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The Sun M/S 2 & 10

Nipah screening for travellers from high-risk nations

BANGI: As an initial measure to strengthen the country's preparedness against the potential spread of the Nipah virus, the Health Ministry is conducting targeted screening of travellers arriving in Malaysia from high-risk countries, particularly India and Bangladesh.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the measure is being implemented at all international entry points nationwide, with body temperature scanning systems continuously activated to detect early symptoms such as fever.

"We are focusing on travellers arriving from India and Bangladesh as these are among the high-risk countries.

"There are no special routes for these travellers. However, if indicators, such as fever, are detected, they will be referred for further assessment.

"We remain on high alert, and screening continues to be carried out at all entry points."

Dzulkefly said the approach is in line with current practices adopted by most countries, with screening measures adjusted according to ongoing risk assessments.

He added that the ministry remains in close contact with the WHO to ensure that the control measures implemented are appropriate and aligned with the latest developments at the international level.

He was speaking after launching the RHB-IJN Heart Health Screening Mobile Unit yesterday.

Present at the event were RHB Banking group managing director and group CEO Datuk Mohd Rashid Mohamad and IJN CEO Prof Datuk Seri Dr Mohamed Ezani Md Taib.

Dzulkefly said the initiative aims at providing early heart disease screening services to the community. He said under the collaboration, RHB supplied a new Volvo Prime Mover unit while IJN provided a screening trailer equipped with advanced cardiac diagnostic equipment.

"When these two elements are combined, they form the RHB-IJN Mobile Unit, which brings sophisticated clinical technology directly to people's doorsteps. Facilities such as electrocardiogram and echocardiography are now available free of charge to rural communities which may otherwise face difficulties accessing specialist hospitals."

Dzulkefly added that under the three-year strategic partnership, the RHB-IJN Mobile Unit is expected to operate in at least 12 locations nationwide each year, benefiting more than 4,000 people. – Bernama

Cooking up confusion about what is healthy

IN Malaysia, food is deeply personal. It is through food that families show care, pass down traditions and organise their daily life.

When health concerns arise, the advice offered is often familiar – cook at home, avoid eating out and takeaways, limit processed food and eat fresh. This guidance feels sensible, especially as obesity, diabetes and heart disease continue to rise nationwide.

There is good reason behind this thinking. Eating out more frequently has been linked to poorer long-term health outcomes, including a higher risk of cardiovascular disease.

At the same time, the relationship between home cooking and health is more complex than it may appear. Spending more time cooking at home does not always translate into meals that are nutritionally balanced or healthier overall.

This is because Malaysia's nutrition challenges do not stem solely from packaged or factory-made foods. Many home-cooked meals are also high in salt, sugar and fat, with frequent frying and generous portion sizes.

Traditional cooking methods carry cultural meaning and social value but they are not always aligned with modern health needs. Home cooking, therefore, is not automatically healthy, just as processed food is not automatically harmful.

When "processed" becomes a label

How we talk about food shapes how people make choices. When processed food is discussed, attention often shifts away from other important factors, such as how food is prepared, how much is eaten and the social and economic reasons behind eating habits. This can narrow the conversation around how diets may be improved at home and across the wider food system.

Food processing includes many practices Malaysians already depend on every day. Pasteurisation protects milk from harmful bacteria. Freezing preserves vegetables while retaining nutrients. Fermentation improves digestibility and flavour. Fortification addresses micronutrient deficiencies. Texture modification allows food to be consumed safely by individuals with physical limitations. Together, these approaches contribute to food safety, accessibility and nutrition, particularly for vulnerable groups.

To distinguish between different forms of processing, researchers developed the NOVA food classification system, which categorises foods based on the extent and purpose of industrial processing. While useful in highlighting the risks of diets high in ultra-processed foods, it focuses on processing characteristics rather than nutritional quality.

Outside academic contexts, this nuance is often blurred, leading to broad assumptions that all processed foods are unhealthy. As a result, foods designed to improve safety and nutrition may be grouped together with products intended mainly for convenience and overconsumption.

Challenge for the ageing

This conversation becomes increasingly important as Malaysia's population ages. Older adults are more likely to experience challenges with chewing, swallowing, taste perception and appetite, which can affect their nutritional intake. Studies involving Malaysians aged 60 and above reported nutrient deficiencies exceeding 80% for several key nutrients.

In these situations, it is important how food is prepared and designed. Foods can be made safer to consume without compromising nutrition while careful attention to texture, appearance and flavour can help ensure meals remain familiar and enjoyable.

Several Asian countries with food cultures similar to Malaysia's have already embraced this approach. In Japan, foods for people with swallowing difficulties are guided by the International Dysphagia Diet Standardisation Initiative, a globally recognised framework that standardises food textures and liquid thickness to improve safety.

