

AKHBAR : BERITA HARIAN

MUKA SURAT : 8 & 9

RUANGAN : BICARA BH



(FOTO AZIAH AZMEE/BH)

Dari kiri, Meor Ahmad Nasrin, Dr Hishamshah, Dr Jameela Sathar, Francis dan Noorhafiza pada Bicara BH *Talasemia, Masihkah Ada Harapan di Theatrete, Balai Berita Bangsar, semalam.*



Ketika ini Kementerian Kesihatan memerlukan dana besar untuk merawat pesakit talasemia yang mana ketika ini pesakit dirawat melalui pemindahan darah selain kaedah pemindaian sum-sum tulang serta ubat sampingan kesan pemindahan darah

Dr Azman Abu Bakar,
Pengarah Bahagian Perkembangan Perubatan Kementerian Kesihatan



Dengan adanya ujian ini lebih mudah kita mengetahui jumlah pembawa penyakit itu di negara ini, seterusnya membantu mereka membuat penilaian untuk berkahwin dengan pembawa seterusnya menambah jumlah pesakit talasemia"

Dr Hishamshah Mohd Ibrahim,
Naib Presiden Persatuan Pediatrik Hematologi dan Onkologi Malaysia (MASPHO)

Saringan darah bantu kurang kes talasemia

Langkah pencegahan lebih berkesan, berbanding rawatan sedia ada

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Malaysia boleh menjadi negera sifar kes penyakit talasemia seperti Singapura jika proses pencegahan dilakukan melalui ujian saringan darah.

Pengarah Bahagian Perkembangan Perubatan Kementerian Ke-

sihatan, Datuk Dr Azman Abu Bakar, berkata langkah ujian saringan darah itu lebih berkesan berbanding merawat penyakit berkenaan.

Beliau berkata, ini kerana kos merawat penyakit talasemia jauh lebih tinggi berbanding mencegah penyakit berkenaan.

Dana besar rawat penyakit
"Ketika ini Kementerian Kesihatan memerlukan dana yang besar untuk merawat pesakit talasemia yang mana ketika ini pesakit dirawat melalui pemindahan sum-sum tulang serta ubat sampingan kesan pemindahan darah.

"Kaedah pencegahan melalui ujian saringan darah yang kini diberikan kepada pelajar Tingkat Empat adalah satu strategi lautang biru (NBOS) antara Kementerian

Kesihatan dan Kementerian Pendidikan.

Mudahkan urusan pasangan
"Dengan cara ini, secara tidak langsung memberi peluang kepada individu mengetahui mereka adalah pembawa penyakit ini seterusnya memudahkan mereka mengambil keputusan untuk tidak berkahwin dengan pembawa yang lain serta melahirkan zuriat yang mengalami penyakit talasemia," katanya.

Beliau berkata demikian pada sidang media selepas Forum Bicara BH anjuran BH dengan kerjasama Persatuan Paediatric Hematology dan Onkologi Malaysia (MASPHO) dan Novartis Corporation Malaysia Sdn Bhd di Balai Berita di sini, semalam.

Forum Bicara BH bertajuk *'Pesakit Talasemia, Masihkah Ada Harapan?'* itu dikendalikan warta-

wan BH, Meor Ahmad Nasrin Rizal Ishak.

Ahli panel forum itu ialah Ketua Perkhidmatan Pediatrik Kementerian Kesihatan, Dr Hishamshah Mohd Ibrahim; Pakar Perunding Hematology, Hospital Ampang, Dr Jameela Sathar; Naib Presiden Persatuan Talasemia Malaysia yang juga bapa pesakit talasemia, Francis Mutijin; dan Pesakit Talasemia yang juga Presiden Persatuan Talasemia Kedah, Noorhafizah Noorhamdan.

Azman berkata, kaedah pencegahan melalui ujian saringan darah juga memberikan peluang kepada pembawa penyakit talasemia hidup seperti biasa.

