

AKHBAR : BERITA HARIAN  
MUKA SURAT : 14  
RUANGAN : NASIONAL



Lukanisman (dua dari kanan) merasmikan Persidangan Saintifik Kesihatan Sempadan Malaysia-Thailand Ke-34, di Georgetown, semalam. (Foto Danial Saad/BH)

# KKM belum cadang laksanakan vaksinasi cacar monyet

Orang ramai dinasihat akur garis panduan kesihatan elak jangkitan mpox

Oleh Siti Aminah Mohd Yusof  
bhnews@bh.com.my

**Georgetown:** Kementerian Kesihatan (KKM) belum bercadang untuk memperkenalkan program peliaian khusus bagi penyakit cacar monyet atau mpox di negara ini.

Timbalan Menteri Kesihatan,

Datuk Lukmanisman Awang Sauni, berkata perkara itu tidak dibincangkan setakat ini, namun akan melakukan kajian sepenuhnya jika ada keperluan.

Bagaimanapun, beliau menjelaskan, jangkitan mpox boleh dielak jika seseorang mengambil langkah berjaga-jaga, termasuk mengikut garis panduan kesihatan yang ditetapkan dan menjaga kebersihan sendiri.

"Simptom jangkitan mpox nampak agak jelas dari sudut fizikal, terutama tempok di badan dan pesakit boleh merasakan kesan mpox itu," katanya kepada pemberita selepas merasmikan Persidangan Saintifik Kesihatan Sempadan Malaysia-Thailand Ke-34, di sini, semalam.

Lukanisman berkata, pihak-

nya sedang berhubung dengan negara ASEAN mengenai perkembangan penyakit itu dan tiada sekatan atau halangan ke luar negara dikeluarkan berkaitan kes mpox, setakat ini.

"Satu kenyataan rasmi telah dikeluarkan KKM. Kita juga sudah mengeluarkan garis panduan, terutama kaedah perawatan yang boleh digunakan untuk merawat mpox.

"Kita juga sedang berhubung dengan semua negara ASEAN, dan memang mengawal sepenuhnya pintu masuk bagi mengetahui jangkitan yang sedang berlaku di negara jiran," katanya.

### Tiada kes baharu

Sambil memaklumkan bahawa KKM akan terus memantau rapi

## Apa itu Mpox?

Mpox (cacar monyet) adalah penyakit berjangkit yang disebabkan virus monkeypox, iaitu spesies di bawah genus *Orthopoxvirus*

### Gejala Mpox?

Demam berserta ruam lepuh (*maculopapular rash*) pada muka, tapak tangan, tapak kaki, kemaluan, konjunktiva dan kornea

### Bagaimana virus ini tular kepada manusia?

- Sentuhan rapat secara langsung dengan ruam atau lepuh pada kulit individu mempunyai gejala dan tanda jangkitan Mpox.
- Jangkitan berlaku melalui pendedahan kepada cecair respiratori semasa hubungan intim
- Melalui haiwan, apabila memburu, melapah atau memasaknya
- Melalui peralatan seperti cadar, pakaian atau jarum tercemar
- Orang hamil yang mungkin menularkan virus kepada bayi dalam kandungan mereka

### Jika anda dijangkiti Mpox



Kekal di rumah sehingga semua kulis hilang dan lapisan kulit baru terbentuk



Tutup luka dan pakai topeng sesuai apabila berada di sekeliling orang lain



Elakkan sentuhan fizikal

isu penyakit itu, beliau berkata, tiada kes baharu mpox buat masa ini meskipun pernah dilaporkan berlaku di Malaysia tahun lalu.

"Apa yang berlaku di Eropah ketika ini memang kita akan kemasi dari semasa ke semasa.

"CPRC (Pusat Kesiapsiagaan dan Tindak Cepat Krisis Kebangsaan) akan memantau keseluruhan proses," katanya.

Mpox ialah sejenis jangkitan disebabkan virus mpox, iaitu spesies bawah genus *Orthopoxvi-*

rus dan jangkitan boleh berlaku antara manusia ke manusia melalui sentuhan rapat secara langsung dengan ruam atau lepuh pada kulit individu yang mempunyai gejala serta tanda jangkitan.

Jangkitan juga boleh berlaku melalui pendedahan kepada cecair respiratori ketika hubungan intim, dengan gejalanya demam berserta ruam lepuh pada muka, tapak tangan, tapak kaki, kemaluan, konjunktiva dan kornea.

# Indonesia, Thailand perketat saringan pelawat asing

**Jakarta:** Indonesia dan Thailand yang merekodkan kes cacar monyet (mpox) mula memperketatkan saringan serta skim pemeriksaan kesihatan warga asing termasuk berstatus tetamu negara yang memasuki negara berkenaan.

Pemangku Ketua Pengarah Pencegahan dan Kawalan Penyakit, Kementerian Kesihatan Indonesia, Yudhi Pramono, berkata pihaknya meningkatkan kewaspadaan terutama di pintu masuk negara dan mengeluarkan soal selidik untuk warga asing yang menjadi tetamu negara.

Soal selidik merangkumi soalan seperti sejarah perubatan, aktiviti hubungan dan destinasi perjalanan terakhir.

Beliau berkata, dengan langkah itu kerajaan boleh mendapatkan data dan sejarah pengembara sebagai persediaan yang lebih baik.

Pramono berkata, pengawasan masih menjadi cabaran sehingga Indonesia perlu meningkatkan kewaspadaan, lebih-lebih lagi kes mpox meningkat tahun ini yang menyaksikan Congo, Afrika, mencatat 2,999 kes.

Katanya, peningkatan kes di ne-

gara Afrika adalah disebabkan mpox clade 1b yang kebanyakannya berjangkit melalui hubungan seksual dan mempunyai kadar kematian lebih tinggi daripada clade 2b.

Ia adalah asas yang membawa kepada pengumuman status kecemasan kesihatan global (PHEIC) mpox oleh Pertubuhan Kesihatan Sedunia (WHO) pada 14 Ogos lalu.

Pihaknya mengkatégorikan situasi mpox di Indonesia pada 2024 secara umumnya menurun jika dibandingkan dengan data tahun sebelumnya.

