

TB rise: Bintulu Health office steps up awareness campaigns, screenings

BINTULU: The Bintulu Divisional Health Office has stepped up community outreach initiatives to improve public health literacy, particularly on tuberculosis (TB), through a series of awareness and education campaigns.

Among the targeted locations on Wednesday were Kampung Baru and the Ramadan Bazaar at NU Hotel here.

The Health office said the community-centred approach aims to promote early detection, ensure timely treatment, and strengthen preventive measures to curb the spread of TB.

TB screenings were also conducted on Tuesday and

Wednesday at Rumah Sekapan Piit, Belaga by the Belaga District Health Office and Belaga Health Clinic.

"The programme featured TB screening using ultra-portable X-ray technology to identify signs of lung infection, alongside health education sessions to raise awareness on the risks of untreated TB and the importance of early detection and prevention," the Health office said in a statement.

TB is an airborne infectious disease that spreads when a person with active pulmonary TB coughs, speaks, or sneezes.

It does not transmit as easily as

influenza or Covid-19, as infection typically requires prolonged and repeated exposure.

Members of the public are advised to practise proper cough and sneeze etiquette, ensure adequate ventilation in enclosed spaces, wear a face mask if experiencing symptoms or when in crowded areas, and to seek medical attention if suffering from a cough lasting more than two weeks or other related symptoms.

The Ministry of Health said Sarawak recorded 332 TB cases as of Epidemiological Week 6 this year - the third highest nationwide.



A healthcare worker distributes a pamphlet on TB to a villager. — Bintulu Health Office photo

TB: Don't ignore a persistent cough

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ACCORDING to data released by the Health Ministry, as of Feb 21, 3,161 tuberculosis (TB) cases have been reported nationwide.

The increase is linked to ongoing community transmission and the ministry has urged the public to remain vigilant, particularly during social gatherings and in enclosed environments.

Tuberculosis remains a long-standing public health challenge in Malaysia. According to the World Health Organisation (WHO), Southeast Asia continues to carry one of the highest global TB burdens.

Early detection and completion of treatment remain key strategies in controlling the disease.

TB is caused by mycobacterium tuberculosis and spreads mainly through the air. When infected individuals cough or speak, bacteria can remain suspended in the air for several hours, particularly in enclosed, poorly ventilated spaces. A persistent cough is a serious warning sign of the disease.

Alpro Pharmacy chief pharmacist Lim En Ni says although public awareness of respiratory symptoms has increased, many still underestimate the serious-

ness of prolonged coughing.

"If a cough lasts more than two to three weeks, even without high fever, individuals should undergo a chest X-ray or sputum test."

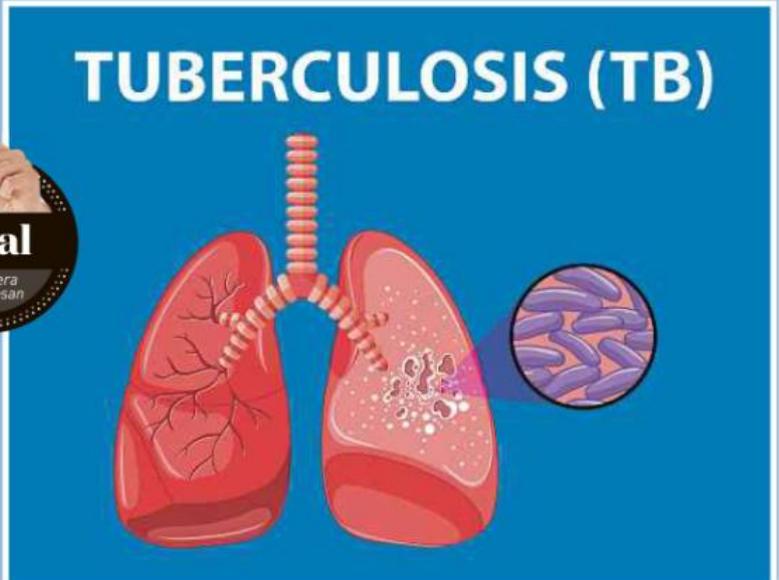
Cough medication only relieves symptoms but does not treat TB. The earlier it is detected, the higher the treatment success rate and the lower the risk of infecting family members, adds Lim.