China and South Korea are also expanding the use of nutritionally optimised foods in healthcare and aged-care settings. These foods are developed with clear public health intent rather than convenience alone.

"A more forward-looking approach for Malaysia is to adopt purpose-based thinking about food. Instead of asking whether food is processed, we should ask whether it is designed to support health, safety and sustainable eating habits."

Traditional cooking methods carry cultural meaning and social value but they are not always aligned with modern health needs. – ***PIC BY FREEPIK***

In Malaysia, however, adoption of such strategies has been slower. Food processing is often viewed as something to minimise while home cooking is idealised even when meals are high in salt, sugar and fat. This mindset limits innovation and reduces the range of solutions available to address ageing, chronic disease and malnutrition.

This does not mean concerns about excessive consumption of processed foods should be dismissed. Many commonly consumed street foods remain high in sodium and fat, particularly snacks and main meals. These findings highlight genuine dietary risks while also underscoring the need for clearer, more practical guidance that reflects how people actually eat.

A more forward-looking approach for Malaysia is to adopt purpose-based thinking about food. Instead of asking whether food is processed, we should ask whether it is designed to support health, safety and sustainable eating habits.

Processed food does not automatically mean unhealthy, and home-cooked meals do not automatically mean healthy. Moving beyond labels allows for a more balanced and constructive conversation about food.

When modern approaches to food preparation are recognised as part of a broader set of solutions, Malaysia can make more informed choices, encourage thoughtful innovation and improve health outcomes across the lifespan.

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Sinar Harian M/S 15

Virus Nipah: KKM laksana saringan bersasar ke atas pengembara dari negara berisiko

BANGI - Kementerian Kesihatan Malaysia (KKM) melaksanakan saringan bersasar ke atas pengembara dari negara berisiko tinggi yang tiba di Malaysia, khususnya India dan Bangladesh sebagai langkah awal memperkukuh kesiapsiagaan negara dalam mencegah penularan virus Nipah.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, langkah itu dilaksanakan di semua pintu masuk antarabangsa negara dengan sistem pengimbas suhu badan sentiasa diaktifkan bagi mengesan sebarang petunjuk awal seperti demam dalam kalangan pengembara.

"Kami beri tumpuan kepada pelancong yang datang khususnya dari India dan Bangladesh, yang (dari negara) lain pun kami tak ambil ringan dan mustahaknya saringan bersasar itu telah kami mulakan.

"Tiada laluan khas untuk mereka, andainya ada *indicator* untuk demam dan sebagainya, kemudian kami akan panggil mereka. Kami berjaga-jaga tapi saringan masih dijalankan di pintu masuk," katanya selepas Majlis Pelancaran Unit Bergerak Saringan Kesihatan Jantung RHB-IJN di sini pada Khamis.

Turut hadir, Pengarah Urusan dan Ketua Pegawai Eksekutif Kumpulan Perbankan RHB (RHB), Datuk Mohd Rashid Mohamad dan Ketua Pegawai Eksekutif Institut Jantung Negara (IJN), Profesor Datuk Seri Dr Mohamed Ezani Md Taib.

Dr Dzulkefly berkata, pendekatan itu selaras amalan kebanyakan negara ketika ini dengan langkah saringan disesuaikan berdasarkan penilaian risiko semasa.

Beliau berkata, KKM sentiasa berhubung rapat dengan Pertubuhan Kesihatan Sedunia (WHO) bagi memastikan langkah-langkah kawalan yang diambil adalah bersesuaian dan selari dengan perkembangan terkini di peringkat antarabangsa.

Sementara itu, Dr Dzulkefly ketika mengulas mengenai Unit Bergerak RHB-IJN berkata, inisiatif itu adalah kerjasama antara RHB dan IJN yang bertujuan memberi perkhidmatan saringan awal penyakit jantung kepada masyarakat.

Beliau berkata, melalui kolaborasi itu, RHB membekalkan unit penggerak utama Volvo baharu yang lebih berkuasa dan selamat manakala IJN pula menyediakan unit saringan yang dilengkapi peralatan diagnostik jantung yang canggih.

"Apabila kedua-dua elemen ini disatukan, ia menjadi Unit Bergerak RHB-IJN yang membawa teknologi klinikal yang canggih terus ke pintu rumah rakyat. Kemudahan elektrokardiogram (ECG) dan ekokardiografi (ECHO) kini boleh diakses secara percuma oleh masyarakat luar bandar yang mungkin sukar untuk ke hospital pakar," katanya.

