsibility to protect oneself, one's family and the community," it said.

Health Minister Datuk Seri Dr Dzulkefly Ahmad had said that

85 per cent of TB cases in the country involved Malaysians, while 15 per cent involved foreigners.

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

He added that 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.

He, however, 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.

Expert backs targeted TB screening approach

SHAH ALAM: A targeted and systematic approach to tuberculosis (TB) screening is considered more effective than comprehensive mandatory screening in addressing the increase in cases, especially involving vulnerable and high-risk groups.

Head of the Jeffrey Cheah School of Medicine and Health Sciences at Monash University Malaysia, Brigadier General (Rtd) Professor Dr Mohd Arshil Moideen, said the approach was more effective because medical resources were used precisely on those at highest risk, without creating fear that might lead patients to hide.

He said the Public Health Consensus 2026 did not support comprehensive mandatory screening for all citizens, but rather a targeted approach in high-risk locations and populations, such as heavy smokers and diabetics, because it was more practical and effective.

"(At-risk) groups, such as smokers and diabetics, have a three-fold higher risk of developing active TB due to a weakened immune system.

"The World Health Organisation (WHO) recommends screening in populations with a disease prevalence rate of more than 0.5 per cent.

"However, mandatory screen-

ing is effective only if there are guarantees of treatment and job security to prevent hidden transmission due to patients' fear of coming forward," he said yesterday.

Meanwhile, state Public Health and Environment Committee chairman Jamaliah Jamaluddin said the state government was committed to strengthening TB screening and treatment programme in a focused and inclusive manner.

She said the measures taken included active case detection in affected localities, isolation and treatment of patients at health facilities and monitoring compliance with treatment until the end of the period to ensure that the chain of infection is broken.

"The cooperation of all parties, including employers and the community, is important in ensuring that the targeted screening approach can be implemented effectively, thus curbing the spread of TB in a controlled and safe environment.

"The state government through the state Health Department has taken measures, including active case detection in affected localities, isolation and treatment of patients at health facilities, and monitoring treatment compliance until the end of the period." **Bernama**

(At-risk) groups, such as smokers and diabetics, have a three-fold higher risk of developing active TB due to a weakened immune system.

BRIGADIER GENERAL (RTD) PROFESSOR DR MOHD ARSHIL MOIDEEN
Head of the Jeffrey Cheah School of Medicine and Health Sciences at Monash University

Health Ministry: Stay vigilant against TB

By **MANJIT KAUR**
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KUALA LUMPUR: As Malaysians gather at Ramadan bazaars and iftar events, the Health Ministry has urged the public to stay vigilant against tuberculosis (TB), particularly in crowded and enclosed settings.

The ministry said 596 new TB cases were reported nationwide during the sixth epidemiological week.

This latest figure brings the total number of TB cases in the country to 3,161.

“Crowded, enclosed and poorly ventilated spaces increase the risk of transmission, especially if an individual with untreated active TB is present.

“Ramadan itself is not a cause of TB transmission. However, higher social interaction during the month may increase exposure risks,” the ministry said in a statement.

The ministry stressed that community awareness and proactive measures are key to early detection, effective treatment and prevention of TB spread.

“With collective action, we can

ensure a safe and healthy Ramadan for all.

“Unlike influenza or Covid-19, TB spreads more slowly and usually requires prolonged and repeated exposure,” it said.

The public is advised to practise proper cough and sneeze etiquette, ensure good indoor ventilation, wear masks if symptomatic or in crowded areas, and seek medical attention for coughs lasting more than two weeks or other TB-related symptoms.

The breakdown of cases shows that Sabah recorded the highest number with 755, followed by

Selangor with 596 cases and Sarawak with 332.

Johor ranked next with 280 cases, while Kuala Lumpur and Putrajaya recorded 244 cases.

Kedah registered 181 cases, followed by Penang with 172 cases and Perak with 154 cases.

Kelantan recorded 121 cases, Pahang 103 cases, Terengganu 74 cases, and Negeri Sembilan 62 cases.

Meanwhile, Melaka recorded 48 cases, Perlis reported 21 cases, and the Federal Territory of Labuan registered the lowest number with 18 cases.

Sarawak's healthcare issue among topics up for next MA63 technical meeting

By **Kentigern Minggu**
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KUCHING: Deputy Premier Datuk Amar Dr Sim Kui Hian will raise several 'technical issues' at the Technical Committee under the Malaysia Agreement 1963 Implementation Action Council (MTPMA63) next week, highlighting challenges unique to Sarawak that national policies often overlook.