Berdasarkan data Kementerian Kesihatan pada Januari hingga Ogos 2024, trend kes mpox di Indonesia direkodkan pada 14 pengesahan dan 74 disyaki, manakala tahun lalu terdapat 73 pengesahan dan 240 kes disyaki.

"Kes itu datang daripada kumpulan clade 1Ib dengan kadar kematian lebih rendah. Kami menghalang clade 1b daripada memasuki Indonesia," katanya.

Sementara itu, Kementerian Kesihatan Awam Thailand meningkatkan saringan ke atas pengembara yang masuk ke negara ber-

kenaan susulan WHO mengisytiharkan PHEIC.

Jurucakap Jabatan Kawalan Penyakit (DDC), Dr Weerawat Manosuthi, berkata jabatan itu kini memantau dengan teliti keadaan di Thailand.

"Keadaan di Thailand masih terkawal. Mpox dianggap penyakit berbahaya bawah Akta Penyakit Berjangkit BE2558 (2015)," katanya sambil menambah bahawa akta itu memerlukan pihak berkuasa kesihatan awam dimaklumkan mengenai sebarang kes yang dikesan.

AGENSI



AKHBAR : SINAR HARIAN  
MUKA SURAT : 8  
RUANGAN : NASIONAL

8

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SINAR HARIAN • RABU 21 OGOS 2024

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Langkah berjaga-jaga bagaimanapun diambil di semua pintu masuk negara

Oleh SYAJARATULHUDA  
MOHAMAD ROSLI  
GEORGE TOWN

**K**erajaan belum bercadang melaksanakan program vaksinasi bagi penyakit cacar monyet atau Mpox untuk rakyat negara ini.

Timbalan Menteri Kesihatan, Datuk Lukanisman Awang Sauni berkata, setakat ini tiada perbincangan dibuat mengenai perkara itu, namun kajian secara mendalam perlu dibuat terlebih dahulu sekiranya terdapat keperluan untuk melaksanakannya.

Menurutnya, jangkitan Mpox ini boleh dielak sekiranya orang ramai mengambil langkah berhati-hati selain menjaga kebersihan sendiri.

"Simptom jangkitan Mpox ini juga senang dikenal pasti dari

sudut fizikal terutama sekaliompok di badan selain pesakit sendiri boleh rasakan kesannya," katanya pada sidang akhbar selepas Majlis Perasmian The 34th Malaysia-Thailand Border Health Scientific Conference 2024 di sini pada Selasa.

Tambah Lukanisman, kerajaan sedang berhubung rapat dengan semua negara ASEAN bagi memantau kes Mpox di negara-negara berkenaan.

Selain itu, katanya, kerajaan juga bekerjasama dengan beberapa agensi lain untuk membuat ujian saringan di pintu masuk sempadan seperti di lapangan terbang dan di laluan masuk negara lain.

"Setakat ini proses yang kita lakukan adalah sama seperti ketika pandemik (Covid-19).

# Mpox: Kerajaan belum cadang laksanakan vaksinasi



Lukanisman (depan, dua dari kanan) melawat reruai di Malaysia-Thailand Border Health Scientific Conference 2024 pada Selasa.

Semua langkah berjaga-jaga telah diambil oleh agensi-agensi yang berkenaan terutama sekali di pintu masuk imigresen, lapangan terbang dan juga di sempadan serta kita akan rujuk kepada mereka jika ada keperluan," katanya.

Buat masa ini, ujarnya, tiada halangan untuk sebarang aktiviti keluar masuk ke negara ini.

"Satu kenyataan rasmi telah dikeluarkan Kementerian Kesihatan (KKM) ketika ini ter-

masuk semua garis panduan terutama sekali kaedah perawatan yang boleh digunakan untuk Mpox," katanya.

Jelasnya, sehingga kini tiada jangkitan baharu Mpox direkodkan oleh KKM.

Sebelum ini, KKM sentiasa bersedia melalui pengukuhan aktiviti surveilans dan advokasi berkaitan Mpox termasuk meningkatkan pemantauan di semua pintu masuk antarabangsa.

Ini susulan pengisytiharan Pertubuhan Kesihatan Sedunia (WHO) bahawa Mpox sebagai Kecemasan Kesihatan Awam yang Menjadi Kepentingan Antarabangsa (Kecemasan Kesihatan Awam dengan Kebimbangan Antarabangsa-PHEIC) untuk kali kedua pada 14 Ogos lepas.

AKHBAR : SINAR HARIAN  
MUKA SURAT : 24  
RUANGAN : NEGERI

## Kantin SBP diarah tutup dua minggu

**KUALA TERENGGANU** - Kantin sebuah sekolah berasrama penuh (SBP) di Kuala Nerus diarah tutup serta-merta selepas 32 pelajar dilaporkan mengalami keracunan makanan.

Jabatan Kesihatan Negeri Terengganu (JKNT) memaklumkan penutupan itu berkuat kuasa selama dua minggu sehingga 28 Ogos ini.

Menurutnya, arahan penutupan dilakukan mengikut Seksyen 18 (1)(d) Akta Pengawalan dan Pencegahan Penyakit Berjangkit 1988.

Sebelum ini, pelajar sekolah berkenaan berusia 13 hingga 17 tahun dilaporkan mengalami keracunan makanan disyaki daripada telur goreng.

Pengarah Jabatan Kesihatan Negeri Terengganu, Datuk Dr Kasemani Embong berkata, pihaknya masih menjalankan siasatan bagi mengenal pasti punca sebenar kejadian yang berlaku pada 15 Ogos lalu.



AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 4  
RUANGAN : DALAM NEGERI

# Mpox: Malaysia bebas jangkitan, pantau situasi di negara ASEAN

Oleh SAFINA RAMLI  
utusannews@mediamulla.com.my

**GEORGE TOWN:** Malaysia bebas jangkitan Mpox atau cacar monyet tetapi giat berhubung rapat dengan negara-negara ASEAN bagi mendapatkan informasi terkini jangkitan penyakit di negara-negara berkenaan.

Timbalan Menteri Kesihatan, Datuk Lukanisman Awang Sauni berkata, pada masa yang sama, semua agensi terlibat diarah memantau dengan rapi pintu-pintu masuk negara bagi memastikan keselamatan kesihatan semua pihak terjamin.