Beliau berkata, di bawah kerjasama strategik bagi tempoh tiga tahun, inisiatif itu akan menyaksikan Unit Bergerak RHB-IJN akan beroperasi di sekurang-kurangnya 12 lokasi setahun di seluruh negara dan menyasarkan impak manfaat kepada lebih 4,000 orang. - *Bernama*

DR DZULKEFLY

Sinar Harian M/S 5 & 12

Pelanggan berpenyakit sedia ada boleh beralih pelan insurans asas MHIT

KUALA LUMPUR – Pelanggan yang telah melanggan insurans atau mempunyai penyakit sedia ada boleh beralih kepada Pelan Insurans dan Takaful Perubatan dan Kesihatan Asas (MHIT) tanpa perlu melalui proses penilaian baharu.

Menteri Kewangan II, Datuk Seri Amir Hamzah Azizan berkata, bagi pelanggan baharu, proses tersebut masih dilaksanakan seperti biasa, namun syarat kelayakan akan dilonggarkan bagi memastikan perlindungan insurans dapat meliputi lebih ramai individu.

Katanya, perkara itu antara penambahbaikan yang dihuraikan dalam kertas putih yang dikeluarkan oleh Bank Negara Malaysia.

"Bagi mereka yang mempunyai penyakit sedia ada dan sudah dilindungi insurans melalui syarikat insurans atau pengendali takaful (ITO), mereka boleh beralih kepada pelan ini tanpa perlu melalui penilaian baharu.

"Ini bermakna tiada isu berkaitan penyakit sedia ada. Sementara itu, bagi pelanggan baharu, penilaian tetap dibuat, namun tahap kelulusan akan dilonggarkan bagi memastikan perlindungan dapat diperluaskan," katanya di Dewan Rakyat pada Khamis.

Beliau berkata demikian menjawab soalan tambahan **Roslan Hashim (PN-Kulim Bandar Baharu)** yang bertanyakan mengenai sama ada MHIT meliputi kes pelanggan yang mempunyai penyakit sedia ada atau tidak.

Bila emosi duduk di kaunter

Nota Di Sebalik Tabir
Bersama MERAK JALANAN

MERAK Jalanan sering memerhati suasana di hospital dan pusat rawatan. Di situlah pelbagai emosi bertemu antara resah pesakit, letih penjaga dan tekanan mereka yang bekerja di hadapan kaunter.

Ia ruang kecil, tetapi sarat dengan perasaan. Pekerja kaunter ialah wajah pertama ditemui pesakit. Ada yang datang dengan sakit berdenyut, ada bimbang keputusan pemeriksaan, ada juga yang sekadar keletihan menunggu.

Namun tidak semua disambut dengan nada sama. Ada suara meninggi, ada muka masam, ada jawapan pendek dan tajam, seolah-olah pesakit itu beban, bukan manusia.

Merak Jalanan faham bekerja di kaunter bukan mudah. Berdepan ratusan orang sehari, soalan berulang, sistem yang kadangkala 'jatuh', tekanan masa dan kekangan tenaga kerja.

Merak Jalanan memahami tugas di kaunter bukan ringan. Soalan sama diulang berkali-kali, sistem tidak sentiasa lancar, serta tekanan masa boleh menguji kesabaran.

Dalam keletihan, emosi kadangkala terlepas tanpa disedari. Emosi boleh letih sebelum badan. Tetapi bila emosi dilepas kepada pesakit, di situ perkhidmatan bertukar jadi pengalaman menyakitkan bukan pada tubuh, tetapi pada hati.

Yang di kaunter mungkin lupa, satu senyuman kecil mampu menenangkan. Satu ayat lembut boleh meredakan keresahan. Pesakit pula perlu sedar, pekerja kaunter juga manusia, bukan mesin jawapan segera.

Merak Jalanan percaya profesionalisme bukan bermaksud tiada emosi, tetapi tahu mengurusnya. Kerana apabila empati dahului emosi, urusan lancar dan hati lebih tenang.

Perkhidmatan baik bukan diukur pada kelajuan sistem semata-mata, tetapi cara manusia melayan manusia. Di situ maruah perkhidmatan sebenar bermula. Kerana akhirnya, di sebalik uniform dan nombor giliran, kita semua manusia yang saling memerlukan.

Berita Harian M/S 23

MHIT pelengkap akses kesihatan sejagat semua lapisan masyarakat

Kadar premium serendah RM80 sebulan bolehkan perlindungan lebih luas apabila dikuat kuasa awal 2027

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Pelan Insurans/Takaful Perubatan dan Kesihatan (MHIT) Asas dengan kadar premium serendah RM80 sebulan bukan pengganti penjagaan kesihatan awam, sebaliknya pelengkap kepada akses penjagaan kesihatan sejagat untuk semua lapisan masyarakat.