The state Minister of Public Health, Housing and Local Government also pointed out that some nationwide policies failed to account for the state's manpower constraints.

"They forget that they do not provide us with the manpower, especially for certain categories of personnel that we simply do not have here.

"How are these policies supposed to be extended to Sarawak?" he told reporters when met at the Kuching South City Council (MBKS) Stutong Ramadan Bazaar here yesterday, where Kuching South Mayor Datuk Wee Hong Seng and deputy mayor Datuk Zaidi Suhaili were also present.

Dr Sim cited rural healthcare



Dr Sim chooses some sweet treats at a stall in the Stutong Ramadan Bazaar. The Deputy Premier is flanked by Wee and Zaidi (second right). — Photo by Chimon Upon

as an example, noting that medical assistants in Sarawak often helped administer anaesthesia at the rural clinics.

"In Peninsular Malaysia, there are already many doctors, so they do not need medical assistants to do this.

"But imagine if only doctors are allowed to administer anaesthesia, and yet no doctors are sent over here."

He also highlighted the shortage of medical staff in the state, which had increased the workload for healthcare personnel.

He added that the Sarawak General Hospital (SGH) here had 1,000 beds but only 4,500 staff, whereas a similar hospital in Peninsular Malaysia, with the same number of beds, would have 5,500 staff.

"Why is this the case? It's because over the years, the government has not increased the sanctioned posts for Sarawak.

"As a result, our doctors, nurses and paramedics have to work extra hard."

According to Dr Sim, the technical committee meetings follow a three-tier process.

● [Turn to Page 2, Col 4](#)

Minister: TB cases in Sarawak classified as endemic, situation under control

● [From Page 1](#)

The next meeting will be with the Health Ministry, followed by a session on March 5 with Deputy Prime Minister Datuk Amar Fadillah Yusof, and a final meeting with Prime Minister Datuk Seri Anwar Ibrahim, of which the date is yet to be fixed.

Dr Sim added: "I am currently awaiting confirmation from Health Minister Datuk Seri Dr Dzulkefly Ahmad for next week's proposed meeting."

On another health subject, Dr Sim acknowledged that the recent tuberculosis (TB) cases in Sarawak had raised concerns among the public.

In this regard, he gave

assurance that the situation was far from being a pandemic.

"The TB cases in the state are classified as endemic, and the situation remains under control.

"However, I urge the corporate bodies to play a more active role in public health initiatives, particularly in improving access to early screening and detection."

Dr Sim also reminded the public to maintain good hygiene to curb the spread of TB, praising practices observed at the Ramadan bazaar.

"I noticed that nowadays, food handlers are wearing gloves, hats and aprons.

"These are the minimum measures that we can take, and

we want to thank the stallholders for their cooperation."

Meanwhile, Wee called upon the vendors to submit the necessary documentation and undergo health checks before they could be allowed to operate at the bazaar.

He said the Sarawak Health Department would also conduct regular inspections to ensure compliance.

"That is why, after the selection process, the Health Department would carry out its rounds.

"We want to make sure that not only is the food reasonably priced, but that it is also hygienic and safe for consumption," said the mayor.

596 kes baharu tibi direkodkan

INFO

- Sabah..... 755 kes
- Selangor..... 596 kes
- Sarawak..... 332 kes
- Johor..... 280 kes
- Kuala Lumpur dan Putrajaya..... 244 kes
- Kedah..... 181 kes
- Pulau Pinang..... 172 kes
- Perak..... 154 kes
- Kelantan..... 121 kes
- Pahang..... 103 kes
- Terengganu..... 74 kes
- Negeri Sembilan..... 62 kes
- Melaka..... 48 kes
- Perlis..... 21 kes
- Labuan..... 18 kes

PUTRAJAYA - Sebanyak 596 kes baharu tuberkulosis atau tibi dikesan di seluruh negara sehingga Minggu Epidemiologi keenam tahun ini (ME 6/2026) menjadikan bilangan keseluruhan kepada 3,161 kes setakat ini.

Kementerian Kesihatan Malaysia (KKM) dalam kenyataan pada Sabtu memaklumkan, Sabah mencatatkan jumlah kes tertinggi iaitu 755 kes diikuti Selangor (596 kes), Sarawak (332 kes), Johor (280 kes) serta Kuala Lumpur dan Putrajaya (244 kes).

