KERATAN AKHBAR 8/02/2026 (Ahad)

Sunday Star M/S 2

Sunday Star SAYS

Don't panic, TB is treatable and containable

TUBERCULOSIS (TB) is back in the headlines following an outbreak in Johor where 33 people were detected with the disease.

This alone has made people uneasy. But TB is not new, and this detected cluster in Kota Tinggi is not a sign that the system has failed.

In fact, it is the opposite. The cluster was detected, traced and managed quickly.

It is cases in Johor got so much attention – they went viral on social media – because most of us assume the country is TB-free.

Malaysia implemented one of the most comprehensive public health interventions in the region as early as the 1960s to fight TB.

In the national prevention and treatment programme, Malaysians received free diagnosis, compulsory notification, access to rural clinics, and the introduction of BCG vaccination for infants. It was so successful that by the 1990s, cases and deaths fell sharply and became rare.

The disease had faded from public consciousness, and many assumed it had been eradicated. But TB never disappeared. It simply became quieter over the past 15 to 20 years, although in some years, case numbers crept back up. Covid-19 also disrupted screening and treatment, allowing undiagnosed cases to linger.

What we are seeing is not a failure but long-standing weaknesses becoming visible as case numbers rise.

The influx of foreign workers in Malaysia is also one of the main contributors to this rising number of TB cases. Many of them live in crowded conditions where TB spreads easily.

Screening exists, but the system often fails at the margins. Undocumented workers avoid clinics for fear of detention or deportation. Those who test positive for latent TB – not infectious and treatable – fear they may lose work permits, pushing them underground and away from treatment.

The Johor outbreak raises a broader point: while the Health Ministry is equipped to manage TB, it cannot do so alone. Border agencies, employers, housing authorities, and local governments also have roles to play.

Health screening at borders and entry points must strictly be carried out as a routine safeguard, not an emergency reaction. It is much cheaper, safer, and far less disruptive than trying to control an outbreak.

Malaysia already has a National Strategic Plan to end TB by 2030, which aligns with the global goal of a TB-free planet by 2035. We cannot lose sight of this.

The challenge in eliminating TB lies in late diagnosis and patients failing to complete long treatment courses. There is also a risk of drug resistance and gaps among migrant and mobile populations. Uneven screening and follow-up, public complacency, and weak coordination beyond the health sector are also issues that need to be tackled.

But with early detection, keeping patients on treatment, and separating healthcare from immigration enforcement, these measures can, to a certain degree, help reduce the number of infections.

Stronger follow-up, better coordination between agencies, targeted screening at borders and workplaces, and sustained public awareness would also play a critical role in enabling Malaysia to meet its 2030 target.

TB elimination depends less on new medicine and more on trust, continuity, and disciplined execution of tried and tested measures.

What we don't need is social media panic and misinformation circulated by unthinking and ignorant netizens.

The Star M/S 8

Beat leftover food hazards

Keep festive meals safe to avoid sickness after reunion meals

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PETALING JAYA: Chinese New Year is a season of abundance, reunion and generosity, but prosperity does not belong in the fridge indefinitely.

As dining tables overflow and refrigerators are packed to the brim with festive fare, experts warn that improper storage of leftovers may pose a hidden health risk long after the last firecracker fades.

The real challenge begins once guests have left and the dishes are packed away.

Here, ensuring that leftovers remain safe to eat is crucial to preventing foodborne illnesses that can quickly turn festive joy into medical distress, and the trick lies in how leftovers are stored.

Registered dietitian Ng Kar Foo said preparing food in abundance during the festive season symbolises prosperity, togetherness and blessings for the year ahead.

"Leftovers are therefore common and traditionally reused in dishes like asam mustard greens, reflecting thrift and wisdom passed down through generations," he said.

From a food safety perspective, he said dry dishes, braised meats, soups and cooked vegetables can generally be kept within two hours after cooking and cooled quickly, stored in clean airtight containers, refrigerated below 4°C, and consumed within one or two days.

"If you like to keep these foods longer, deep freeze them," he said, adding that frozen food can be kept for three months in a standard home freezer.

"That said, it is not advisable for high-risk food such as seafood, dishes with coconut milk, gravy-soaked stir-fries, or half-eaten communal dishes to be kept overnight, especially for older adults, young children, pregnant women, or those with chronic illnesses.

