

AKHBAR : HARIAN METRO
MUKA SURAT : 23
RUANGAN : LOKAL

Saring Mpox di KLIA

30 kakitangan KKM ditempatkan
di Terminal 1 tangani penularan

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Sepang

Seramai 30 kakitangan Kementerian Kesihatan Malaysia (KKM) ditempatkan di pintu masuk Lapangan Terbang Antarabangsa Kuala Lumpur (KLIA) Terminal 1 pada setiap masa bagi menangani risiko penularan virus maut Mpox.

KKM dengan kerjasama Malaysia Airport Holdings Bhd meningkatkan saringan ke atas semua pengembara yang memasuki ke negara ini melalui KLIA.

Menteri Kesihatan Datuk Seri Dr Dzulkefly Ahmad berkata, setiap pengembara yang baru tiba dengan penerbangan antarabangsa disaring menggunakan mesin pengimbas suhu.

"Selain itu, sekiranya penerbangan itu dari negara berisiko atau ada penumpang bergejala, semua penumpang dan kru kapal yang terbabit dibawa ke pusat saringan kesihatan KKM berhampiran pintu C22 dan saringan dibuat di sana.

"Sekiranya ada bergejala

seperti suhu tinggi, kulit melepuh dan bengkak kelenjar, individu itu diberi kad amaran kesihatan dan dirujuk ke fasiliti kesihatan terdekat," katanya selepas melawat KLIA Terminal 1 di sini semalam.

Mengiringi beliau Ketua Pengarah Kesihatan Datuk Dr Muhammad Radzi Abu Hassan, Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam) Datuk Dr Norhayati Rusli dan Pakar Perubatan Kesihatan Awam Pegawai Kesihatan KLIA Dr Mohd Nasir Habib.

Dzulkefly berkata, sejak 16 Ogos hingga semalam, 3.26 juta pengembara disaring di pintu masuk antarabangsa seluruh negara.

"Setakat ini, tiada kes dikesan positif," katanya sambil menambah 34 kes disyaki Mpox dilaporkan di fasiliti kesihatan iaitu 33 kes disahkan negatif dan satu kes masih menunggu keputusan makmal.

Penyakit Mpox diisytiharkan sebagai Kecemasan Kesihatan Awam yang Menjadi Kepentingan Antarabangsa buat kali kedua pada 14 Ogos lalu.

“Setakat ini, tiada kes dikesan positif”
Dr Dzulkefly

Kelantan baik pulih paip uzur 1,050km babit kos RM1 bilion

Bachok: Kerajaan Negeri Kelantan membaik pulih paip uzur dan lama sepanjang 1,050 kilometer membabitkan peruntukkan 1 bilion bagi mengatasi masalah air di negeri ini.

Timbalan Menteri Besar Kelantan Datuk Dr Mohamed Fadzli Datuk Hassan berkata, kawasan itu membabitkan paip lama dan uzur yang kritikal daripada 4,000 kilometer paip yang perlu diperbaiki bagi memulihkan bekalan air di Kelantan.

Katanya, keseluruhan paip

adalah sepanjang 8,000 kilometer.

"Kita dah mula projek baik pulih ini sejak 2022 dan membuat penukaran paip uzur dan lama kepada baharu sepanjang 231 kilometer daripada 1,050 kilometer yang kritikal untuk ditukar.

"Kos pembiayaan membabitkan RM218 juta dan keseluruhan kos bagi 1,050 kilometer memakan belanja 1 bilion," katanya pada Majlis Perasmian Loji Rawatan Air (LRA) Jelawat, di sini, semalam.

AKHBAR : BERITA HARIAN
MUKA SURAT : 12
RUANGAN : NASIONAL

Amal kebersihan, ubah tingkah laku sosial bendung jangkitan Mpox

• Pada masa ini, konteks penularan boleh menjangkiti kalangan mereka tidak terbabit dalam aktiviti seks rambang sehingga menyebabkan kematian adalah suatu perkara serius

• Bagi mengelak potensi ledakan wabak Mpox, gaya hidup seluruh masyarakat perlu berubah dan mengamalkan cara hidup sihat, hentikan aktiviti berisiko melalui hubungan seks rambang



Pakar Perubatan Kesihatan Awam, Universiti Putra Malaysia

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Pertubuhan Kesihatan Sedunia (WHO) baru-baru ini mengisytiharkan deklarasi Kecemasan Kesihatan Awam yang Menjadi Kepentingan Antarabangsa untuk jangkitan cacar monyet atau (Mpox) pada 14 Ogos lalu. Ia kali kedua dibuat WHO dalam tempoh dua tahun.

Kali pertama pada 2022, yang mana wabak cacar monyet didapati merebak di beberapa negara Afrika turut menjangkiti negara Eropah dan dilaporkan di 116 negara lain. Bagaimanapun, kesnya menurun serta menunjukkan tiada petanda berterusan mengancam kesihatan global.

Bagaimanapun baru-baru ini, terdapat pertambahan kes jangkitan Mpox luar biasa sekali lagi diikuti kematian mendadak dalam jumlah begitu besar akibat jangkitan cacar itu di negara Afrika Tengah.

Republik Demokratik Congo khususnya mencatatkan pola jangkitan tertinggi dengan sejumlah 14,151 kes disyaki dengan 2,638 kes disahkan sebagai Mpox, manakala 511 kematian dicatatkan.

Sejumlah kes juga dicatatkan di negara bersempadan Republik Demokratik Congo iaitu Burundi, Rwanda, Uganda serta beberapa negara jiran lain.