Menteri Kewangan II, Datuk Seri Amir Hamzah Azizan, berkata ia sekali gus membolehkan perlindungan kewangan yang lebih meluas kepada rakyat apabila dikuat kuasa pada awal 2027.

"Produk MHIT asas ini akan disasarkan kepada dua kumpulan iaitu rakyat yang belum mempunyai insurans atau takaful perubatan tetapi mampu membiayai perlindungan penjagaan kesihatan swasta, serta pemegang polisi MHIT yang kini sedang mencari alternatif lebih baik dan mampu milik.

"Justeru dengan pelan baharu ini, mereka mempunyai pilihan alternatif yang lebih berpatutan tanpa menjejaskan perlindungan asas," katanya ketika Waktu Pertanyaan Menteri di Dewan Rakyat, semalam.


Amir Hamzah Azizan

Beliau berkata demikian menjawab soalan Khoo Poay Tiong (PH-Kota Melaka) mengenai matlamat utama pengenalan pelan MHIT berpremium serendah RM80 sebulan termasuk kriteria kumpulan sasaran dan sejauh mana pelan terbabit mengurangkan beban kos perubatan isi rumah berbanding insurans sedia ada.

Amir Hamzah berkata, pelan MHIT asas yang sukarela itu mempunyai ciri-ciri yang membolehkan kenaikan premium lebih stabil dan lebih boleh dijangka sepanjang tempoh polisi berbanding produk sedia ada di pasaran.

"Pakej manfaat dan kadar premium akan diseragamkan merentasi kesemua syarikat insurans dan takaful yang menawarkan pelan MHIT Asas.

"Ini membolehkan pengumpulan risiko yang lebih meluas merentasi ITO (Operator Insurans dan Takaful) yang menawarkan pelan asas ini," katanya.

Kawalan kos lebih berdisiplin

Mengulas lanjut, beliau berkata menerusi pelan baharu itu ia memberikan pilihan amalan kawalan kos yang lebih berdisiplin termasuk penggunaan bayaran pukal yang berbeza mengikut rangkaian hospital, peralihan secara berfasa daripada sistem bayaran setiap perkhidmatan ke sistem bayaran berasaskan Kumpulan Berkaitan Diagnosis (DRG).

"Ia juga membolehkan kawalan kos kesihatan yang lebih berkesan melalui rundingan perolehan perkhidmatan penjagaan kesihatan.

"Seterusnya, produk asas ini juga lebih ringkas dan kendiri yang mana pelan asas ini bukan berasaskan produk berkaitan pelaburan.

"Oleh itu ia lebih mudah difahami dan mampu milik kepada pengguna kerana pengguna membeli produk insurans perubatan sahaja tanpa sebarang elemen pelaburan yang boleh mempengaruhi kos insurans dan kemampanan perlindungan sepanjang tempoh polisi," katanya.

Beliau berkata, dengan premium lebih terkawal termasuk ketika usia meningkat, pelan MHIT asas itu dijangka mengurangkan tekanan kos kesihatan kepada isi rumah dan menawarkan pilihan yang lebih mampu milik berbanding pelan insurans sedia ada.

Harian Metro M/S 13

Sesak nafas terhidu gas bocor

Georgetown: Seorang kakitangan wanita di Klinik Kesihatan Jalan Perak di sini mengalami sesak nafas sebelum pengsan dipercayai berpunca kebocoran gas.

Mangsa yang juga juruteknologi makmal berusia 43 tahun itu diberi rawatan awal di lokasi sebelum dibawa ke Hospital Pulau Pinang (HPP).

Penolong Pengarah Bahagian Operasi Kebombaan dan Penyelamat, Jabatan Bomba dan Penyelamat Malaysia (JBPM) Pulau Pinang, John Sagun Francis berkata, pihaknya menerima panggilan kecemasan pada jam 9.13 pagi semalam.

Katanya, pasukan dari Balai Bomba dan Penyelamat (BBP) Jalan Perak dipanggil bagi melakukan khidmat khas mengenal pasti punca kebocoran dengan dibantu anggota dari BBP Lebuh Pantai serta BBP Bayan Baru.

"Insiden itu menyebabkan seorang kakitangan klinik mengalami sesak nafas dan tidak sedarkan diri namun sudah dibawa ke HPP sebelum pasukan penyelamat tiba," katanya.

John berkata, hasil pemantauan oleh pasukan HAZMAT mendapati tiada unsur kebocoran gas atau tumpahan bahan kimia di kawasan terbabit.

ANGGOTA bomba mengesan punca kebocoran gas.