Tingkat kemudahan rawatan
Katanya, ini kerana jumlah pengidap penyakit itu dapat dikurangkan manakala pesakit sedia ada mendapat kemudahan rawatan yang lebih baik.

"Pada masa ini ujian saringan itu bukan diwajibkan namun sambutan yang diterima sangat baik. Kitा percaya ini cara terbaik mencegah pertambahan pesakit talasemia," katanya.

Ujian saringan darah bagi talasemia mula dilaksanakan Kementerian Kesihatan pada Januari tahun lalu dan dianggarkan seramai 200,000 pelajar sudah melalui saringan berkenaan.

Sehingga November tahun lalu, seramai 14,000 pelajar dikesan sebagai pembawa penyakit itu.

Bukan mudah sebenarnya menjadi pesakit talasemia, menjalani pemindahan darah hampir setiap bulan dan mengambil ubat-ubat sampingan"

Dr Jameela Sathar,
Pakar Perunding Hematology
Hospital Ampang

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BAGAIMANA PENYAKIT TALASEMIA DIWARISI

BAPA Pembawa

IBU Pembawa

ANAK

normal

pesakit talasemia

25%

50%

GRAFIK BH

Abdul Razak Mahmood bertanyakan soalan pada Forum Bicara BH di Balai Berita Bangsar, semalam.

AKHBAR : MALAY MAIL

MUKA SURAT : 25

RUANGAN : HEALTH

Deadly bites

By Milad Hassandarvish
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WHAT would you say is the deadliest animal on earth? If you are thinking of creatures with sharp teeth and ferocious looks such as the crocodile or shark, you might be wrong because appearances can be misleading.

If you judge a creature's deadliness by the number of people it kills each year, the tiny mosquito ranks tops. According to a report by World Health Organisation (WHO), about 725,000 people are killed every year by mosquito-borne diseases. In comparison, snakes are responsible for 60,000 deaths, crocodiles account for about 1,000 deaths while sharks claim just six lives per year.

Though it may seem ludicrous that something so minuscule can cause death to so many people, it is but the stark truth.

Although mosquito-borne diseases such as dengue, malaria or zika are more familiar to people in Malaysia, it appears that the less-talked-about Japanese Encephalitis (JE) virus can be as deadly and dangerous especially for children with weaker immune system.

The JE virus is transmitted by the infected mosquitoes of the Culex species (mainly *Culex tritaeniorhynchus*) and when contracted, causes a type of viral brain infection. Mosquitoes that carry this virus mostly circulate in the Southeast Asian and Western Pacific regions.

In most temperate areas of Asia, the virus is transmitted mainly during the warm season, when large epidemics can occur. However, in a tropical environment, transmission can occur all year round, often intensifying during the rainy season. In Malaysia, it is more prevalent in states of Sarawak, Pahang and Perak, according to statistics from the Health Ministry.

Health Ministry Vector Borne Disease Sector (Disease Control Division) head Dr Rose Nani Mudin pointed out that Malaysians generally take mosquitoes lightly.

"Given that we live in a tropical environment, we are constantly surrounded by mosquitoes that can carry various types of harmful diseases," she said at a media dialogue session on mosquito-borne diseases at Aloft Kuala Lumpur Sentral hotel recently.

Looking back, major outbreaks of this



(From left) The dialogue moderator talks about mosquito-borne diseases with Rose and Tan.

deadly virus occurred in Langkawi in 1974 with 10 cases reported and two deaths, Penang in 1988 with nine cases and four deaths and in the Serian district of Sarawak in 1992, which saw nine cases and four deaths.

In 1999, the virus left more than 50 people dead while hundreds of thousands of pigs — the possible carriers of the infection — were culled after an outbreak in Perak and Negri Sembilan.

According to Rose, the Culex mosquito — which is brown in colour — thrives in both rural and urban areas and if they had bitten infected pigs and birds, would act as a vector to spread the virus to humans.

"These mosquitoes become infective after feeding on infected pigs or wading birds before transmitting it to humans," she continued.

