

AKHBAR : BERITA HARIAN  
MUKA SURAT : 11  
RUANGAN : KOMENTAR

# KKM perlu audit keselamatan makanan di kantin sekolah



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**Sekali** lagi, kita dikejutkan kematian akibat keracunan makanan yang kali ini membabitkan seorang pelajar Tingkatan Lima dan seorang kanak-kanak perempuan dua tahun meninggal dunia.

Kedua-dua mangsa meninggal dunia dua hari selepas dipercayai memakan bahun dan telur goreng tercemar dibawa pulang daripada program di sebuah sekolah agama di Sungai Cincin, Gombak, turut dihadiri 30 sekolah rendah lain. Jabatan Kesihatan Negeri Selangor (JKNS) turut memaklumkan 82 daripada 247 orang mengalami gejala keracunan makanan selepas makan sarapan berkenaan.

April lalu, 20 pelajar perempuan sekolah menengah di Melaka menerima rawatan selepas disyaki mengalami keracunan makanan disyaki berpunca daripada hidangan nasi goreng di kantin.

Dalam hal ini, kita perlu melihat sikap manusia menyumbang kepada kejadian ini dan kemungkinan punca keracunan makanan. Sikap tidak peduli terhadap kebersihan menjadi punca utama keracunan makanan di kantin sekolah.

Kebersihan persekitaran, peralatan memasak dan pekerja kantin sering diabaikan. Tangan tidak dicuci dengan betul selepas menggunakan tandas atau sebelum menyediakan makanan boleh menyebabkan pencemaran makanan dengan bakteria berbahaya seperti Salmonella dan E coli.

Kelalaian dalam penyimpanan dan penyediaan makanan juga menyumbang kepada keracunan makanan. Makanan tidak disimpan pada suhu betul atau terdedah terlalu lama pada suhu bilik berisiko tinggi tercemar.

Tidak mematuhi piawaian keselamatan seperti

memasak daging atau telur separuh masak boleh menyebabkan penyebaran bakteria patogen. Kepentingan mematuhi garis panduan keselamatan makanan perlu ditekankan untuk mengurangkan risiko keracunan.

Penggunaan bahan mentah tercemar juga boleh menyumbang kepada keracunan makanan termasuk sayur, buah dan daging dicemari bakteria atau bahan kimia berbahaya.

Proses pembersihan dan penyediaan tidak betul memburukkan lagi keadaan ini. Sikap tidak teliti dalam memilih serta menyediakan bahan mentah perlu diatasi untuk mengurangkan risiko keracunan.

Sikap tidak profesional dalam pengendalian makanan seperti penggunaan alat sama untuk makanan mentah dan makanan sudah dimasak, boleh menyebabkan pencemaran silang.

Pekerja kantin tidak diberikan latihan mencukupi dalam pengendalian makanan cenderung melakukannya kesilapan ini, sekali gus meningkatkan risiko keracunan makanan.

Latihan lebih baik dan pematuhan amalan pengendalian makanan betul perlu dilaksanakan untuk memastikan keselamatan makanan.

## Perlu tindakan segera, bersepadu

Keracunan makanan di kantin sekolah memerlukan tindakan segera dan bersepadu. Pihak berkuasa kesihatan dan sekolah perlu meningkatkan pengawasan serta pemantauan melalui pemeriksaan berkala dan tidak berkala. Sikap tegas dan konsisten dalam pengawasan akan memastikan tahap kebersihan tinggi di kantin.

Semua pekerja kantin perlu menjalani latihan berkala oleh pihak berkuasa kesihatan atau institusi diiktiraf dalam pengendalian makanan selamat, termasuk teknik pembersihan, penyimpanan makanan betul dan pencegahan pencemaran silang.

Penguatkuasaan undang-undang dan pera-

turan ketat penting untuk memastikan semua kantin sekolah mematuhi standard keselamatan makanan. Tindakan tegas seperti denda atau penutupan premis perlu diambil terhadap pelanggaran peraturan.

Pelajar dan guru juga perlu diberi pendidikan mengenai keselamatan makanan, termasuk tanda awal keracunan makanan dan langkah perlu diambil jika terdapat simptom.

Kantin sekolah perlu dilengkapi dengan kemudahan lengkap dan bersih seperti bekalan air, peti sejuk serta peralatan memasak. Pihak sekolah perlu memastikan semua kemudahan ini berfungsi dengan baik dan diselenggara berkala.