The disease is curable but standard treatment requires at least six months of consistent medication. Stopping treatment prematurely may result in drug-resistant TB, increasing both treatment complexity and public health risks.

"Even during festive seasons or travel, patients must never interrupt their medication. Missing doses increases the risk of drug resistance," says Lim.

Members of the public who have concerns, symptoms, or questions about tuberculosis are encouraged to consult a healthcare professional. Early consultation can make a significant difference in protecting your health and your family's well-being.

meera@nst.com.my



Early detection and completion of treatment remain key strategies in controlling the disease. PICTURE CREDIT: BRGFX — FREEPIK

Building a durable prevention architecture

MALAYSIA does not lack health advice. We often struggle with the less visible work that turns advice into routine. Each year, familiar communicable diseases return and public attention spikes.

Dengue rises with the weather and the environment. Hand, foot and mouth disease (HFMD) spreads quickly in childcare and preschool settings. Tuberculosis (TB) appears in clusters and naturally prompts anxiety.

These are not new threats, but they do offer a recurring reminder that prevention depends as much on how we run daily life as on what happens in clinics and hospitals.

A timely update has arrived as Ramadan bazaars and break-of-fast gatherings fill our evenings. The Health Ministry reported 3,161 TB cases nationwide up to Epidemiological Week 6 of this year, with 596 new infections in the latest surveillance period.

It noted that Sabah remains highest, followed by Selangor and Sarawak.

Equally important is the ministry's emphasis on context. It has been careful to state that Ramadan is not the cause of TB transmission.

TB is airborne and may spread when someone with active pulmonary TB coughs, talks or sneezes. But it typically requires longer and repeated exposure and does not spread as quickly as influenza or Covid-19.

Risk increases when people spend extended time in enclosed, crowded, poorly ventilated settings, especially if someone with untreated active TB is present.

That message should reassure the public. It also points us towards a broader lesson: Communicable disease control is not only a healthcare matter. It is shaped by governance, standards, enforcement and the everyday discipline of shared spaces.

Beyond 'ministry's job': Shared levers across government and society

The Health Ministry carries substantial responsibilities and



DR KAMAL AMZAN

has to. Surveillance, diagnosis, treatment, contact tracing and public risk communication sit firmly within its remit.

But many of the levers that determine whether diseases spread sit elsewhere, and this is where national conversations can be more honest.

Childcare licensing and inspection regimes influence whether infection-control routines are consistently practised. Education settings shape whether entry screening and sensible exclusion policies are normalised. Workplace cultures determine whether people seek care early or delay assessment because it is inconvenient or costly.

Local councils and building owners influence the environmental conditions that make dengue easier or harder to control, and also the indoor conditions that affect airborne transmission risks.

When communicable diseases are framed as primarily the ministry's burden, we risk missing these upstream influences. It becomes easier to call for "more awareness" while leaving the operational conditions unchanged.

Ramadan is not the culprit, but it highlights importance of setting and design

The ministry's Ramadan guidance is clinically straightforward: the month is not the risk factor. The setting is.

Duration of exposure, ventilation, crowd density and untreated illness are what matter. This is not a critique of communal life. It is a practical reminder that communal life comes with shared obligations.

For organisers and premises operators, that can mean prioritising airflow and ventilation,



The Health Ministry, in its Ramadan guidance, has explicitly advised practising good cough and sneeze etiquette, improving ventilation in indoor spaces, and using a mask if symptomatic or in crowded settings as measures against the spread of communicable diseases. BERNAMA PIC

avoiding sealed or stagnant spaces, managing density and making it socially acceptable for symptomatic individuals to take precautions, including wearing masks in crowded places.

The ministry explicitly advises good cough and sneeze etiquette, improving ventilation in indoor spaces, and mask use if symptomatic or in crowded settings.

