AKHBAR : SINAR HARIAN
MUKA SURAT : 13
RUANGAN : NASIONAL

KKM fokus pencegahan penyakit tidak berjangkit

SHAH ALAM - Kementerian Kesihatan Malaysia (KKM) berhasrat untuk mengawal penyakit tidak berjangkit (NCD) secara berkesan dan mengurangkan ketegangan dalam perkhidmatan dengan mengubah fokus sistem itu terhadap langkah pencegahan serta penjagaan utama.

DR ZALIHA

Menterinya, Dr Zaliha Mustafa berkata, pihaknya telah mencadangkan langkah komprehensif untuk mengesan kadar populasi penuaan rakyat Malaysia dan peningkatan kelaziman penyakit itu.

Menurut beliau, Kertas Putih Kesihatan yang dikeluarkan pada Jun lalu menggariskan beberapa strategi utama untuk mengesan cabaran menghadapi perkara tersebut.

"Strategi pertama adalah untuk mengukuhkan inter-agensi dan koordinasi inter-sektor, ia bakal melibatkan beberapa agensi kerajaan dan juga swasta untuk mencipta polisi dan program yang dapat mempromosi penuaan kesihatan serta menyediakan penjagaan jangka panjang buat warga emas," katanya kepada *Sinar Daily*.

Dr Zaliha menegaskan, pendekatan tersebut merupakan akar umbi dalam prinsip Ekonomi Madani yang menekankan kesihatan dan hak semua rakyat tanpa mengira usia.

Tambah beliau, strategi kedua adalah dengan memfokuskan kawalan penyakit tidak berjangkit, promosi kesihatan dan pengesanan awal.

"Ia bakal melibatkan pelaburan dalam pendidikan kesihatan dan program berbentuk kesedaran untuk memperkasakan individu memiliki gaya hidup lebih sihat serta membuat keputusan mengenai kesihatan mereka," ujarnya.

Beliau juga menekankan kepentingan campur tangan berasaskan komuniti dalam menguruskan faktor risiko dan menawarkan sokongan kepada mereka yang hidup dengan penyakit tersebut.

Katanya, dengan mempromosikan kolaborasi inter-agensi, menentukan strategi pencegahan dan mengutamakan campur tangan berasaskan komuniti, negara akan dapat mengatasi segala cabaran dalam populasi penuaan serta peningkatan kawalan terhadap penyakit tidak berjangkit.

"Perbezaan dan kelemahan yang dihadapi KKM termasuk membentuk semula sistem perkhidmatan, kewangan dan tadbir urus bagi tempoh 15 tahun akan datang," tambah beliau.

Kertas Putih Kesihatan turut menekankan langkah untuk membentuk semula sistem kesihatan termasuk beberapa fasa pendek dari tahun pertama permulaan 2024, fasa pertengahan dari 2029 dan fasa jangka panjang dari 2034 hingga 2039.

KERATAN AKHBAR
UNIT KOMUNIKASI KORPORAT
KEMENTERIAN KESIHATAN MALAYSIA

22 OGOS 2023

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 10
RUANGAN : DALAM NEGERI

50% kanak-kanak tidak disuntik dos kedua vaksin Covid-19

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KUALA LUMPUR: Sebanyak 49.8 peratus atau 1.76 juta kanak-kanak berumur lima hingga bawah 12 tahun hanya mengambil dos pertama vaksin Covid-19 dan perkara itu mendedahkan golongan itu kepada jangkitan wabak tersebut.

Mengikut data di laman sesawang KKMNOW setakat 13 Ogos lalu, hampir separuh kanak-kanak di bawah 12 tahun hanya mengambil dos pertama manakala 43.3 peratus atau 1.53 juta lagi kanak-kanak mengambil dos kedua vaksin Covid-19.

Selepas Program Imunisasi Covid-19 Kebangsaan Kanak-Kanak (PICKids) berakhir 31 Mei 2022 menunjukkan semakin ramai kanak-kanak tidak mengambil vaksin bagi membentuk 'perlindungan' optimum daripada dijangkiti Covid-19.