Sebanyak 181 kes direkodkan di Kedah, Pulau Pinang (172 kes), Perak (154 kes), Kelantan (121 kes), Pahang (103 kes), Terengganu (74 kes), Negeri Sembilan (62 kes), Melaka (48 kes), Perlis (21 kes) dan Labuan (18 kes).

KKM memaklumkan, Ramadan bukan punca penularan penyakit itu, namun peningkatan aktiviti sosial dan perhimpunan sepanjang bulan ini secara umumnya meningkatkan interaksi dalam kalangan masyarakat.

Orang ramai digalakkan mengamalkan etika batuk dan bersin yang betul, memastikan pengudaraan yang baik di ruang tertutup, memakai pelitup muka jika bergejala atau di tempat sesak dan mendapatkan pemeriksaan kesihatan sekiranya batuk berpanjangan melebihi dua minggu atau mengalami gejala lain.

Selain itu, risiko penularan boleh meningkat sekiranya seseorang terdedah dalam tempoh yang panjang di ruang tertutup, sesak dan kurang pengudaraan, khususnya jika terdapat individu dengan tibi aktif yang belum menjalani rawatan.

"Namun, risiko sebenar bergantung kepada beberapa faktor termasuk tempoh pendedahan, keadaan pengudaraan dan tahap kesihatan individu terlibat," menurut kenyataan itu. - *Bernama*

Saringan tibi bersasar lebih efektif berbanding saringan wajib

SHAH ALAM - Pendekatan saringan tuberkulosis atau tibi secara bersasar dan sistematik lebih berkesan berbanding pelaksanaan saringan wajib menyeluruh dalam menangani peningkatan kes pada masa kini.

Ketua Pusat Pengajian Perubatan dan Sains Kesihatan Jeffrey Cheah di Universiti Monash Malaysia, Brigedier Jeneral Profesor Dr Mohd Arshil Moideen (B) berkata, pendekatan itu berkesan kerana sumber perubatan digunakan secara tepat kepada mereka paling berisiko tanpa mencetuskan ketakutan yang boleh menyebabkan pesakit menyembunyikan diri.

Beliau berkata, Konsensus Kesihatan Awam 2026 tidak menyokong saringan wajib secara menyeluruh untuk semua rakyat sebaliknya pendekatan bersasar di lokasi dan populasi berisiko tinggi seperti perokok tegar dan pesakit diabetes kerana lebih praktikal serta berkesan.

"Kumpulan seperti perokok dan pesakit diabetes mempunyai risiko tiga kali ganda lebih tinggi untuk mendapat tibi aktif kerana sistem imun yang lemah.

"Pertubuhan Kesihatan Sedunia (WHO) turut mengesyorkan saringan dalam populasi dengan kadar kepadatan penyakit melebihi 0.5 peratus tetapi saringan wajib hanya benar-benar berkesan jika terdapat jaminan rawatan dan

keselamatan pekerjaan bagi mengelakkan penularan tersembunyi akibat ketakutan pesakit untuk tampil ke hadapan," katanya ketika dihubungi *Bernama* pada Sabtu.

Sementara itu, Exco Kesihatan Awam dan Alam Sekitar Selangor, Jamaliah Jamaluddin berkata, kerajaan negeri komited memperkukuh program saringan dan rawatan tibi secara berfokus bagi memastikan rantaian jangkitan dapat diputuskan.

"Kerjasama semua pihak termasuk majikan dan komuniti amat penting dalam memastikan pendekatan saringan bersasar dapat dilaksanakan secara efektif, sekali gus membendung penularan tibi dalam suasana terkawal dan selamat.

"Kerajaan negeri melalui Jabatan Kesihatan Selangor (JKNS) mengambil langkah menyeluruh termasuk pengesanan kes secara aktif di lokaliti terlibat, pengasingan dan rawatan pesakit di fasiliti kesihatan serta pemantauan pematuhan rawatan sehingga tamat tempoh," katanya.

Sebelum ini, Pengarah Kesihatan Selangor, Dr Ummi Kalthom Shamsudin berkata, golongan berisiko seperti perokok, penghidap diabetes dan buah pinggang kronik perlu lebih peka dengan ancaman tibi susulan 503 kes baharu direkodkan pada Minggu Epidemiologi kelima bagi seluruh negara.