For individuals, it also means recognising the threshold for assessment. The ministry advises anyone with a persistent cough for more than two weeks, or related symptoms, to seek medical evaluation.

If we treat these as normal expectations rather than exceptional measures, gatherings can remain safe and meaningful, including throughout Ramadan.

HFMD and dengue: Different diseases, similar governance lessons.

HFMD is often regarded as a childhood inconvenience, but it is also a strong indicator of whether prevention is operational in high-contact settings.

Last year, the ministry reported 99,601 HFMD cases by Epidemiological Week 17, and authorities inspected 38,285 premises nationwide involving daycare centres, kindergartens, preschools and residential homes.

About 1,140 premises were ordered to close under the Prevention and Control of Infectious Diseases Act 1988 (Act 342), with 430 closing voluntarily.

Those figures show that the enforcement toolkit exists and is

used. They also highlight why prevention cannot rely on enforcement alone. Closures are sometimes necessary, but they are disruptive and typically occur after transmission has already taken place.

What matters upstream is the consistency of routine measures.

The ministry's Info Sihat materials emphasise symptom screening at entry for taska and tadika settings. This is the kind of practical measure that works best when it is embedded into normal operations and reinforced culturally by parents and operators, rather than activated only during a surge.

Dengue reinforces the point that local government is part of health governance. Malaysia has platforms such as iDengue, designed to disseminate dengue information to the public and support awareness and prevention, with information updated daily.

Yet dengue control still depends heavily on sustained municipal competence: waste management, drainage discipline, enforcement at premises and community norms that are maintained week after week.

Different diseases have different transmission pathways, but the broader lesson is shared: prevention is a system, not a campaign.

Strengthening prevention without resorting to alarm

Malaysia does not need to respond to every rise in cases with fear. It does need to build a more durable prevention architecture.

First, make readiness visible in high-risk settings. A simple, auditable readiness scorecard for childcare centres, preschools, hostels, elder-care facilities and other congregate settings can clarify expectations and encourage improvement.

Indicators can include entry screening, exclusion compliance, cleaning routines and basic ventilation adequacy.

Second, institutionalise district-level coordination across agencies. Communicable disease prevention benefits when health, welfare regulators, education authorities, local councils and labour enforcement have standing channels of coordination, rather than ad hoc collaboration only after clusters emerge.

Third, reinforce a practical cultural contract. Parents keeping symptomatic children at home, employers supporting early care-seeking without penalty and organisers designing safer shared spaces are not extraordinary public health demands. They are the ordinary requirements of a society that wants to reduce disruption.

The Health Ministry's message this Ramadan is measured and sensible: shared awareness and collective action allow the month to be celebrated safely, healthily and in good spirit.

The opportunity now is for the rest of the system to treat that message as more than advice, and to respond as partners.

The writer is chief executive officer of IHH Healthcare Malaysia

21 kes tibi direkod di Perlis sejak Januari

Arau: Sebanyak 21 kes tuberkulosis (tibi) direkodkan di Perlis sejak Januari lalu, namun keadaan masih terkawal dengan langkah pencegahan dan advokasi kesihatan terus diperkukuh termasuk di Bazar Ramadan di negeri itu.

Pengarah Kesihatan Perlis Dr Ghazali Chik berkata, jabatan berkenaan melaksanakan pelbagai aktiviti pencegahan dan kawalan secara berterusan melalui pejabat kesihatan daerah serta klinik kesihatan bagi memastikan penularan penyakit berjangkit itu dapat

dibendung.

"Jumlah kes semasa dalam keadaan terkawal dan kita dari semasa ke semasa memang menjalankan aktiviti pencegahan dan kawalan yang dilaksanakan oleh pejabat kesihatan daerah serta klinik kesihatan," katanya selepas menghadiri Program Kick-Off Keselamatan Makanan di Bazar Ramadan Arau yang disempurnakan Pengerusi Jawatankuasa Pertanian, Kesihatan, Keusahawanan dan Koperasi serta Alam Sekitar negeri Megat Hashirat Hassan, di sini, semalam.