"Kita sedang berhubung dengan semua negara ASEAN dan kita memang mengawal sepenuhnya pintu masuk serta memantau jangkitan yang sedang berlaku di negara jiran."

"Setakat ini, kita tidak mempunyai sebarang halangan (untuk keluar masuk ke negara-negara ini). Kenyataan rasmi telah dikeluarkan oleh KKM (Kementerian Kesihatan dan kita telah menyediakan panduan dan kaedah rawatan untuk merawat Mpox," katanya di sini semalam.

Terdahulu, Lukanisman merasmikan Persidangan Saintifik Kesihatan Sempadan Malaysia-Thailand kali ke-34 di Batu Fer-



**Kita sedang berhubung dengan semua negara ASEAN dan kita memang mengawal sepenuhnya pintu masuk serta memantau jangkitan yang sedang berlaku di negara jiran."**

**LUKANISMAN AWANG SAUNI**

ringhi, dekat sini.

Mpox ialah sejenis jangkitan yang disebabkan oleh virus Mpox, iaitu spesies di bawah genus orthopoxvirus. Jangkitan boleh berlaku antara manusia kepada manusia melalui sentuhan rapat secara langsung dengan ruam atau lepuh pada kulit individu yang mempunyai gejala dan tanda jangkitan.

Malah, jangkitan juga boleh berlaku melalui pendedahan kepada cecair respiratori semasa hubungan intim, dengan

gejalanya termasuk demam berserta ruam 'maculopapular' atau ruam lepuh pada muka, tapak tangan, tapak kaki, kemaluan, konjunktiva dan kornea.

Lukanisman berkata, kerajaan juga sedang memantau rapi situasi jangkitan di Eropah dan akan mengemas kini maklumat mengenainya kepada orang ramai dari semasa ke semasa.

"Pusat Kesiapsiagaan dan Tindak Cepat Krisis (CPRC), Menteri Kesihatan dan KKM sedang memantau rapi keadaan dan akan mengeluarkan kenyataan dari semasa ke semasa. Kita tidak mahu mencetuskan situasi panik dalam kalangan rakyat," katanya.

Dalam pada itu, beliau berkata, semua langkah berjaga-jaga telah diambil oleh agensi seperti Jabatan Imigresen Malaysia (JIM), terutama sekali di pintu masuk negara dan juga di sempadan.

"Setakat ini, proses yang kita lakukan adalah sama seperti semasa pandemik. Jika terdapat sesuatu yang kita kesian terutama di pintu masuk sempadan, kita telah menyediakan garis panduan mengenainya," katanya.

Ditanya sama ada rakyat perlu mendapatkan vaksin Mpox, Lukanisman berkata, pihak Kementerian akan mengkaji sepenuhnya keperluan tersebut.

AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 19  
RUANGAN : FORUM

## Contohi New Zealand, Sweden kurangkan kadar merokok

### SAUDARA PENGARANG.

**ADVANCED** Centre for Addiction Treatment Advocacy (ACATA) menyeru agar langkah pengurangan kemudahan tembakau yang komprehensif segera dimasukkan dalam peraturan akan datang yang akan diperkenalkan di bawah Kawalan Produk Merokok untuk Kesihatan Awam 2024 (Akta 852).

Dengan membuat perbandingan dari New Zealand dan Sweden melalui satu laporan baru-baru ini, ACATA menentang potensi alternatif pengurangan kemudahan yang dikawal bagi mengurangkan kelaziman merokok dengan ketara di Malaysia sekali gus mampu menyelamatkan ribuan nyawa.

Selama hampir sedekad, kelaziman merokok di Malaysia kekal tidak berubah pada kira-kira 20 peratus, menjadi satu cabaran dalam kesihatan awam yang ketara. Walau bagaimanapun, contoh antarabangsa menunjukkan bahawa inisiatif pengurangan kemudahan strategik boleh menghasilkan penurunan kadar merokok yang tidak pernah berlaku sebelum ini.

ACATA percaya Malaysia boleh mencapai kejayaan serupa dengan menerima pendekatan pengurangan kemudahan dan memperkenalkan peraturan sokongan untuk alternatif berisiko rendah seperti vape.

Menurut *Quitting Strong: New Zealand's Smoking Cessation Success Story*, pengiktirafan dan pengawalan vape sebagai produk pengguna dewasa di New Zealand pada 2020 membawa penurunan 43 peratus yang luar biasa dalam kadar merokok dewasa harian, daripada 11.9 peratus pada 2020 kepada 6.8 peratus pada 2023. Matlamat negara itu untuk menjadi bebas asap rokok menjelang 2025 kini dalam jangkauan. Terutama sekali, kempen yang disasarkan dan bersesuaian dengan budaya mereka membawa kepada penurunan 41 peratus yang belum pernah terjadi sebelum ini dalam kalangan perokok Maori, daripada 28.6

peratus pada 2020 kepada 17.1 peratus pada 2023.

Inisiatif kerajaan New Zealand, seperti penubuhan laman web *Vaping Facts*, meneraju kempen *Vape to Quit Strong*, serta menyediakan panduan yang jelas untuk profesional kesihatan yang memainkan peranan penting dalam pencapaian ini.

Dalam pada itu, Sweden juga turut mengalami pengurangan ketara sebanyak 55 peratus dalam kadar merokok sepanjang dekad yang lalu, menurun kepada 5.6 peratus. Penurunan ini didorong oleh penggunaan meluas *snus* (produk tembakau oral tanpa asap), pengenalan vape pada 2015, dan kantung nikotin pada 2018.

Malaysia mempunyai keperluan mendesak untuk mengguna pakai strategi pengurangan kemudahan yang komprehensif yang merangkumi pengawalseliaan produk vape. Dengan melihat kejayaan New Zealand dan Sweden, kita dapat melihat impak transformatif menyediakan perokok dengan alternatif dengan kemudahan yang lebih rendah. Akta 852 mesti seimbang untuk menyokong langkah pengurangan kemudahan untuk memerangi kelaziman merokok secara berkesan di Malaysia.

