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**PETALING JAYA:** Malaysia's healthcare system is better equipped today to detect and manage potential Nipah virus infections compared with the 1998 outbreak.

However, experts say recognising the illness early remains a challenge as its initial symptoms closely mimic common viral infections.

KPJ Ampang Puteri Specialist Hospital medical director Datuk Dr Azhar Md Noh said the difficulty lies at the clinical front line, where patients rarely present distinctive warning signs.

"Initial symptoms are not specific and overlap with many common infections. A high index of suspicion combined with epidemiological risk factors, such as travel to countries with active outbreaks or exposure to pigs or bats, helps in detecting potential cases and triggering appropriate diagnostic tests."

"Common symptoms include fever, headache, myalgia (muscle aches), nausea, vomiting, sore throat, cough and breathing difficulties."

"These could rapidly progress to neurological complications, such as confusion, headaches, seizures and coma, as well as severe respiratory involvement, such as acute respiratory distress syndrome."

Universiti Kebangsaan Malaysia Medical Centre infectious disease specialist Assoc Prof Dr Petrick @ Ramesh K. Periyasamy said the challenge lies less in hospital capacity and more in identifying risk early.

"From a Malaysian healthcare perspective, preparedness is far superior to the 1990s. Surveillance systems now adopt a 'One Health' approach, coordinating monitoring between the Health Ministry, the Veterinary Services Department and wildlife authorities to track the virus in fruit bats."

"Laboratory capacity has also improved. The Institute for Medical Research can detect Nipah virus using RT-PCR and serological testing."

"Following Covid-19, hospitals have strengthened infection control practices and expanded knowledge and availability of personal protective equipment," he said.

He added that exposure history often provides the crucial clue.

"It is difficult to differentiate early signs and symptoms. Doctors should ask about any exposure, including contact with bats, raw date palm sap or travel to active outbreak zones."

"What may start as a viral-like illness could quickly progress to drowsiness, disorientation and mental confusion. Rapid progression from fever to altered consciousness or seizures within 24 to 48 hours

# Detecting Nipah virus cases still challenging: Experts

► 'Symptoms include fever and nausea, could rapidly progress to neurological complications'

should raise alarm.

"While there is still no cure, supportive care has advanced considerably. Modern intensive care, including mechanical ventilation for respiratory failure and advanced anti-convulsants for seizures, can reduce mortality."

On national surveillance and response, Universiti Kebangsaan Malaysia medical and health sciences lecturer Prof Dr Sharifa Ezat Wan Puteh said systems are in place. "The national health system is prepared to handle Nipah virus infections. Surveillance mechanisms are operational and anyone showing early symptoms with a history of exposure will trigger a response."

"Nipah virus has been a notifiable disease since 1999. Animal surveillance is ongoing among veterinarians and pig farmers to detect early signs."

"Clinics, doctors and veterinary staff have received advisories to identify symptoms in humans and animals," she said.

Nipah virus was first identified during an outbreak among pig farmers in Malaysia in 1998.

According to a World Health Organisation article published on Jan 29, the fatality rate ranges from between 40% and 75%, depending on the outbreak.

The virus is naturally carried by fruit bats and can spread to humans through infected animals, contaminated food or close contact with infected individuals.

It could cause severe disease affecting the lungs and brain, with some patients developing encephalitis or brain inflammation.

There is no approved vaccine or specific treatment, although early intensive supportive care, including respiratory support and management of complications, could improve survival.



## NIPAH VIRUS WHAT TO KNOW



### What is Nipah virus?

- A zoonotic virus, first identified during a major outbreak in Malaysia in 1998
- Caused by a virus from the *Henipavirus* family
- Case fatality rate estimated at 40% to 75% (WHO)
- Can affect the brain and lungs



### Symptoms

- **Early stage:** Fever, Headache, Muscle aches, Sore throat, Cough, Nausea / vomiting
- **Severe stage:** Confusion or drowsiness, Seizures, Coma, Severe breathing difficulty (ARDS)



Early signs may look like flu, dengue or pneumonia.