"Improper storage may lead to food poisoning, bacterial growth, and toxin formation that reheating cannot fix," he said.

In the same vein, he said proper planning is the more important goal, adding that Chinese scholars have long taught that moderation and avoiding waste reflect wisdom.

"Planning portions wisely and finishing food safely honours both tradition and sustainability; true prosperity benefits health, family, and the environment," he added.

Public health expert Prof Dr Sharifa Ezat Wan Puteh of Universiti Kebangsaan Malaysia recommended that food should be refrigerated within two hours of cooking to prevent bacteria growth.

"Keeping it exposed and at room temperature increases the risk of bacterial growth," she said.

"When in doubt or it has been kept a long time, discard such food, as they can spoil even if they look or smell fine," she added.

Prof Dr Sharifa said raw and half-cooked food and those cooked with milk or coconut milk tend to turn bad quickly.

"Food preparation must also be done in a clean manner. There should not be cross-contamination when we prepare food. For example, having raw meat and blood next to cooked food," she said.

She said food borne illnesses are generally caused by pathogens, namely bacteria, viruses, and parasites, as well as toxins that contaminate food.

"The common culprits include Salmonella, Bacillus, norovirus, hepatitis A virus, Campylobacter, E. coli, Listeria, and Clostridium perfringens," she said.

These organisms typically cause clinical symptoms like diarrhoea, vomiting, fever and abdominal cramps.

"Untreated cases may cause kidney failure and can be fatal," she added.

NSTP M/S 9

FIRST 4 EPIDEMIOLOGICAL WEEKS

'100 CASES OF TB DETECTED IN PERAK'

Infections under control, no link with Johor outbreak, says state exco man

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A TOTAL of 100 tuberculosis (TB) cases were detected by the Perak Health Department during the first four epidemiological weeks of this year.

State Human Resources, Health, Indian Community Affairs and National Integration Committee chairman Datuk A. Sivanesan said TB infections in Perak remained under control and did not show a sharp increase.

He added that no deaths had been recorded in the state so far.

According to Sivanesan, all patients were receiving treatment.

He instructed all state health facilities to take precautionary measures and prepare treatment facilities, particularly isolation rooms, following a recent outbreak in Johor.

"The Perak Health Department takes note of the media statement issued by the Johor Health Department on Feb 5. Based on information so far, there is no link between the TB cases in Kota Tinggi (Johor) and any individual in Perak.

"Furthermore, there have been no deaths resulting from TB in either Johor or Perak. After learning of the situation in Johor, all 89 health clinics in Perak were notified to remain on alert," he said.

Datuk A. Sivanesan

He said this after officiating at the 30th-anniversary celebration of Pantai Hospital Ipoh here yesterday.

Sivanesan noted that TB was a notifiable disease under the Prevention and Control of Infectious Diseases Act 1988 (Act 342), which required medical practitioners to report any case immediately to the nearest district health office.

"This is vital to enable contact tracing to break the chain of infection and ensure patients receive complete treatment to avoid serious complications or infecting others.

"The Perak Health Department constantly monitors TB trends and community activities to ensure prevention and control measures are taken," he said.

Meanwhile, in **Kota Tinggi**, Johor, thorough sanitisation and cleaning works had been carried out at schools following the detection of six students who tested positive for TB.

The students were identified after the Health Ministry conducted screenings on close contacts following a recent outbreak in the district.

State Education and Information Committee chairman Aznan Tamin said the district health office had engaged with the management of the affected schools.

"To strengthen understanding and information transparency, the district health office will arrange for medical officers to visit the schools involved to provide further explanations on TB and the preventive measures that must be followed.

"As an early preventive step, sanitisation and comprehensive cleaning have already been implemented in areas identified as high-risk," he said yesterday.

Aznan, who is Tanjung Surat assemblyman, said no schools had been ordered to close.

The six confirmed cases involve four boys and two girls from five different schools, comprising three primary and two secondary schools.

In **Nibong Tebal**, Penang, Education Minister Fadhlina Sidek said her ministry was relying on advice, recommendations and established protocols from the Health Ministry in handling the situation in Johor, including any potential measures involving schools.

"We are holding firmly to that process, and we have been informed that the situation is under control and closely monitored by the Health Ministry," she said.