Data KKMNOW menunjukkan separuh dari negeri di seluruh negara masih jauh mencapai sasaran 50 peratus kanak-kanak perlu disuntik dos vaksin Covid-19.

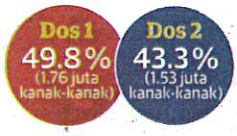
Kelantan negeri paling rendah dengan hanya 16 peratus, Terengganu (20.4%), Perlis (31.5%); Kedah (34.1%); Sabah (34.4%); Pahang (39.6%) dan Perak (49.9%).

> **"Vaksinasi bagi Covid-19 penting dan wajar dipertingkat bagi membentuk perlindungan kendiri khususnya dalam kalangan kanak-kanak yang kini dibenarkan kembali ke sekolah."**
>
> **ZAINAL ARIFFIN OMAR**

Negeri-negeri yang merekodkan lebih 50 peratus kanak-kanak menerima dos pertama vaksin ialah Pulau Pinang (53.1%); Labuan (55.4%); Negeri Sembilan (55.7%); Johor (56.6%); Selangor (57.5%); Kuala Lumpur (57.5%) dan Melaka (64.9%).

Hanya Sarawak mencatatkan vaksinasi penuh iaitu 101 peratus bagi dos pertama dan 90.9 peratus bagi dos kedua.

Jumlah kanak-kanak divaksinasi di Malaysia:



Dos penggalak 1:
0.2%

Dos penggalak 2:
0.0%

Sumber: KKMNOW

Pengambil dos penggalak pertama pula, semua negeri mencatatkan kurang daripada satu peratus iaitu 0 peratus (Kedah, Kelantan, Perlis, Terengganu); 0.1 peratus (Melaka, Negeri Sembilan, Pahang, Perak, Pulau Pinang, Labuan); 0.2 peratus (Johor, Sabah); 0.3 peratus (Selangor, Kuala Lumpur) dan 0.7 peratus (Sarawak).

Bercakap kepada *Utusan Malaysia*, Presiden Persatuan Pakar Perubatan Kesihatan Awam Malaysia, Datuk Dr. Zainal Ariffin Omar berkata, meskipun wabak Coid-19 tidak lagi agresif dan mencetuskan kebimbangan namun golongan bawah 12 tahun sangat terdedah kepada jangkitan.

Menurut beliau, vaksinasi bagi Covid-19 penting dan wajar dipertingkat bagi membentuk perlindungan kendiri khususnya dalam kalangan kanak-kanak yang kini dibenarkan kembali ke sekolah.

"Sebenarnya kes dan kebolehjangkitan banyak lagi, cuma tidak macam dahulu. Tetapi, elok ambil vaksin sebagai perlindungan pada masa akan datang. Kalau biarkan, tiada perlindungan, apabila datang varian baharu mula gelabah. Jadi, mengapa tidak anda ambil vasin?

"Saya faham cabarannya dari segi meyakinkan orang awam kerana ada beranggapan sudah tidak perlu sebab kes tidak teruk, kesan sampingan vaksin dan gerakan anti vaksin yang masih meneruskan agenda mereka untuk tidak mengambilnya," kata beliau.

Melihat perkembangan itu, kata beliau, kerajaan perlu mempromosi semula program vaksinasi bagi memastikan Covid-19 tidak mengancam semula.

Setiausaha Agung Persatuan Pediatrik Asia Pasifik (APPA) yang juga pakar perunding pediatrik dan kardiologi pediatrik, Datuk Dr. Zulkifli Ismail berkata, vaksinasi Covid-19 terhadap kanak-kanak harus dipertingkatkan selepas golongan itu terlalu kecil mengambil vaksin sama ada dos pertama atau dos kedua.

Bagaimanapun, Pengerusi Jawatankuasa Teknikal Program Immunise4Life (IFL) itu berkata, keadaan tersebut tidak membimbangkan kerana jangkitan Covid-19 ketika ini kurang virulen (ganas) dan tidak serancak dua tahun lalu.