ACATA menekankan bahawa undang-undang yang akan datang harus mengutamakan pengurangan kemudahan dan tidak mengenakan langkah yang terlalu ketat, kerana ini akan menjadi tidak produktif. Melaksanakan strategi pengurangan kemudahan berasaskan bukti, ditambah dengan pendidikan dan sokongan yang mantap mampu membuka jalan ke arah Malaysia yang bebas rokok. Kami menggesa kerajaan bertindak pantas dan tegas, memastikan Akta 852 termasuk peruntukan yang menggalakkan, bukannya menghalang, akses kepada alternatif yang lebih selamat untuk perokok dewasa.

**DR. ARIFIN FII**  
Presiden ACATA





AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 32  
RUANGAN : DALAM NEGERI



PEGAWAI penguat kuasa kesihatan membuat pemeriksaan di kantin sebuah sekolah berasrama penuh yang terlibat dengan kes keracunan makanan di Terengganu, baru-baru ini.

## Kantin sekolah punca keracunan makanan ditutup

Oleh **KAMALIZA KAMARUDDIN**  
[utusannews@mediamulla.com.my](mailto:utusannews@mediamulla.com.my)

**KUALA TERENGGANU:** Jabatan Kesihatan Negeri Terengganu (JKNT) mengarahkan kantin sebuah sekolah berasrama penuh di daerah Kuala Nerus ditutup selama 14 hari susulan kes keracunan makanan, baru-baru ini.

Pengarah JKNT, Datuk Dr. Kasemani Embong berkata, arahan itu berkuat kuasa dari 15 Ogos hingga 28 Ogos ini.

Menurutnya, arahan penutupan premis dilakukan di bawah

Seksyen 18 (1)(d) Akta 342 (Penguatkuasaan dan Pencegahan Penyakit Berjangkit 1988).

"Sepanjang penutupan, kerja-kerja pembersihan dilakukan sepenuhnya bagi memutuskan rantaian keracunan," katanya ketika dihubungi *Utusan Malaysia*, semalam.

Kelmarin, Kasemani dilaporkan berkata, siasatan terperinci masih dilakukan untuk mengenal pasti punca sebenar insiden keracunan di sekolah tersebut.

Tambahnya, siasatan awal

mendapati kes keracunan disyaki berpunca daripada telur goreng yang didakwa telah berubah bau dan rasa.

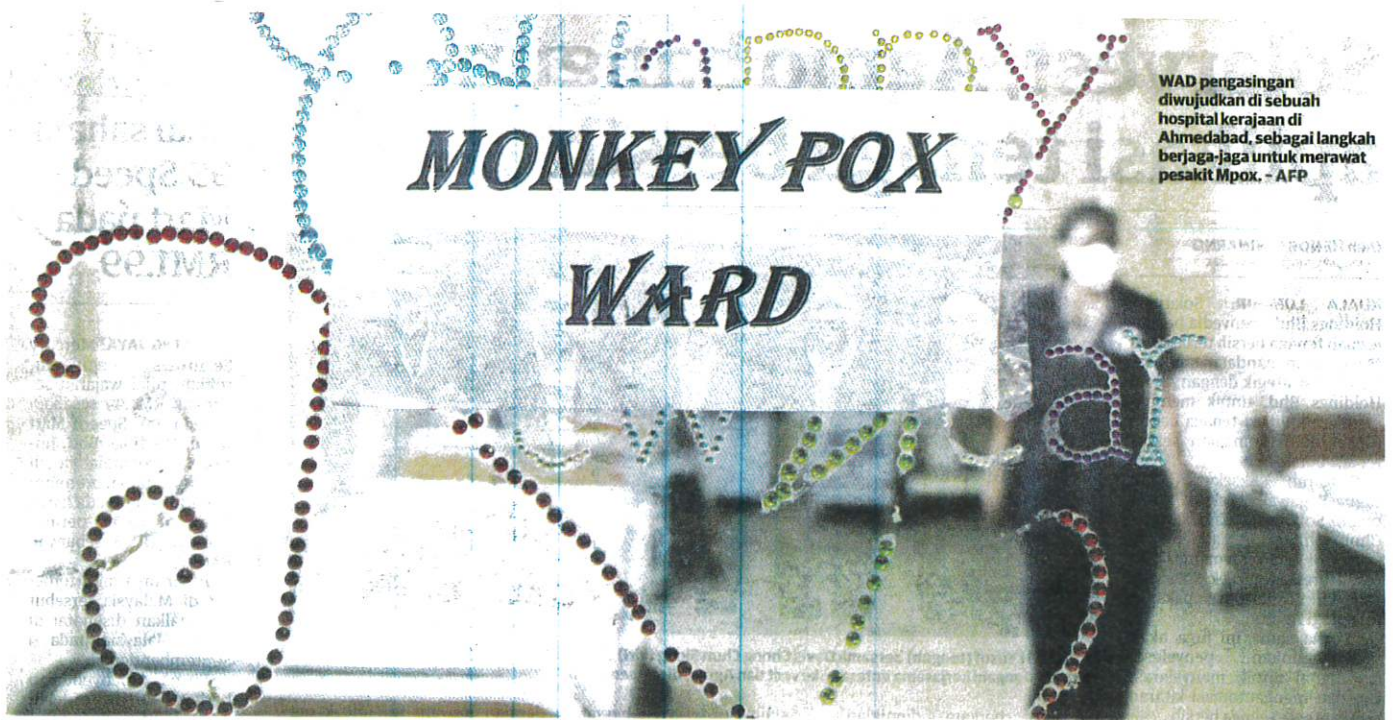
Beliau memberitahu, kejadian itu melibatkan pelajar-pelajar berumur antara 13 hingga 17 tahun pada 15 Ogos lalu.

"Hasil siasatan mendapati 32 daripada 629 pelajar (5.1 peratus) mengalami gejala keracunan selepas makan di kantin sekolah, sehari sebelum itu.

"Gejala utama dilaporkan adalah loya, muntah, sakit perut, cirit-birit dan demam," katanya.



AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 38  
RUANGAN : LUAR NEGARA



Masyarakat antarabangsa gagal ambil langkah awal kekang wabak Mpx merebak

## Cacar Monyet menghantui dunia

**GENEVA:** Langkah mengisytiharkan Mpx atau cacar monyet sebagai kecemasan kesihatan awam global (PHEIC) buat kali kedua dalam tempoh dua tahun menunjukkan kelemahan dunia untuk mengambil langkah mengekang wabak itu daripada menular.

Bermula dari benua Afrika, ia menunjukkan antarabangsa enggan mengambil peduli dan mengambil kisah situasi Mpx di benua tersebut sehinggalah Pertubuhan Kesihatan Sedunia (WHO) terpaksa mengisytiharkan PHEIC ekoran situasi bertambah buruk.

Ancaman itu menyebabkan pelbagai pihak mengambil langkah drastik untuk menghantar vaksin kecemasan ke negara terlibat sebagai langkah waspada.

Ini selepas, wabak awal di Republik Demokratik Congo merebak ke bahagian jiran Afrika Tengah dan Timur.

Pada masa ini, terdapat beberapa wabak berbeza berlaku serentak, terutamanya di Congo dan negara jiran, termasuk Burundi, Rwanda, Uganda dan Kenya, wilayah yang biasanya bukan endemik.

Kemunculan strain virus baharu di DR Congo, Clade 1b, yang dikesan merebak melalui



**SEORANG** kanak-kanak sedang dirawat oleh pekerja kesihatan di pusat rawatan Mpx di Hospital Rujukan Umum Nyiragongo, utara Goma, pada 17 Ogos lepas. - AFP

rangkaian seksual adalah sangat membimbangkan dan antara sebab utama pengisytiharan PHEIC.

Pakar percaya kajian terperinci perlu dilakukan mengenai varian Clade 1b, yang berkebarangkalian sangat mudah merebak dan menyebabkan gejala lebih serius.

Pusat Kawalan dan Pencegahan Penyakit (CDC) Afrika melaporkan terdapat lebih 14,500

jangkitan Mpx dan lebih 450 kematian antara awal tahun ini hingga akhir Julai.

Ia merupakan peningkatan sebanyak 160 peratus dalam jangkitan dan 19 peratus peningkatan dalam kematian berbanding tempoh sama tahun lepas.

Setakat ini, tiga negara di luar benua Afrika sudah merekodkan kes Mpx, bermula dengan Sweden, Pakistan dan terbaharu, Filipina.

### TANDA DAN GEJALA MPOX

- » Ruam timbul berisi cecair di seluruh badan
- » Demam
- » Keletihan
- » Bengkak kelenjar limfa
- » Lenguh atau sakit otot
- » Sakit belakang
- » Sakit kepala

### ASIA TENGGARA MULA WASPADA

Susulan pengisytiharan PHEIC, negara-negara di Asia Tenggara termasuk Malaysia dan Indonesia, mula melaksanakan langkah-langkah dan saranan pencegahan Mpx.

Kementerian Kesihatan Malaysia (KKM) dalam kenyataan menetapkan semua pengembara yang tiba dari negara melaporkan Mpx perlu memantau status kesihatan sendiri setiap hari, termasuk gejala jangkitan bagi tempoh selama 21 hari dari tarikh ketibaan di Malaysia.

Indonesia turut mengambil langkah sama mengetatkan skim pemeriksaan kesihatan warga asing yang memasuki negara itu bagi mengelak penul-

laran virus tersebut.

Pemangku Ketua Pengarah Pencegahan dan Kawalan Penyakit, Yudhi Pramono berkata, pelawat asing dikehendaki mengisytiharkan rekod perubatan dan sejarah perjalanan terkini menerusi borang di pintu masuk.

Sementara di Singapura, Kementerian Kesihatan memaklumkan risiko kesihatan awam akibat wabak Mpx di negara itu kekal rendah, namun langkah berjaga-jaga masih dilaksanakan untuk menyekat penularan.

"Setakat ini, semua jangkitan Mpx yang dikesan di Singapura adalah strain Clade II yang lebih ringan, kebanyakannya semasa wabak global pada 2022-2023," kata kementerian.

Sebanyak 10 kes mpx dikesan di Singapura sehingga 27 Julai tahun ini, selain 32 kes direkodkan pada tahun lepas.

Kementerian Kesihatan Awam Thailand juga mempertingkatkan pemeriksaan penumpang yang tiba untuk mencegah wabak Mpx, lapor Bangkok Post.

Jurucakap Jabatan Kawalan Penyakit Thailand berkata, situasi Mpx di negara itu masih terkawal.

Peningkatan pemantauan turut meliputi Filipina yang sudah merekodkan kes pertamanya selepas pengisytiharan PHEIC.



AKHBAR : THE STAR  
MUKA SURAT : 4  
RUANGAN : NATION

# No plan for mpox vaccination yet

## Ministry ramping up surveillance though no new cases in M'sia this year

By RAGANANTHINI  
VETHASALAM  
raga@thestar.com.my

**PETALING JAYA:** There is no plan yet to implement a vaccination programme for monkeypox (mpox) in the country but the Health Ministry is ramping up surveillance, says Deputy Health Minister Datuk Lukanisman Awang Sauni.

"So far, we have not even talked about this vaccine and also if there is, we will fully study the requirements regarding mpox.

"If we look at the guidelines and also the way of infection, it can be avoided if the individual takes precautions such as by practising personal hygiene," he told reporters in Penang after officiating the 34th Malaysia-Thailand Border Health Scientific Conference yesterday.

He was commenting after the World Health Organisation (WHO) recently declared mpox a Public Health Emergency of International Concern (PHEIC).

Lukanisman said that so far no new cases of infection have been recorded in the country, but the ministry is always closely monitoring the situation, Bernama reported.

"Usually, the symptoms of mpox infection can be seen clearly through physical signs such as spots on the body and the patient can feel the effects.

"At present, there is no obstacle for the people of this country to go abroad but they must always be vigilant by taking the necessary measures to avoid infection," he said.

According to him, the government is also currently implementing strict controls at the country's border checkpoints as a precautionary measure.

"So far, the process we are doing is the same as during the pandemic. All precautionary measures have been taken by the

relevant agencies, especially at Immigration checkpoints and airports, and also at the border," he said.

WHO has declared monkeypox a PHEIC following an upsurge in cases in several African and Asian countries.