Rose stated that humans are the end host in the JE transmission cycle. Therefore, the virus does not transmit from human to human.

The disease, which is caused by a Flavivirus (a genus of viruses in the family

Flaviviridae), affects the brain — causing inflammation that is potentially fatal.

Meanwhile, consultant paediatrician Dr Tan Gek Ling who was also present at the dialogue explained that once a person is bitten by an infected mosquito, the virus enters the body and travels to various glands where it multiplies. It can then enter the bloodstream and ultimately settles in the brain, where it starts damaging the nerve system.

With no specific antiviral treatment available to combat the disease, Tan said the fatality rate can be as high as 30 per cent among those who are infected with the virus. "Of those who survive, 20 to 30 per cent will suffer permanent cognitive, behavioural or neurological problems," she disclosed.

Unlike most diseases that come with signs and indications, the JE virus does not develop any specific symptoms. "Most JE virus infections are mild with symptoms similar to a cold or flu which, in most cases, is often misdiagnosed as something minor," she continued. "However,

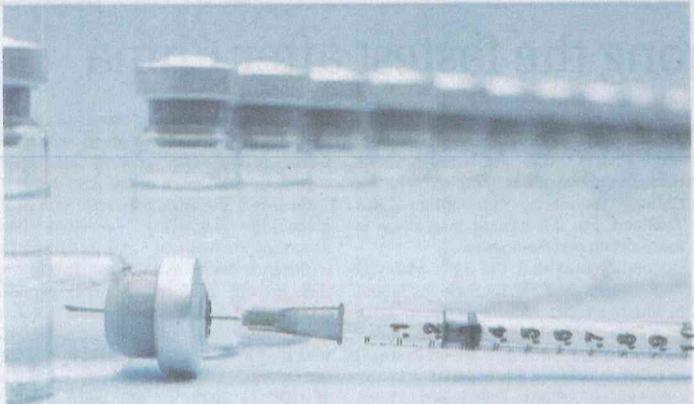
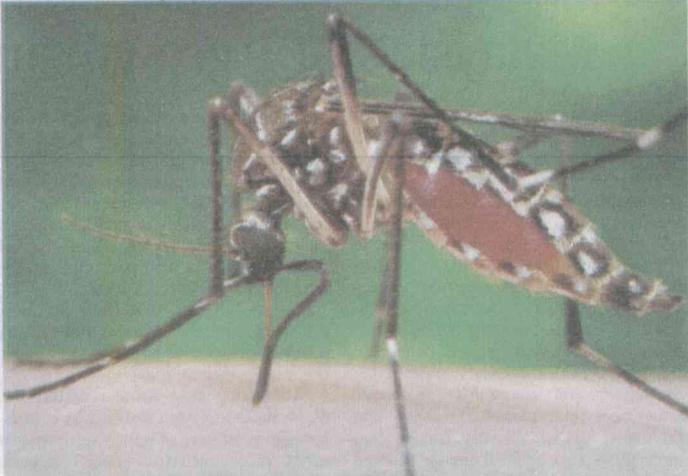
approximately one in 200 infections results in severe clinical illness."

Tan stressed that the severe cases have symptoms like high fever, severe headache, vomiting, seizures and muscle weakness.

Apart from preventive efforts such as fogging to keep the bugs away, vaccination is one of the best ways to curb the spread of this deadly infectious disease. At present, JE vaccination is only compulsory in Sarawak (since it is more rampant there) for babies aged nine to 21 months old," Rose said.

Although the vaccination is not included in the National Immunisation Programme, it is available at selected private medical centres and paediatrician clinics across Malaysia for RM130 and above.

Emphasising on the importance of vaccination, Tan stressed that prevention is much better than cure. "Considering the consequences one could face if infected with JE virus, it is best to protect ourselves and our children with vaccination for a greater peace of mind," she added.



JE vaccine is available at selected private medical centres and paediatric clinics across Malaysia for RM130 and above.

The Culex mosquito thrives in both rural and urban areas.