Kantin Kesihatan (KKM) boleh menjalankan audit keselamatan makanan di kantin sekolah. Audit ini membabitkan penilaian menyeluruh terhadap semua aspek pengendalian makanan. Hasil audit perlu digunakan untuk menambah baik prosedur dan amalan pengendalian makanan di kantin.

Pihak berkuasa perlu mewujudkan sistem amaran awal untuk memantau dan melaporkan kes keracunan makanan dengan cepat, sekali gus membolehkan tindakan segera diambil untuk mengelakkan lebih ramai pelajar terjejas dan mengenal pasti punca keracunan dengan lebih cepat.

Realitinya, isu keracunan makanan di kantin sekolah memerlukan tindakan segera dan bersepadu. Sikap sambil lewa terhadap kebersihan, penyimpanan dan penyediaan makanan, penggunaan bahan mentah tercemar serta pengendalian makanan tidak betul perlu diubah.

Pihak berkuasa kesihatan, sekolah dan komuniti perlu bekerjasama dalam mengambil langkah pencegahan. Dengan usaha bersama dan sikap bertanggungjawab, keselamatan makanan di kantin sekolah dapat dipastikan, manakala kesihatan serta kesejahteraan pelajar dapat dilindungi.

AKHBAR : NEW STRAITS TIMES  
MUKA SURAT : 7  
RUANGAN : ARTIKEL

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# Proactive approach needed to reduce dengue impact'

JASSMINE SHADIQE  
JOHOR BARU

**M**ALAYSIA is facing a public health crisis as dengue fever cases surge, putting additional pressure on the already overwhelmed healthcare system.

Gleaneagles Hospital Johor chief executive officer Dr Kamal Amzan has urged for immediate action to address the escalating dengue problem and mitigate its impacts.

Dr Kamal, who is also the IHH Hospital Malaysia regional (southern and eastern) chief executive officer, said the multifaceted crisis is fuelled by climate change, social inequalities, and public health challenges.

If the crisis is not managed swiftly, it will put a strain on the already overburdened healthcare system.

He said during dengue peak seasons, public hospitals in urban cities like Kuala Lumpur are often overcrowded due to medical staff shortages, causing long wait-times for patients.

This translates to the urgent need for more resources and improved healthcare infrastructures.

Malaysia urgently needs a comprehensive and proactive approach to reduce dengue impact and protect the people from future outbreaks.

Dr Kamal said it is crucial for effective policies, community involvement, and international cooperation to be taken immediately to address the challenges posed to public healthcare system.

"Combating dengue is not just fighting the virus, but also about improving living conditions, adapting to climate changes, and ensuring access to quality healthcare.

## CLIMATE CHANGE AND EMERGING DISEASES

Climate change is a major factor driving the rise of dengue in Malaysia. Warmer temperatures accelerate mosquito life cycles, increasing its population and bite frequency.

Additionally, altered rainfall patterns

create more breeding grounds for mosquitoes, especially in urban areas with stagnant water.

Globally, climate change contributes to the spreading of infectious diseases.

In Southeast Asia, countries like the Philippines, Vietnam, and Laos have reported significant increases in dengue cases.

Laos has experienced a 20-fold increase in cases, while the Philippines and Vietnam have seen their cases double and quadruple, respectively. This underscores the dramatic impact of climate change on mosquito-borne diseases.

## PUBLIC HEALTH CHALLENGES

Dr Kamal says the country's public healthcare is struggling to control dengue fever, despite vector control and public awareness efforts.

Malaysia's rapid urbanisation growth but poor waste management systems have created areas conducive to mosquito breeding.

Selangor is the country's worst affected, with the highest number of cases reported in the state.

According to the Health Ministry, 123,300 dengue cases were reported last year, compared with 66,102 the previous year.

Dengue outbreaks tend to happen every three to five years.

The cyclical nature of dengue outbreaks poses challenges and makes the issue harder to manage.

Based on experts' dengue trend projections, Selangor's cases will continue to surge this year and the next.

## SOCIOECONOMIC DISPARITIES AND DENGUE PREVALENCE

Based on the Statistics Department's records, about 30 per cent of the urban population lives in low-cost housing or squatter settlements which often lack proper sanitation and waste disposal, making them ideal for mosquito breeding.

Studies have shown that low socioeconomic status significantly correlates with higher dengue incidence.

Basically, lower-income communities with poor education and bad living conditions are at risk and are linked to higher dengue rates.