Globally, 99,176 lab-confirmed mpox cases, including 208 deaths, have been reported between Jan 1, 2022 and June 30 this year.

While no new mpox cases were reported in Malaysia this year, nine cases were reported last year. In Malaysia, the risk is said to be from imported cases.

Mpox cases have also been reported in neighbouring Indonesia, Singapore and the Philippines.

A PCR test is done to confirm the virus.

The WHO has released a detailed explanation on mpox.

### What is mpox?

Mpox is an illness caused by the monkeypox virus. It is a viral infection which can spread between people, mainly through close contact, and occasionally from the environment to people via things and surfaces that have been touched by a person with mpox.

In settings where the monkeypox virus is present in wild animals, it can also be transmitted from infected animals to people who have contact with them.

Following a series of consultations with global experts, WHO has begun using a new preferred term "mpox" as a synonym for monkeypox.

### What are the symptoms of mpox?

Common symptoms of mpox include a rash which may last for two-four weeks. This may start with, or be followed by, fever, headache, muscle aches, back pain, low energy and swollen



glands (lymph nodes). The rash looks like blisters or sores, and can affect the face, palms of the hands, soles of the feet, groin, genital and/or anal regions.

These lesions may also be found in the mouth, throat, anus, rectum or vagina, or on the eyes. The number of sores can range from one to several thousand.

Some people develop inflammation inside the rectum (proctitis) that can cause severe pain, as well as inflammation of the genitals that may cause difficulties urinating.

In most cases, the symptoms of mpox go away on their own within a few weeks with supportive care, such as medication for pain or fever.

However, in some people, the illness can be severe or lead to complications and even death. Newborn babies, children, people who are pregnant and people with underlying immune deficiencies such as advanced HIV may be at higher risk of more serious mpox disease and death.

### How does mpox spread?

From person to person:

Mpox spreads from person to person mainly through close contact with someone who has mpox. Close contact includes skin-to-skin (such as touching or sex) and mouth-to-mouth, or mouth-to-skin contact (such as kissing), and can also include

being face-to-face with someone who has mpox (such as talking or breathing close to one another, which can generate infectious respiratory particles).

The virus can also spread during pregnancy to the foetus, during or after birth through skin-to-skin contact, or from a parent with mpox to an infant or child during close contact.

### From animals to humans:

Someone who comes into physical contact with an animal which carries the virus, such as some species of monkeys or a terrestrial rodent (such as the tree squirrel) may also develop mpox.

Exposure via such physical contact with an animal or meat can occur through bites or scratches, or during activities such as hunting, skinning, trapping or preparing a meal. The virus can also be caught through eating contaminated meat which is not cooked thoroughly.

### Who is at risk of mpox?

People who have close contact with someone who has mpox are at risk of infection. People who have contact with clothing, bedding, towels, objects, electronics and other surfaces that have been touched by someone with mpox are also at risk.

### Is there a vaccine?

Yes. There are vaccines recommended by WHO for use against mpox.

At present, WHO recommends the use of MVA-BN or LC16 vaccines, or the ACAM2000 vaccine when the others are not available.

Only people who are at risk (for example, someone who has been a close contact of someone who has mpox, or someone who belongs to a group at high risk of exposure to mpox) should be considered for vaccination.

# Tax relief for children among key tax-saving measures

**KUALA LUMPUR:** Tax relief for children under a taxpayer's care is one of the most commonly and easily claimed deductions that can have a big impact on tax-saving measures.

Selangor Inland Revenue Board (IRB) public relations officer Ili Diyana Abd Hadi said parents are eligible for this tax deduction if they have supporting documents such as birth or adoption certificates.

She said there are four types of child-related relief available, namely a deduction of RM2,000 for each child aged 18 and below and an exemption of RM8,000 for children aged 18 and above, who are pursuing higher education such as a diploma or higher in Malaysia, or a degree or its equivalent (including master's or doctoral degrees) for those studying abroad.

Additionally, a relief of RM6,000 is available for children with disabilities with an extra RM8,000 exemption for disabled children aged 18 and above, who continue their studies at a higher level, she said when appearing as a guest on Bernama Radio yesterday.

"The form includes columns for 100% and 50% claims. The 100% column is for married couples, where either the husband or wife can claim it for one child but it cannot be claimed by both for the same child.

"The 50% column is for couples who have divorced and can claim it for the same child," said Ili Diyana, Bernama reported.

She also said working couples should opt for separate assessments to secure a self-exemption of RM9,000 for each person.

According to her, taxpayers who contribute to the National

Education Savings Scheme (SSPN), including SSPN Prime and SSPN Plus products, can claim deductions based on their choice of assessment, whether separate or joint.

Ili Diyana said another way to maximise income tax savings is through claims for medical treatment, special needs and parental care, which are capped at RM8,000 based on the type of expenditure.

"The treatment claim for parents is applicable only to those living in Malaysia and receiving treatment at clinics or hospitals within the country.

"All medicine claims must be supported by a prescription from a medical practitioner registered with the Malaysian Medical Council, except for dental claims, which are limited to fillings, extractions and scaling, and do not include cosmetic

procedures," she said.

Ili Diyana said tax savings can be achieved through the lifestyle segment, which covers the purchase of personal computers, smartphones, sports equipment, internet services and books, up to a limit of RM2,500.

In addition, she said an extra relief of up to RM500 is available for rent or entry fees to sports facilities and registration fees for competitions, organised by entities approved and licensed by the Sports Commissioner under the Sports Development Act.

The state IRB also urged taxpayers to make full use of all available tax reliefs and rebates to maximise savings and steer clear of any documentation fraud.

Taxpayers should pay their taxes on time and keep their taxation documents for at least seven years.

**"The treatment claim for parents is applicable only to those living in Malaysia and receiving treatment at clinics or hospitals within the country."**

Ili Diyana Abd Hadi



AKHBAR : THE STAR  
 MUKA SURAT : 16  
 RUANGAN : VIEWS

THE STAR, WEDNESDAY 21 AUGUST 2024

EMAIL: editor@thestar.com.my or  
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 YOUR OPINION

## Path to health sovereignty

AS we approach another National Day celebration, we must ask whether we have fully escaped all forms of colonisation. In 2024, the battle for sovereignty has evolved from political freedom to gaining control over our most vital systems, chief among them healthcare.