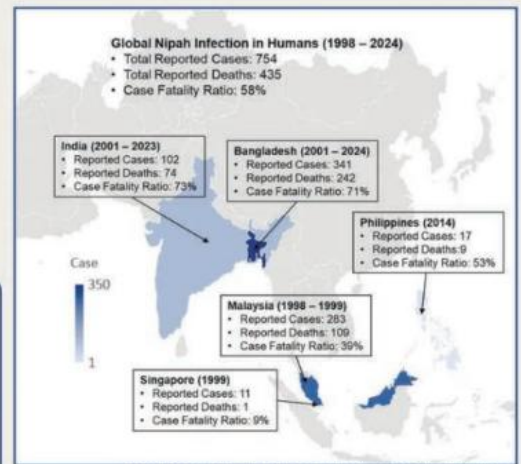
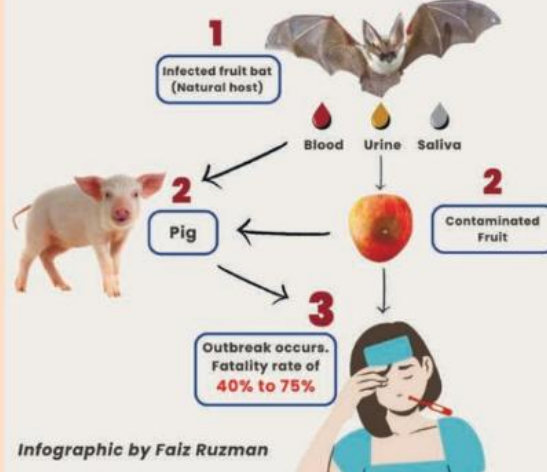


Figure 1. Geographical distribution of Nipah virus outbreaks in humans during 1998–2024. Data are as of May 31, 2024  
Credit: Health Ministry.

## HOW IT SPREADS



Infographic by Faiz Ruzman

# Robotic tech boosts USM medical training

**KOTA BARU:** Hospital Pakar Universiti Sains Malaysia (HPUSM) is now offering training in robotic technology for knee surgery as part of efforts to advance medical practice in line with current technological advancements.

Universiti Sains Malaysia (USM) vice-chancellor Prof Datuk Seri Dr Abdul Rahman Mohamed said robotic technology is part of the components of the Master of Medicine (Orthopaedics) programme.

He said that through the training, postgraduate students are

exposed to high-precision surgical practices and data-driven pre-operative planning, as well as objective intraoperative assessment.

"HPUSM is also among the main training centres for orthopaedic specialists in Malaysia.

"It also offers the Arthroplasty Fellowship Programme for advanced training in joint replacement surgery," he told the media, which included Bernama, after launching the Robotic Total Knee Replacement Surgery Service at Dewan Utama Kampus Kesihatan USM in Kubang Kerian, here yesterday.

Elaborating further, he said the training is conducted by three instructors: Prof Dr Amran Ahmed Shokri, Dr Muhammad Rajaei Ahmad Mohd Zain, and Assoc Prof Dr Shaifuzain Ab Rahman.

"So far, about 80 postgraduate students have enrolled in the programme, in line with HPUSM's commitment as an academic hospital to train more specialists, particularly in robotic surgery," he said.

In a related development, Abdul Rahman said HPUSM also offers robotic total knee replace-

ment surgery using the Rosa Knee System, which functions as a surgical assistant.

He said the first procedure was successfully performed on Sept 23 last year, and to date, 13 patients have undergone surgery using the system, with early clinical outcomes showing encouraging progress.

"The introduction of this service enables patients on the east coast to gain access to high-technology knee surgeries that improve their quality of life through better knee function restoration," he said.

# No sign of revised payment

## University hospitals lag on higher doctor allowances

By **RAGANANTHINI VETHASALAM**

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**PETALING JAYA:** More than three months after the new on-call allowance rates officially took effect, doctors at several university hospitals are still waiting for the revised payments to be implemented.

The Star learnt that Hospital Canselor Tuanku Muhriz UKM and Hospital Sultan Abdul Aziz Shah UPM have yet to implement the new rates.