100 kes tibi di Perak bulan lalu, situasi masih terkawal

Jabatan Kesihatan Negeri giat pantau trend penyakit elak menular dalam komuniti

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Ipoh: Sebanyak 100 kes tuberkulosis atau tibi dikesan di seluruh Perak sepanjang Januari tahun ini dengan semua pesakit kini masih dalam rawatan.

Justeru, Jabatan Kesihatan Negeri (JKN) Perak kini melakukan pemantauan berterusan bagi memastikan tibi tidak menular dalam komuniti di negeri ini.

Pengerusi Jawatankuasa Kesihatan, Sumber Manusia, Integrasi Nasional dan Hal Ehwal Masyarakat India Perak, Datuk A Sivanesan, berkata situasi tibi di Perak masih terkawal, selain tidak membabitkan sebarang penularan kes seperti di Johor.

"JKN Perak sentiasa memantau trend kejadian penyakit tibi dalam komuniti dan mengambil tindakan pencegahan serta kawalan sewajarnya.

"Sehingga Januari lalu, terdapat 100 kes tibi kumulatif dilaporkan di negeri Perak yang sedang mendapatkan rawatan.

"Berdasarkan rekod, tiada kaitan di antara kes tibi di Kota Tinggi dengan mana-mana individu di Perak," katanya pada sidang media selepas merasmikan Pelancaran Sambutan Ulang Tahun ke-30 Hospital Pantai Ipoh, di sini, semalam.

A Sivanesan

Tiada sekolah ditutup

Sementara itu di **Kota Tinggi,** Johor, seramai enam kes murid disahkan menghidapi tibi hasil daripada saringan kontak rapat dijalankan Kementerian Kesihatan (KKM) di daerah ini, namun setakat ini tiada sekolah ditutup akibat penularan wabak itu.

Daripada enam kes yang dikesan itu, empat membabit murid lelaki dan dua murid perempuan daripada lima sekolah berbeza iaitu tiga sekolah rendah dan dua sekolah menengah di Kota Tinggi.

Pengerusi Jawatankuasa Pendidikan dan Penerangan negeri, Aznan Tamin, berkata susulan itu, Pejabat Kesihatan Daerah (PKD) sudah mengadakan sesi libat urus bersama pihak pengurusan sekolah.

"Dalam usaha memperkukuh kefahaman dan ketelusan maklumat, PKD turut mengusahakan kehadiran pegawai perubatan ke sekolah terbabit bagi memberikan penerangan lanjut berkaitan penyakit tibi, termasuk langkah pencegahan yang perlu dipatuhi oleh warga sekolah.

"Setakat ini, tindakan sanitasi serta pembersihan menyeluruh dilaksanakan di kawasan dikenal pasti berisiko sebagai langkah pencegahan awal," katanya menerusi kenyataan, semalam.

Beliau turut mengingatkan semua sekolah supaya sentiasa mematuhi arahan dan garis panduan KKM dari semasa ke semasa, serta tidak menyebarkan maklumat yang tidak sahih sehingga boleh menimbulkan kegusaran awam.

Katanya, kerajaan negeri akan terus bekerjasama rapat dengan KKM dan PKD bagi memastikan situasi tibi terkawal, telus dan ditangani secara berhemah, demi kesejahteraan anak di kawasan terbabit.

Rabu lalu, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad dilaporkan berkata, satu kluster tibi direkodkan di Kota Tinggi dengan 33 kes positif dikesan hasil saringan ke atas 804 kontak rapat bermula 25 Januari lalu.

Sementara itu, JKN Kelantan merekodkan sembilan kes dengan tiga kluster tibi di negeri itu membabitkan dua kluster di Kota Bharu iaitu Guchil Bayam (2 kes) dan Kampung Padang Salim (3 kes), manakala satu kluster di Melawi, Bachok (4 kes).

"Sembilan kes ini dikesan penghujung tahun lalu dan kita sudah ambil langkah pencegahan malah semua pesakit sudah menerima rawatan, namun penyakit tibi ini tempoh rawatannya panjang," katanya.

Harian Metro M/S 20 & 29

HANYA 30% RAKYAT KELANTAN DAPATKAN RAWATAN

300,000 HIDAP DIABETES

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Tanah Merah

Seramai 300,000 atau 16 peratus daripada 1.9 juta penduduk Kelantan menghidap diabetes.