Our healthcare system remains deeply dependent on external forces. We rely heavily on multinational pharmaceutical companies, imported medical technologies and global health policies that often serve foreign interests before our own.

This dependency is most starkly illustrated by the rising costs of essential cancer treatments, such as chemotherapy and newer modalities like immunotherapy and targeted therapies. While these advancements offer hope to many, their high costs place them out of reach of far too many Malaysians.

Our reliance on imported drugs leaves us vulnerable to the unpredictable fluctuations of global markets, where prices can escalate suddenly, making these life-saving treatments inaccessible. For instance, a course of chemotherapy or immunotherapy can cost tens of thousands of ringgit, a sum unaffordable for most Malaysians. This forces many to make heart-wrenching decisions, choosing between their health and financial stability.

Without greater control over the production and pricing of these treatments, we remain shackled, unable to fully protect the health of our citizens.

Malaysia must invest in building its own pharmaceutical industry. We need to prioritise research and development (R&D) to create homegrown solutions tailored to our population's specific needs. By fostering local innovation, we can reduce costs and ensure that treatments are both relevant and accessible to all Malaysians.

Developing a robust R&D ecosystem is critical. This will allow us to produce generic versions of expensive drugs, conduct local clinical trials, and explore new treatment modalities that are both effective and affordable.

A strong domestic pharmaceutical industry would also enable us to negotiate better prices on the global market, reducing our reliance on costly imports.

However, developing this industry requires more than just infrastructure; it requires talent. Unfortunately, our brightest medical minds continue to leave the country in search of better opportunities abroad. Each departure represents a missed opportunity for Malaysia to develop solutions that are truly our own.

To combat this, we must create an environment that nurtures and rewards innovation within our borders. By investing in research facilities, providing funding for local pharmaceutical companies, and fostering partnerships between academia and industry, we can build a healthcare ecosystem that attracts and retains top talent. This, in turn, will drive the development of a pharmaceutical industry capable of meeting our national needs.

But beyond infrastructure and investment, a shift in mindset is crucial. True independence requires us to think critically about the systems we depend on and question whether they truly serve our best interests.

As we celebrate National Day, we must recommit to building a healthcare system that is genuinely free from global dependency, resilient in the face of external pressures, and reflective of our nation's identity.

We must develop solutions that make sense for Malaysia rather than simply adopting foreign practices.

As our first prime minister Tunku Abdul Rahman once said: "Independence means the freedom to shape our destiny, the power to make our own decisions, and the responsibility to care for our people."

Let us honour that strength by committing to a healthcare system that truly reflects our freedom, values and our future.

**DR KAMAL AMZAN**  
 Johor



AKHBAR : THE SUN  
MUKA SURAT : 3  
RUANGAN : NATIONAL

## No monkeypox vaccination programme planned, says minister

**GEORGE TOWN:** Health Deputy Minister Datuk Lukanisman Awang Sauni said the government has not planned to implement a vaccination programme for monkeypox.

He said there has been no discussion on the matter, but an in-depth study should be done if there is a need to implement it.

"If we look at the guidelines and methods of infection, the disease could be avoided if individuals take certain precautions.

"Symptoms of monkeypox infection can be seen through physical signs," he said after officiating at the 34th Malaysia-

Thailand Border Health Scientific Conference here yesterday.

Lukanisman said no new cases of infection have been recorded in the country, but the ministry is closely monitoring the situation and will issue an official statement from time to time.

He said there are no prohibitions for citizens to go abroad but they must be vigilant to avoid infection.

He added that the government is implementing strict controls at border checkpoints as a precautionary measure.

"The process is the same as

during the Covid-19 pandemic. Precautionary measures have been taken by relevant agencies, especially at immigration checkpoints, airports and the border."

The Health Ministry previously said it is prepared through strengthening surveillance and advocacy activities related to monkeypox, Bernama reported.

The statement was made following a World Health Organisation declaration that monkeypox is a public health emergency of international concern for the second time on Aug 14.



AKHBAR : THE SUN  
MUKA SURAT : 11  
RUANGAN : SPEAK UP

# Don't ignore top health issues

**H**AVE you ever thought of drawing up a list of the top 10 concerns for all Malaysians that our politicians and political parties should focus attention on in the Dewan Rakyat, state assemblies and election ceramah?

If one in 100 voters each comes up with one concern, there should be more than 10 major national issues that our politicians and political parties should focus their attention on rather than play the race and religion card.

Let us ask two questions: Does playing the race and religion card help resolve any of these major concerns? Can any one race (so-called) or religion solve any of your major concerns on its own? If it can, that problem would have been eliminated by now.

When politicians and political parties keep harping on race and religion, are they serving the people or are they stirring up strong emotions to win votes? Last February His Majesty Sultan Ibrahim said when opening the first meeting of the third session of the 15th parliament: "I call on all levels of society to strengthen national unity and not incite emotions by harping on the 3R (race, religion and royalty) issues."

Today, we shall discuss one major concern: The deteriorating health condition of Malaysians. Let us focus on the consumption of high-alcohol liquor and the smoking of high-nicotine tobacco. Both send you to hospital and an early death.

In both matters, politicians are placing party interests above public health. The latest liquor controversy was sparked off by criticisms from PAS over the stage appearance of a Muslim deputy minister for the presentation of a RM3 million mock cheque bearing the logo of a beer company at a fundraising event for Chinese-medium schools.

For religious reasons, PAS opposes any form of public exposure of alcohol. However, all non-Malay political parties also play the religion card by maintaining that it is the "right of non-Muslims" to sell and consume alcohol.

No politician is interested in waving the health and safety flag that can bring the opposition and government together on common ground. The fundraising event was, in fact, a missed opportunity to promote a switch from high-alcohol liquor to low-alcohol varieties.

Long before Islam, the Buddha announced 2,500 years ago: "There are six dangers through being addicted to intoxicating liquors: Actual loss of wealth, increase of quarrels, susceptibility to disease, loss of good character, indecent exposure, impaired intelligence" (Sigalovada Suttanta).