Doctors who spoke on condition of anonymity said they are still receiving their old rates despite a government circular issued in October last year.

"We have escalated the matter to the management. But we are afraid that action will be taken just for asking," said a doctor serving in one of the hospitals in Kuala Lumpur.

Another doctor at another hospital said the management had told him the matter needed to be raised at their meetings.

"We just want answers as to why it has yet to be implemented," he said.

When contacted, a spokesperson for Hartal Doktor Kontrak called on university hospitals to implement the new rate, as the Health Ministry (MOH) has done at hospitals under its service scheme.

"The backdated salary from

October 2025 should be paid too," said the spokesperson.

"We agree that the budget for this is different from the MOH's. As for MOH, the extra budget had been allocated in Budget 2026.

"Therefore, the Higher Education Ministry should request an additional budget as well from the government to implement this new rate immediately," added the spokesperson.

It is learnt that Hospital Universiti Sains Malaysia has implemented the new rate, and the backdated arrears have been paid.

Universiti Malaya Medical Centre announced in December that it would implement the new

rates in the same month.

According to a Health Ministry circular dated Oct 30, the new rates, which came into effect on Oct 1, will be extended to medical officers, including specialists and dentists serving in university hospitals and armed forces hospitals.

Medical officers and dentists will receive RM300 per shift for weekend active calls, which is an increase of RM80 from RM220 per shift.

Specialists, on the other hand, will receive RM350 per shift, up from RM250 previously.

The Star is waiting for the Higher Education Minister, Datuk Seri Dr Zambry Abdul Kadir, to comment on this case.

# Sibu Hospital instals latest cardiac MRI machine, second in S'wak



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**SIBU:** Sibu Hospital has become the second hospital in Sarawak to be equipped with a specialised cardiac magnetic resonance imaging (MRI) machine following the installation of a latest-generation unit, said Datuk Amar Dr Sim Kui Hian.

The Deputy Premier said the unit was funded through a collaboration between the Sarawak Heart Foundation (SHF) and the Ministry of Health (MoH).

The advanced cardiac MRI system, supplied by Philips, was initially part of an upgrade programme for the Sarawak General Hospital (SGH) and



(From second right) Dr Rachel Kon, Anne Jamilah, Dr Sim, Chieng Lau and Ting pose with Sibu Hospital's cardiac MRI machine.

Sarawak Heart Centre, but was later allocated to Sibu after renovation works caused delays.

"The SHF stepped forward to contribute RM2.5 million to upgrade the technology. Due

to the delay in preparing the room, Philips offered us their latest model, which is a higher-

level MRI specifically for cardiac imaging," he told reporters during his visit to Sibu Hospital yesterday.

Dr Sim, who is Public Health, Housing and Local Government Minister, explained that additional renovation works costing more than RM1 million were required to house the machine, as cardiac MRI systems require specialised facilities to operate continuously.

He noted that the trustees decided to place the machine in Sibu in recognition of the strong support from the local business community, which has consistently contributed to the SHF over the years.

"Without the foundation's support, Sibu Hospital would not have been able to obtain this facility so quickly.

"If we waited for the usual federal allocation queue, it might

never come," he said.

He added that the cardiac MRI machine plays a crucial role in determining heart muscle viability, which helps doctors assess whether procedures such as bypass surgery or angioplasty would be beneficial for patients.

"One important function is to determine whether the heart muscle is still alive. If the muscle has died, performing procedures such as ballooning or bypass surgery may not help.

This technology allows doctors to make better clinical decisions," he explained.

Dr Sim also revealed that the MoH is in the process of tendering cardiac catheterisation laboratories for selected hospitals including Sibu and Miri, as well as two other hospitals in Sabah and Peninsular Malaysia.

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"These facilities will allow angiograms and angioplasty procedures to be done locally, reducing the need for patients to travel to Kuching and easing the workload at the Sarawak Heart Centre," he said, adding that construction is expected to take at least a year once the tender process is completed.

With the addition of the cardiac MRI machine and the planned cath lab, he said Sibu is poised to become one of the most well-equipped satellite cardiac centres in Sarawak.