"Namun kita perlu galakkan kanak-kanak diberi vaksin. Jika lebih ramai diberi vaksin Covid-19, maka lebih kuat perlindungan jangkitan tetapi tidak perlu banyak stok. Masalah jangkitan sekarang ialah influenza, jadi, vaksin untuk influenza yang harganya lebih murah patut digalakkan.

"Imuniti kelompok melalui imunisasi pula masih relevan, tetapi tidak realistik. Kita tidak akan dapat liputan vaksin lebih 90 peratus dan tidak boleh fikir Covid-19 sama seperti demam campak dan jangkitan lain. Mutasi virus ini telah membuatnya kurang virulen dan kurang perpindahan daripada seseorang kepada yang lain," katanya.

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

Tiada jangkitan kes wabak batuk kokol di Terengganu

KUALA TERENGGANU: Tiada jangkitan kes wabak pertussis atau batuk kokol dilaporkan berlaku di negeri ini setakat ini.

Pengarah Jabatan Kesihatan Negeri, Datuk Dr. Kasemani Embong berkata, walaupun tiada kes jangkitan direkodkan, pihaknya tetap memantau situasi semasa.

Katanya, aktiviti pencegahan ditingkatkan di seluruh di seluruh Terengganu untuk mengelakkan risiko berlakunya penularan wabak tersebut.

"Penyakit ini boleh dicegah dengan pengambilan vaksin dan kita akan tingkatkan tahap kesedaran orang awam dalam pendidikan kesihatan," katanya ketika dihubungi *Utusan Malaysia*, semalam.

Pada 19 Ogos lalu, media melaporkan Jabatan Kesihatan Pahang mengesahkan satu kes jangkitan pertussis dikesan di Kampung Bahagia, Rompin, Kuantan, Pahang.

Pengarahnya, Datuk Dr. Nor Azimi Yunus memberitahu, Pejabat Kesihatan Daerah (PKD) Rompin melaporkan kes berkenaan baru-baru ini, yang melibatkan satu keluarga iaitu seorang ibu serta dua anaknya dan keadaan adalah terkawal.

> **"Penyakit ini boleh dicegah dengan pengambilan vaksin dan kita akan tingkatkan tahap kesedaran orang awam..."**

Pertussis adalah penyakit cegahan vaksin yang disebabkan oleh *bakteria bordetella pertussis* dengan kuman disebarkan melalui udara semasa pesakit bersin atau batuk dan menjangkiti mulut, hidung dan tekak.

Dalam pada itu, Dr. Kasemani berkata, kes jangkitan Influenza di Terengganu juga dalam keadaan yang terkawal ketika ini.

Katanya, semua fasiliti kesihatan awam di Terengganu menyediakan pusat saringan demam bagi menangani kes yang mempunyai gejala influenza.

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22 OGOS 2023

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 8
RUANGAN : NEWS / NATION

HEALTHCARE REFORMS

'COMMUNITY CARE THE WAY FORWARD'

It will bring sevices closer to people and focus on preventing diseases, say experts

A government community clinic in Kuala Lumpur. Experts laud the government's prevention focused approach which aligns with the goal of a sustainable healthcare system. FILE PIC

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EKONOMI MADANI
Memperkasa Rakyat

THE healthcare reforms proposed under the Madani Economy Framework are expected to provide much-needed relief to the struggling healthcare system, experts said.

Public health physician Datuk Dr Zainal Ariffin Omar said the reforms were something the people had been looking forward to for decades, and added that with careful planning and implementation, they would help the ailing healthcare system.

Among the planned reforms are transitioning to community-based care, which would make healthcare more accesible and facilitate early diagnoses.

"A community-based health system will bring healthcare services closer to the community at various locations.

"It also focuses on promoting health and preventing diseases at an early stage to encourage healthy individuals, communities and nation, and empower communities to actively participate in their health," he said.

Dr Zainal said the government's aim was to transition to a prevention-focused approach aligned with the goal of creating a sustainable healthcare system.

"By reducing the prevalence of preventable diseases and promoting a healthier population, there would be less strain on healthcare resources, allowing for a more efficient allocation of resources and improve long-term sustainability," he added.