They are less likely to get timely medical help, leading to severe cases and more dengue-related deaths.

In highly populated areas, once the Aedes mosquitoes breed, they can spread rapidly.

The foreign worker group in the country is another demographic heavily affected by dengue.

Many live in crowded, poorly maintained accommodations with inadequate mosquito control, increasing their risk of contracting and spreading dengue.

## STRENGTHEN PUBLIC HEALTH INFRASTRUCTURE

Dr Kamal said although the country's dengue crisis is at a critical stage, a multifaceted approach could still be adopted by policymakers.

There should be better control measures taken by policymakers, which includes regular fogging, frequent exercises to destroy breeding grounds, and setting up mosquito traps.

The government should educate the public to keep their homes and neighbourhoods free of stagnant water.

The public healthcare service should be improved, with increased funding to enhance hospital and clinic facilities, especially in rural areas.

Healthcare workers should be equipped with proper training enabling them to manage dengue cases efficiently.

Policymakers should consider using advanced surveillance systems to detect and respond to dengue outbreaks quickly.

## DECANT PATIENTS TO PRIVATE HOSPITALS

To alleviate the pressure on public hospitals, the government could collaborate with private healthcare providers to decant non-critical patients to private hospitals.

This allows public hospitals to focus on dengue and other infectious diseases.

Public-private partnerships can facil-



Dr Kamal Amzan, CEO of Gleaneagles Hospital Johor.

itate this process by establishing clear protocols and funding mechanisms to ensure seamless patient transfers.

Private hospitals can offer their bed capacity and medical staff to treat less critical cases, thereby optimising the use of resources across the healthcare system.

## CLIMATE-ADAPTIVE STRATEGIES, SOCIOECONOMIC DEVELOPMENT

Policymakers should integrate climate-adaptive strategies into public health planning.

For instance, weather forecasts could be used to predict dengue outbreaks and prepare in advance.

The government should develop plans that take into consideration the impact of climate on the spread of dengue in order to mobilise resources and implement effective control measures.

It should also invest and boost community development by improving living conditions.

This will be beneficial in the long-term

as better housing facilities with proper sanitation will significantly reduce mosquitoes breeding grounds.

## RESEARCH AND INNOVATION

Policymakers should support and fund research on dengue vaccine and new sustainable ways to control mosquito breeding.

They should collaborate with international health organisations to facilitate access to the latest technology and treatments.

Recent mosquito genetic modification advancements and the development of Wolbachia-infected mosquitoes are promising areas that warrant further exploration and investment.

Dr Kamal said efforts taken by the country in combatting the dengue surge could serve as a model to other countries facing similar issues.

It also demonstrates that integrated and well-rounded strategies are key to controlling mosquito-borne diseases globally.

AKHBAR : THE STAR  
MUKA SURAT : 8  
RUANGAN : NATION

8 Nation

# Dengue vaccine price soars

Some clinics offering jab for nearly triple the supplier's RM170 cost

By RAGANANTHINI VETHASALAM  
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**PETALING JAYA:** The newly-launched dengue vaccine, Qdenga, is being offered at some clinics for over RM500, which is believed to be nearly three times higher than the supplier's price.

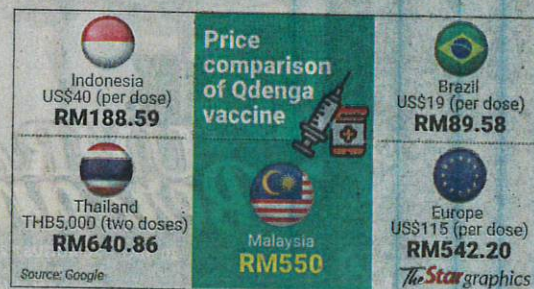
The Star learnt that the vaccine is sourced at about RM170 per box from the supplier. It contains two doses.

Checks on a telemedicine site showed that the two doses were being offered for RM550.

At this time, the Qdenga vaccine, manufactured by the pharmaceutical company Takeda, is only available at private healthcare facilities.

Federation of Private Medical Practitioners Associations Malaysia president Dr Shanmuganathan TV Ganeson said the vaccine is available at clinics via a few distributors.

"Demand for the vaccine is not



there yet. The vaccine only reduces the severity of the disease and does not prevent transmission.

"I do expect some vaccine hesitancy with this one," he said.

Health experts said Qdenga must be made accessible to the masses.