He also highlighted recent

upgrades at Bintulu Hospital, where SHF spent more than RM2 million to enhance angiography equipment to enable cardiac procedures.

"As a result, cardiologists from the Sarawak Heart Centre now fly to Bintulu every month to handle non-urgent cases, and urgent cases can also be treated locally, reducing the need for patients to travel to Kuching."

Dr Sim further noted that Sarawak currently has two cardiac MRI machines from the "about eight to 10" such systems nationwide supplied by major manufacturers such as Philips and Siemens.

"Out of the four or five Philips cardiac MRI machines in Malaysia, two are in Sarawak.

"This shows that although Sarawak still lags behind in some areas, we are also leading in others because of proactive initiatives and strong public-private cooperation," he said.

He said the cardiac MRI machine installed at Sibu Hospital is valued at between RM8 million and RM9 million, but was acquired at approximately RM2.6 million due to an earlier exchange programme arrangement with the supplier.

"This is the result of early

planning, foundation support and cooperation between the state and federal agencies. Ultimately, our goal is to ensure Sarawakians have better access to quality healthcare," he added.

Joining the visit were SHF trustees Datuk Amar Jamilah Anu, Datuk Anne Teng, and Pauline Kon.

Also present were Sibu Hospital deputy director Dr Rachel Teng, Sibu Municipal Council chairman Clarence Ting, Bukit Assek assemblyman Joseph Chieng, and Sarawak United People's Party Youth chief Councillor Kevin Lau.

## Kosmetik timbang kilo ancam kesihatan, penyebab kanser

**SHAH ALAM** - Penggunaan kosmetik timbang kilo yang mengandungi logam berat seperti arsenik, kromium, plumbum, kadmium dan merkuri melebihi paras selamat boleh menyebabkan kerosakan kulit serta menyerap masuk ke dalam aliran darah.

Dekan Pusat Pengajian CITRA Universiti Kebangsaan Malaysia (UKM), Profesor Dr Sharifa Ezat Wan Puteh berkata, penggunaan berterusan produk sedemikian berisiko mencetuskan kanser, alahan, gangguan hormon wanita, kerosakan buah pinggang serta reaksi keracunan serius.

"Kosmetik timbang kilo lazimnya dihasilkan melalui proses pengilangan tidak selamat, tanpa pelabelan kandungan jelas dan berkemungkinan tercemar dengan bahan asing.

"Produk ini mungkin

mengandungi pencemaran seperti talc bercampur asbestos, bahan kimia berbahaya seperti PFAS (*per- and polyfluoroalkyl substances*) selain bahan pemutih, pewarna dan pewangi yang tidak terkawal," katanya kepada *Sinar Harian* pada Isnin.

Sebelum ini, Pengarah Kesihatan Negeri Kelantan, Datuk Dr Mohd Azman Yacob dilapor berkata, jualan kosmetik murah timbang kilo dijangka meningkat menjelang Ramadan dan Aidilfitri.

Bellau menegaskan, penjualan produk tersebut tidak dibenarkan di bawah Akta Kawalan Dadah dan Kosmetik 1984 serta Peraturan-peraturan Kawalan Dadah dan Kosmetik 1984 kerana gagal memenuhi keperluan asas keselamatan.

Dalam pada itu, Dr Sharifa Ezat yang juga Pakar Perubatan Kesihatan Awam Fakulti Perubatan UKM menasihatkan pengguna supaya melakukan ujian alahan sebelum mengguna-



SHARIFA EZAT

kan sebarang produk kosmetik.

"Calit sedikit bahan kosmetik pada kulit tangan atau kawasan yang ingin digunakan bagi melihat sama ada berlaku reaksi.

"Ada juga bahan mekap boleh bertindak balas dengan cahaya UV. Selepas memakai mekap, ia perlu dicuci segera dan tidak dibiarkan semalaman, termasuk lensa kontak mata dan maskara kerana boleh menyebabkan

alahan teruk serta kecacatan mata," ujarnya.