KKM tak wajibkan pakai pelitup muka kekang penularan tibi

Tanggungjawab, perlindungan sendiri lebih relevan berbanding laksana langkah mandatori

Oleh Mahani Ishak
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Kuala Lumpur: Kementerian Kesihatan (KKM) tidak akan mewajibkan pemakaian pelitup muka seperti dilaksanakan ketika COVID-19 bagi mengekang isu penyebaran penyakit Tuberkulosis (tibi).

Ini berikutan KKM yakin pendekatan semasa berasaskan tanggungjawab dan perlindungan sendiri lebih relevan berbanding pelaksanaan langkah mandatori seperti sebelum ini.

"Amalan kesihatan awam yang telah diperkukuh ketika pandemik COVID-19 masih relevan dan wajar diteruskan dalam pencegahan penyakit berjangkit, terutama yang merebak melalui udara dan sentuhan.

"Walaupun negara sudah melalui fasa peralihan ke endemik COVID-19, risiko penularan jangkitan saluran pernafasan seperti influenza, COVID-19 dan penyakit lain yang merebak melalui droplet dan aerosol masih wujud.



Pemakaian pelitup muka digalakkan, terutama berada di tempat sesak. (Foto hiasan)

"Justeru pemakaian pelitup muka digalakkan terutama kepada individu mempunyai gejala demam, batuk, selesema atau sakit tekak, mereka yang berada di tempat sesak atau ruang tertutup dengan pendedaran yang kurang baik," katanya kepada BH, semalam.

Katanya, langkah memakai pelitup muka juga disyorkan kepada mereka yang mengunjungi

fasiliti kesihatan atau jika berinteraksi dengan golongan berisiko tinggi seperti warga emas, pesakit kronik dan individu mempunyai pertahanan diri rendah.

85 peratus kes babit warga tempatan

Pendekatan ini katanya, adalah berasaskan risiko dan tanggungjawab sendiri bagi melin-

dungi diri, keluarga dan komuniti.

Sebelum ini, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, dilaporkan berkata sebanyak 85 peratus daripada kes tibi direkodkan di negara ini memabitkan rakyat tempatan, manakala hanya 15 peratus memabitkan warga asing.

Beliau berkata, persepsi yang mengaitkan penularan tibi de-

ngan kemasukan warga asing adalah tidak tepat berdasarkan data KKM yang menunjukkan jumlah kes dalam kalangan warganegara lebih tinggi ketika ini.

Katanya, tibi bukanlah fenomena baharu dalam landskap kesihatan awam, sebaliknya sudah lama wujud dan kekal sebagai penyakit endemik yang memerlukan perhatian serius semua pihak.

INFO

Pecahan mengikut negeri berserta kadar insiden (IR) bagi setiap 100,000 penduduk sehingga Minggu Epidemiologi ke-6 (ME-6/2026)

Situasi penyakit tibi setakat Minggu Epidemiologi ke-6 (ME 6/2026)

Kes keseluruhan	Kes baharu	
3,161 kes	596 kes	
Sabah	755 kes	(23.88%)
Selangor	596 kes	(18.85%)
Sarawak	332 kes	(10.50%)
Johor	280 kes	(8.86%)
Kuala Lumpur & Putrajaya	244 kes	(7.72%)
Kedah	181 kes	(5.73%)
Pulau Pinang	172 kes	(5.44%)
Perak	154 kes	(4.87%)
Kelantan	121 kes	(3.83%)
Pahang	103 kes	(3.26%)
Terengganu	74 kes	(2.34%)
Negeri Sembilan	62 kes	(1.96%)
Melaka	48 kes	(1.52%)
Perlis	21 kes	(0.66%)
Labuan	18 kes	(0.57%)

Sumber KKM setakat 21 Februari

Infografik BH

Saringan bersasar lebih berkesan tangani peningkatan kes

Shah Alam: Pendekatan saringan tuberkulosis atau tibi secara bersasar dan sistematik lebih berkesan berbanding pelaksanaan saringan wajib menyeluruh dalam menangani peningkatan kes pada masa kini.

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"Pertubuhan Kesihatan Sedunia (WHO) turut mengesyorkan saringan dalam populasi dengan kadar kepadatan penyakit melebihi 0.5 peratus tetapi saringan wajib hanya benar-benar berkesan jika terdapat jaminan rawatan dan keselamatan pekerjaan bagi mengelakkan penularan tersembunyi akibat ketakutan pesakit untuk tampil ke hadapan," katanya ketika dihubungi BERNAMA, semalam.

Sementara itu, EXCO Kesih-

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Jamaliah Jamaluddin,
EXCO Kesihatan Awam dan
Alam Sekitar Selangor



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