Pengarah Kesihatan Kelantan, Datuk Dr Mohd Azman Yacob berkata, daripada angka itu, hanya 30 peratus sahaja yang hadir mendapatkan rawatan ke hospital atau klinik.

Katanya, berdasarkan Kajian Kesihatan dan Morbiditi Kebangsaan (NHMS) 2023, satu daripada enam rakyat Kelantan menghidap kencing manis dan angka itu masih kekal sehingga kini.

"Usia pesakit diabetes di Kelantan adalah antara 18 hingga 29 tahun manakala faktornya pula, selain genetik, ia juga disebabkan gaya hidup serta corak pemakanan.

"Ia agak membimbangkan kita di jabatan kesihatan kerana apabila ramai menghidap kencing manis, kita perlu menyediakan fasiliti untuk rawatan termasuk komplikasinya yang berkaitan dengan dialisis," katanya kepada pemberita selepas merasmikan Program Outreach Literasi Kesihatan Diabetes peringkat daerah Tanah Merah di Masjid Mukim Batu 11 di sini, semalam.

Menurut Dr Mohd Azman, masyarakat perlu faham bahawa kencing manis bukan sekadar itu tapi lebih lagi kerana kalau tak dirawat atau dikawal dengan betul, akan menimbulkan masalah lebih besar.

Katanya lagi, ada juga pesakit yang tidak tahu mereka menghidap kencing manis dan dibimbangi jika dibiarkan, mereka menjadi pesakit kronik.

Dr Mohd Azman berkata, penyakit diabetes boleh dirawat asalkan pengambilan ubat dibuat secara konsisten dan menjalani gaya hidup sihat.

DR Mohd Azman (dua dari kiri) merasmikan Program Outreach Literasi Kesihatan Diabetes peringkat daerah Tanah Merah di Masjid Mukim Batu 11. - Gambar NSTP/SITI ROHANA IDRIS

RAPAT JURANG KESIHATAN

Kolaborasi strategik UiTM iCEPS dengan KKM bawa ilmu, saringan terus ke komuniti Orang Asli

FOTO | IHSAN UiTM

JURANG kesihatan boleh dirapatkan melalui penganjuran program seperti ini.

PROGRAM antaranya bertujuan meningkatkan kesedaran kesihatan pergigian dalam kalangan komuniti Orang Asli.

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Di sebalik kemajuan sistem kesihatan negara, masih wujud komuniti yang berdepan cabaran besar untuk menikmati akses penjagaan kesihatan yang menyeluruh.

Komuniti Orang Asli antara kelompok yang sering berada di pinggir arus pembangunan kesihatan khususnya daripada segi kesedaran, pencegahan penyakit dan akses perkhidmatan asas.

Menyedari hakikat ini, Universiti Teknologi MARA (UiTM) tampil memainkan peranan aktif melalui penganjuran Program Komuniti Masyarakat Orang Asli Sungai Tisong 2026.

Ia hasil kolaborasi strategik antara UiTM menerusi Institut Pendidikan Berterusan dan Pengajian Profesional (iCEPS) bersama Kementerian Kesihatan (KKM).

Program berimpak tinggi itu menghimpunkan 110 penduduk Kampung Orang Asli Sungai Tisong, Sungkai, Perak membabitkan lelaki, wanita dan kanak-kanak.

Ia sekali gus menjadi platform penting untuk merapatkan jurang kesihatan yang masih wujud dalam komuniti luar bandar dan terpinggir.

Program itu anjuran mahasiswa Ijazah Sarjana Muda Kejururawatan (Separuh Masa), Kumpulan NHSN 8C, Fakulti Sains Kesihatan, UiTM Cawangan Selangor Kampus Puncak Alam yang diterjemahkan sebagai usaha pendidikan berasaskan khidmat komuniti yang mana ilmu tidak hanya kekal di bilik kuliah, tetapi sampai terus kepada rakyat.

Pakar Perubatan Kesihatan Awam Pejabat Kesihatan Daerah Batang Padang, Dr Noor Azreen Masdor menegaskan bahawa komuniti Orang Asli tidak seharusnya hanya menjadi penerima bantuan bersifat sementara, sebaliknya perlu diperkasa melalui pendekatan promosi kesihatan dan pencegahan penyakit yang berterusan.