Bellau turut mengingatkan orang ramai supaya tidak mudah terpedaya dengan dakwaan berlebihan yang diiklankan di media sosial.

Menurutnya, kebanyakan produk itu dijual di farmasi atau premis berdaftar pada harga ditetapkan mengikut piawaian pasaran semasa.

"Pilih produk yang telah menjalani ujian keselamatan, mempunyai pelabelan jelas serta kandungan dalam paras dibenarkan.

"Produk hypoalergenik dan *zero irritant* mungkin sedikit mahal, namun lebih sesuai untuk kulit sensitif kerana telah melalui ujian makmal dermatologi," katanya.

Laporan *Sinar Harian*  
pada Isnin.



## Perlu lebih ramai pakar kendali robot bedah lutut

Bagi memastikan sistem kesihatan negara mampu mengikuti perkembangan teknologi perubatan semasa

Oleh ADILA SHARINNI WAHID

**KOTABAHARU** - Lebih ramai pakar perubatan yang mahir mengendalikan teknologi pembedahan lutut berasaskan robotik diperlukan bagi memastikan sistem kesihatan negara mampu mengikuti perkembangan teknologi perubatan semasa.

Naib Canselor Universiti Sains Malaysia (USM), Profesor Datuk Seri Ir Dr Abdul Rahman Mohamed berkata, keperluan tersebut semakin meningkat apabila penggunaan teknologi pembantu pembedahan robotik (ROSA) kian popular bagi pembedahan penggantian lutut, khususnya dalam rawatan pesakit osteoarthritis.

"Ini merupakan teknologi masa depan. Seperti kecerdasan buatan, kita juga perlu menguasai teknologi robotik dalam pem-

bedahan lutut. Jika tidak, kita akan ketinggalan.

"Kepakaran manusia masih menjadi faktor utama, manakala robot berfungsi sebagai alat bantuan bagi meningkatkan ketepatan dan keselamatan pembedahan," katanya pada sidang akhbar selepas Peluncuran Perkhidmatan Pembedahan Robotik Penggantian Lutut Menyeluruh sempena Majlis Perutusan Naib Canselor 2026 di Kampus Kesihatan USM di sini pada Isnin.

Menurut Abdul Rahman, selain USM, sistem ROSA turut digunakan di Hospital Raja Perempuan Zainab II (HRPZ II) dan beberapa hospital di bawah Kementerian Kesihatan Malaysia (KKM), selain banyak digunakan di hospital swasta di seluruh negara.

Bellau berkata, setakat ini Hospital Pakar USM (HPUSM) mempunyai tiga pakar ortopedik yang berkelayakan mengendalikan sistem pembedahan lutut robotik, iaitu Profesor Dr Amran Ahmed Shokri, Profesor Madya Dr Syaifulzain Ab Rahman dan Dr Muhammad Rajaei Ahmad Mohd Zain.

"Robot ROSA telah digunakan di HPUSM



Dr Abdul Rahman (kiri) melihat model lutut yang mengalami masalah.

sejak September tahun lalu melibatkan sebanyak 13 kes pembedahan penggantian lutut.

"Kelebihan sistem ROSA adalah ketepatannya dalam menyesuaikan saiz dan penajaran lutut mengikut anatomi setiap pesakit, sekali gus membantu pemulihan lebih cepat serta fungsi lutut yang lebih baik selepas pembedahan," ujarnya.

Abdul Rahman berkata, dalam aspek latihan kepakaran, USM setiap tahun memberi pendedahan kepada kira-kira 30 penuntut pascasiswazah Sarjana Perubatan

Ortopedik melalui program latihan dalaman serta subkepakaran.

Selain pakar tempatan, pendedahan teknologi tersebut turut menarik minat doktor dari luar negara termasuk Indonesia seperti Universiti Andalas, Universiti Padang dan Universiti Sebelas Maret.

"Sebagai universiti dan hospital pengajar, USM memberi tumpuan bukan sahaja kepada penyediaan rawatan klinikal, malah kepada usaha melahirkan pakar perubatan yang berkemahiran mengendalikan teknologi baharu," kata bellau.