Recognising these dangers of intoxication, science has developed formulas to reduce alcohol content across all types of liquors. Technology has made it possible to filter out most alcohol and some of Australia's best-known winemakers produce a wide range of de-alcoholised Shiraz, Chardonnay, Sauvignon and Pinot Noir containing less than 0.5% alcohol by volume.

Traditional wines contain 15.5% to 25%. Low-alcohol beer, whiskey, brandy and spirits are also available with almost the same aroma and taste as the traditional brands.

The Economist magazine reported in 2021 that "even before the pandemic shut the world's bars, beer-drinking was on the slide, in part owing to health-conscious millennials bingeing less often. Governments and socially minded investors like to see beer-makers offer alternatives to alcohol."

Back in 2018, the Economist reported: "Alcohol consumption, per person, has flattened



It has been estimated that 43% of men and 1.4% of women above the age of 15 smoke in Malaysia. — SUNPIC

or fallen across most large Western economies."

Bloomberg, a financial information service, reported in 2021 that Japanese consumers are also drinking less traditional liquors to stay healthy. "Consumption of low and non-alcoholic drinks is projected to climb 31% across 10 major markets through 2024, including the United States, Australia and France," Bloomberg quoted a spokesperson for brewer Asahi as saying.

A March 2024 Reuters news report said: "Health concerns are prompting consumers worldwide to drink less alcohol."

Sales of low-alcohol and alcohol-free liquor are on a steadily rising wave, and consumers are willing to pay the same price as the traditional labels with high alcohol volumes.

World Spirits Report 2023 last December revealed that the value of the no/low-alcohol category in 2022 surpassed US\$11 billion (RM48.2 billion) in 10 key markets. By 2026, the value of this category across these markets is expected to grow by more than a third. Low-alcohol spirits are growing rapidly and are projected to exceed US\$624 billion by 2031.

However, in Malaysia, the liquor industry is steadfastly rigid, and you will not find a bottle of low-alcohol liquor anywhere on sale although one beer company did introduce a 0.0 beer in 2021. It was soon removed from the shelves.

Non-Muslim and Muslim politicians could have insisted that a new sales condition be imposed on liquor companies, for example, that every three bottles of high-alcohol liquor must be replaced by one low-alcohol bottle of liquor.

But all our political parties lack a unifying spirit that can lead to conciliatory breakthroughs. They choose to maintain a Muslim and non-Muslim bifurcation instead of replacing it with a drinker-abstainer separation.

Scientists at Kaiser Permanente Northern

California studied data from 430,000 people aged 18 to 65 who were free of heart disease at baseline. After four years, 3,018 participants were diagnosed with coronary heart disease.

Heavy drinkers had a higher risk of heart disease than moderate drinkers, who in turn had a higher risk than drinkers who reported low consumption.

### Nicotine: Bigger killer on the loose

Malaysia will find its medical expenditure greatly reduced, especially if alcohol restriction is accompanied by tougher restrictions on tobacco, the even bigger killer.

Alcohol and smoking have been identified by researchers from the universities of Exeter in the UK and Maastricht in the Netherlands as dementia risk factors.

Two months ago, the World Health Organisation (WHO) named the alcohol and tobacco industries as two of four major sectors that wield significant political influence to obstruct public interest regulations that can impact their profit margins. Their tactics threaten public health gains, said WHO.

Unfortunately, our leaders have moved down from the peak to the marshes. Despite the Global Adult Tobacco Survey 2023 showing that 60% of smokers between the ages of 20 and 34 had their first puff before turning 18, the government withdrew the Generational Endgame (GEG) component from last year's anti-smoking bill.

The GEG proposal was to ban all persons born after Jan 1, 2007, from smoking. Shockingly, two cabinet ministers opposed the GEG clause. Contrast our muddled approach with that taken by the British parliament which voted 383-67 in April to ban the sale of cigarettes to anyone born on or after Jan 1, 2009. The bill also bans the sale of vaping products to under-18s.

More than 20,000 Malaysians die annually from smoking. Treating smokers who get cancer, heart disease, stroke and lung disease costs the government RM15 billion annually. The amount spent is four times the excise duty on cigarettes, estimated at RM4 billion per year.

It has been estimated that 43% of men and 1.4% of women above the age of 15 smoke in Malaysia, and more than 90% of male lung cancer patients have a significant smoking history. Some 38,000 secondary school and 374 primary school pupils have been found

to be smokers.

The National Cancer Society Malaysia disclosed at end-2023 that researchers have also found links between lung cancer and second-hand smoke inhaled by non-smokers.

A quarter of lung cancer patients may have contracted the disease through second-hand smoke. Walk along the corridors of any row of eatery shops and notice cigarette stubs on or near the floor.

Tobacco contains a chemical called nicotine. The Centres for Disease Control in the US has described nicotine as the most dangerous drug and "the leading preventable cause of death".

Tobacco destroys the body's vital organs, most commonly the lungs and throat. Smoking cigarettes causes 90% of all lung cancer deaths, claiming the lives of women more than men.

New Scientist and Scientific American magazines have published evidence that smoking can leave its mark on the genes of future generations through epimutations.

By focusing on liquor while ignoring the greater danger of tobacco, PAS missed the opportunity to champion the anti-smoking bill and thus gain the support of medical practitioners, health-oriented NGOs and parents of school-going children.

As with alcohol, science is coming to the rescue in the form of herbal cigarettes and heated tobacco products (HTPs).

The world's first herbal cigarette appeared in China in 1982. By 2004, more than 20 cigarette brands using herbs such as mullein, tu-tung and mugwort as the raw material instead of tobacco leaf were marketed.

Japan introduced HTPs 10 years ago, and an air quality assessment study found that the levels of nicotine were low and below the established limits for safety. The introduction of HTPs resulted in a 44% decrease in cigarette smoking over a span of five years.

When is Malaysia going to put health concerns above politics?

Over the next four articles that will conclude our 10-part Adam and Eve series, we shall delve into the hottest subject of all time - humanity's losing battle against global climate change and the accelerating ecological crisis.

The writer champions interfaith harmony.  
Comments: letters@thesundaily.com



*"Treating smokers who get cancer, heart disease, stroke and lung disease costs the government RM15 billion annually."*