Prof Dr Zamberi Sekawi, a consultant clinical microbiologist with Universiti Putra Malaysia said the vaccine should be made

available at a more affordable price as it has proven to be effective.

"The vaccine has been shown to reduce hospitalisation and severe dengue," he said.

Former health ministry official and public health expert Datuk Dr Zainal Ariffin Omar said cost remains a challenge.

"Cost is one of the challenges for the vaccination programme.

The current cost of the vaccine is unaffordable to the government and general public," he said.

Dr Zainal added that the government should work with vaccine manufacturers and private healthcare providers to find an appropriate mechanism to administer Qdenga to selected groups of people, such as children living in high-risk areas.

"The vaccine can save lives and costs and (lighten the) health burden. So hopefully, manufacturers and private clinics should not only be thinking about big profit margins but also making it affordable to the government and public," he said.

Launched in the Malaysian market recently, Qdenga is administered in two doses over a three-month interval and can be injected into those aged four and above.

The vaccine, approved by the Drug Control Authority, is designed to protect against all four dengue virus serotypes.

AKHBAR : THE STAR  
MUKA SURAT : 14  
RUANGAN : NATION

## RM1.6mil in fines over health regulation violations

**PUTRAJAYA:** Fines totalling RM1.6mil were issued in May to individuals who breached rules about smoking in public places while one person was jailed for breaking laws meant to curb the spread of Aedes mosquitoes which cause dengue.

Health director-general Datuk Dr Muhammad Radzi Abu Hassan said for the smoking offences, 6,605 compound notices and 16,355 violation notices were issued from inspections of 29,098 premises under the Control of Tobacco Product Regulations 2004.

On the enforcement of the Destruction of Disease-Bearing Insects Act (APSP) 1975 aimed at

preventing and controlling dengue fever, Dr Muhammad Radzi said 2,778 fines worth RM1.4mil were issued, with an average fine of RM500 each.

"A total of 551 cases have been registered for court action, and 71 cases have resulted in convictions with fines amounting to RM151,600. One case resulted in a 10-day imprisonment for failure to pay the fine," he said in a statement yesterday, Bernama reported.

Dr Muhammad Radzi added that 225 eateries were ordered to close last month after the department inspected 3,537 premises under Section 11 of the Food Act 1983.

AKHBAR : THE STAR  
MUKA SURAT : 16  
RUANGAN : VIEWS

## Dengue danger awareness

WORLD Dengue Day and Asean Dengue Day, both of which are marked today, serve as a reminder that dengue is a scourge that is ever present globally as well as in Malaysia. It places a heavy burden on the healthcare system of all countries where it is present. In Malaysia, though the mortality rate due to dengue is low, we still see a high rate of morbidity causing admissions to hospitals.

The productivity of affected individuals is reduced by the need to take leave from work on account of being ill from the disease or from the need to take care of infected individuals in the family. The after effects from severe dengue also exacts a toll on the individual, both physically and mentally.

Years of public health education along with other programmes initiated by the government as well as the private sector has resulted in a low case fatality rate of 0.2% in Malaysia, though we still see spikes of dengue cases happening.

Globally, there is an aim to achieve zero dengue deaths and a reduction of dengue cases by 25% when we reach 2030; in Malaysia, from the years 2022 to 2026, we aim to reduce national dengue cases by 5% annually and to maintain dengue deaths at below 0.2% each year.

All this can only be achieved by a whole of government and society approach. Each and every one of us needs to take charge of

dengue prevention in the community. It all starts with you. There is a need to change the mindset that there will be others who will shoulder the responsibility of dengue prevention.

We would like to remind the public that one should see a doctor immediately upon having symptoms of suspected dengue. Early symptoms such as a sudden high fever, joint pain and body aches might indicate any type of viral infection; it is best to seek medical help immediately to determine if it is dengue. It is a fallacy that one can only get a diagnosis of dengue after a few days of symptoms. Dengue can largely be diagnosed even on the first day of falling ill. Other possible symptoms include pain behind the eyeballs, nausea and rash.

Most healthcare centres, including government and private clinics, are able to do tests to diagnose this disease at an early stage. Proper early management will go towards a reduction of mortality rates due to dengue.

Everyone should be aware by now of the steps to take to prevent dengue, which includes measures to reduce the breeding of mosquitoes, to avoid getting bitten and now with the availability of a vaccine, to get vaccinated if possible.

**DR KOH KAR CHAI**  
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Dengue Prevention  
Advocacy Malaysia