ANTARA aktiviti pada Program Komuniti Masyarakat Orang Asli Sungai Tisong 2026.

"Ia selari dengan dasar kesihatan awam negara yang menekankan kesaksamaan kesihatan yang mana setiap lapisan masyarakat berhak mendapat akses kepada maklumat, perkhidmatan dan penjagaan kesihatan berkualiti tanpa mengira lokasi atau latar belakang," katanya

Ketua Pusat Pengajian yang mewakili iCEPS UiTM, Dr Saiful Adli Bukry berkata, program itu mencerminkan komitmen institusi dalam melahirkan tenaga profesional kesihatan yang bukan sahaja kompeten dari sudut klinikal, malah berjiwa rakyat dan peka terhadap realiti kesihatan komuniti.

"Program ini membuktikan bahawa institusi pengajian tinggi mampu menjadi rakan strategik kerajaan dalam usaha menangani ketidaksamaan kesihatan, khususnya dalam kalangan komuniti Orang Asli yang sering berdepan kekangan dari segi maklumat dan akses perkhidmatan.

"Pelbagai aktiviti kesihatan dijalankan termasuk pendidikan kebersihan diri dan keselamatan kanak-kanak, pemakanan sihat dan perancangan keluarga, demonstrasi Resusitasi Kardiopulmonari (CPR) dan pertolongan cemas, saringan kesihatan asas serta perkhidmatan pergigian dengan sokongan KKM," katanya.

Dr Saiful Adli berkata, aktiviti itu bukan sahaja memberi manfaat segera, malah meningkatkan kesedaran jangka panjang mengenai amalan kesihatan dalam komuniti setempat.

Kerjasama bersepadu antara UiTM, iCEPS, KKM, Unit Kesihatan Orang Asli Pejabat Kesihatan Daerah Batang Padang, kepimpinan kampung serta komuniti setempat membuktikan bahawa jurang kesihatan boleh dirapatkan apabila universiti, kerajaan dan masyarakat bergerak seiring.

Usaha seperti ini wajar diteruskan dan diperluaskan agar komuniti Orang Asli tidak terus terpinggir, sebaliknya diangkat sebagai sebahagian daripada agenda pembangunan kesihatan negara yang inklusif dan mampan selari dengan Matlamat Pembangunan Mampan (SDG), khususnya SDG 3: Kesihatan Baik dan Kesejahteraan serta SDG 4: Pendidikan Berkualiti.

Sinar Harian M/S 21

Tiga kluster tibi di Kelantan babitkan sembilan kes

TANAH MERAH – Jabatan Kesihatan Negeri Kelantan (JKNK) mengesahkan kewujudan tiga kluster Tuberkulosis (Tibi) di negeri ini melibatkan dua jajahan, dengan sembilan kes positif dikesan setakat ini.

Pengarahnya, Datuk Dr Mohd Azman Yacob berkata, dua kluster di Kota Bharu, iaitu Guchil Bayam melibatkan dua kes dan Kampung Padang Salim (tiga kes) manakala satu lagi di Bachok (empat kes).

"Kesemua mereka dikesan menghidap tibi pada Disember tahun lalu dan langkah pencegahan sudah diambil termasuk membuat saringan ke atas keluarga dan kontak rapat bagi mengelakkan penularan," katanya.

Beliau berkata demikian kepada pemberita selepas merasmikan Program Outreach Literasi Kesihatan Diabetes di Masjid Mukim Batu 11 di sini pada Sabtu.

Dr Mohd Azman berkata, pihaknya juga telah mengambil langkah pencegahan, terutamanya membabitkan institusi pendidikan dan menasihatkan mereka yang mempunyai simptom seperti batuk berpanjangan serta kurang selera makan untuk segera berjumpa doktor.

Selain itu, beliau berkata, JKNK turut memberi tumpuan kepada masalah obesiti dalam kalangan penduduk Kelantan.

"Masalah ini perlu diambil serius kerana akan menyebabkan masalah diabetes dan akhirnya memberi kesan kepada kualiti kehidupan serta tekanan kewangan kepada pesakit untuk mendapatkan rawatan," katanya. - *Bernama*