Universiti Kebangsaan Malaysia's professor of public health, Dr Sharifa Ezat Wan Puteh, said a community-based care system would allow for diseases to be detected earlier and reduce the cost of healthcare.

"A community-based care system is basically when patients are cared for by doctors at the community level, meaning the doctors are placed either at the healthcare centres before they are referred to a family medicine specialist, who is also based in the community clinics and healthcare centres.

"Using the community-based care system will lower our cost of healthcare because diseases can be treated earlier.

"So, you don't have to wait for complications to occur before you get admitted, as when this happens, the cost of treatment is usually very high," she said.

However, she highlighted the need for the government to ensure these community-based facilities had enough manpower and equipment, including screening tools.

"Specialists in charge of community-based healthcare centres or clinics are usually family medicine specialists, but we don't have enough of them.

"Sometimes, these specialists will have to cover a few districts.

"Secondly, we need to make sure that the facilities are up to par. So, we have to invest or collaborate with the private sector or companies," she said.

Former deputy director-general of health Datuk Dr Lokman Hakim Sulaiman said community-based care had immense potential to reduce healthcare costs by reducing the reliance on hospitalisation, which constitutes a major portion of the government healthcare budget.

"Community care functions as the gatekeeper and if primary care physicians, the general practitioners and the healthcare centre function effectively, then we will have less complicated cases that need to be treated in hospitals," he said.

Dr Lokman said non-communicable diseases (NCDs), which were ailments related to lifesyle, were a major health burden that should be addressed.

"NCDs affect the economically productive age group. If people die or develop early complications, it will impact individuals, households and the national economy. If NCDs are not addressed appropriately, it can bankrupt a country.

"There is a need for a paradigm shift towards wellness in all sectors. For example, employers and insurance companies should promote and support health screening and wellness programmes."

Public hope reforms spell shorter waits, improved patient care

KUALA LUMPUR: The public hope that reforms to the healthcare system will shorten wait times and improve patient care and management.

Content creator Iylia Bartrisyia Iskandar, 27, said she hoped that the reforms would adopt the latest technology for better management of patient information.

She related her experience of having to undergo repeated tests for a diagnosis due to the lack of a filing system.

"I had been diagnosed with a disease and was transferred to another department, where I had to undergo the same tests.

"That wasted months. Why can't they just review the previous tests?"

She recalled waiting for more than two hours for a five-minute consultation.

It also took her three to six months to secure an appointment.

Patients queuing at Serdang Hospital. The public hope reforms will ensure adequate resources to cope with the high number of patients. FILE PIC

Sutharssan Nadarajan, 32, said he hoped that the reforms would ensure adequate resources to cope with the large number of patients.

"I hope there is a systematic approach to keeping all patient data at every public hospital and a shorter wait time to see doctors.

"Having more medical staff can help ensure there is no crowding in hospitals, allowing all appointments to proceed smoothly," he said.

He recounted an experience of being told to return later to a government clinic due to the backlog of patients.

The Kedah-born postgraduate student, however, admitted that the public healthcare system had improved.

"Their customer service is getting better, and so is the expertise of doctors. They are also equipped with the latest technology, which will benefit the B40 group," he added.

Lecturer Ngo Chun Hou, 36, proposed that the government implement an online queuing system that would help patients estimate how long they would have to wait to see a doctor.

"The long waiting times mean we have to adjust our work schedules, so I need to drop off my wife at the clinic early in the morning for her appointment.

"There was also a time when a nurse made a wrong estimation and she had to return twice for another follow-up visit, which could have been avoided."

He also suggested hiring more medical staff to ease the healthcare load.

"A lot of patients are grateful to the government for subsidising healthcare, but sometimes it seems too difficult to access and time-consuming.

"I think having more doctors and nurses would help shorten wait times and give patients a good overall experience," he said, adding that the government could also look at introducing an online dispensary for patients requiring medication without the need for an examination.

Part of the government's Madani Economy Framework includes reforming the healthcare system by providing care "from cradle to grave".

This includes a transition to community-based care, shifting from treatment to prevention, ensuring sustainable and just healthcare financing, and strengthening healthcare management platforms and systems.