Kajian molekul mendapati taburan strain Mpox untuk deklarasi kali kedua ini agak berbeza berbanding ketika wabak pada 2022 dahulu. Pada 2022, strain dominan ialah 'clade 2'. Jangkitan akibat 'clade 2' biasanya tidak serius, manakala pesakit berpotensi pulih seperti biasa.

Kesan klinikal akibat jangkitan Mpox bergantung kepada jenis strain menjangkiti serta keadaan kesihatan seseorang iaitu tahap sistem imun kompeten dan faktor penyakit kronik tertentu.

Ia biasanya pulih sepenuhnya dalam ke-

banyakan kes kecuali mereka berisiko mendapat jangkitan teruk seperti kanak-kanak, wanita hamil, kurang daya tahan serta warga emas.

Ketika ini didapati strain utama sedang merebak adalah campuran 'strain clade 1' dan 'clade 2'. Bagi jangkitan 'clade 1', ia dibahagikan lagi kepada dua jenis iaitu 1a dan 1b, yang mana dalam kawasan jangkitan 'strain clade 1a dominan', majoriti dijangkiti adalah kanak-kanak, manakala di zon mempunyai tularan 'strain 1b', majoritinya adalah dewasa.

Jangkitan akibat 'clade 1' lebih serius serta menyebabkan jangkitan agak teruk sehingga berupaya menyebabkan kematian. Daripada sejumlah kematian direkodkan di negara Afrika berkenaan, dua pertiga kematian adalah kanak-kanak berusia kurang 15 tahun dan kebanyakannya lelaki.

Kajian wabak Mpox pada awal tahun ini di zon terpilih Republik Demokratik Congo mendapati cara penularan utama adalah melalui jangkitan hubungan jenis (seks), jangkitan sesama isi rumah dan jangkitan haiwan (zoonotik).

Sepertiga daripada jangkitan berlaku adalah dalam kalangan pekerja menawarkan khidmat seks, manakala 88 peratus mereka yang perlu dimasukkan ke wad adalah mempunyai sejarah terbabit dalam urusan niaga perkhidmatan seks.

Sistem prasarana kesihatan awam tidak begitu memuaskan turut dikaitkan dengan angka jangkitan Mpox serta kematian tinggi. Tiada bekalan air bersih memuaskan serta keadaan sanitasi sekitar buruk menyebabkan penularan di Republik Demokratik Congo itu sukar dibendung.

Pilih cara hidup berkeluarga sihat

Daripada analisis semasa, penyelesaian utama kepada masalah wabak Mpox ialah mengubah tingkah laku sosial masyarakat berisiko kepada memilih cara hidup berkeluarga sihat.

Hubungan seks rambang dan bertentangan nilai budaya serta agama perlu dielakkan serta dihentikan serta-merta. Mengamalkan kebersihan tangan, diri, memakai pelitup muka serta mengelakkan berada dengan mereka diketahui berisiko juga penting untuk diamalkan.

Pada masa ini, konteks penularan boleh menjangkiti kalangan mereka tidak terbabit dalam aktiviti seks rambang sehingga menyebabkan kematian adalah suatu perkara serius.

Meskipun sebahagian kita terlindung daripada mendapat jangkitan hasil daripada antibodi pernah diperoleh dari vaksin cacar air satu ketika dahulu, namun sebahagian besar anak-anak kita yang tidak pernah menerima vaksin, terdedah kepada bahaya penularan. Anggota barisan hadapan terutama dalam sektor perkhidmatan kesihatan juga terdedah kepada bahaya risiko penularan.

Daripada sudut kesihatan awam serta potensi berlakunya wabak, sudah pasti vaksin adalah senjata paling ampuh dalam mengengkang penularan Mpox.

Vaksin cacar monyet yang boleh diperoleh di sebahagian negara seperti Amerika Syarikat (AS), masih belum tersedia di negara kita buat masa ini. Tinjauan di lapangan iaitu klinik dalam kalangan pengamal swasta, mendapati ia masih belum sedia diperolehi.

Bagi mengelak potensi ledakan wabak Mpox, gaya hidup seluruh masyarakat perlu berubah dan mengamalkan cara hidup sihat. Aktiviti berisiko melalui hubungan seks rambang dan amalan hubungan seks berisiko lain perlu dihentikan.

Pengalaman kita ketika berdepan pandemik COVID-19 memberikan pengajaran 'keras' bahawa bergantung dan mengharapkan semata-mata kepada perubahan tingkah laku adalah agak sukar untuk membendung penularan wabak apabila ia mula memuncak.

Justeru, sebelum jangkitan berlaku, pendekatan tingkah laku dan amalan kesihatan positif untuk mengengkang jangkitan dan melindungi individu rentan adalah tanggungjawab kita bersama.



AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 1
RUANGAN : MUKA HADAPAN

Sekumpulan dokter rancang mogok tuntutan naik elaun *on call*

Oleh MAISARAH SHEIKH RAHIM
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PUTRAJAYA: Sekumpulan pegawai perubatan di sekitar Lembah Klang dikatakan merancang untuk menganjurkan mogok bagi mendesak kerajaan memenuhi beberapa tuntutan yang dibuat bagi kebajikan petugas kesihatan itu.

Mereka mendakwa tindakan mogok itu penting kerana masa untuk 'berlembut' sudah tamat, sebaliknya tindakan tegas perlu dilakukan bagi memastikan sistem penjagaan kesihatan negara tidak terganggu disebabkan semangat kerja mereka sudah berkurangan.

Antara tuntutan yang dibangkitkan ialah memperuntukkan elaun *on call* (tunggu sedia) dan kenaikan gaji tambahan untuk doktor dimasukkan dalam Belanjawan 2025 yang akan dibentangkan kerajaan pada 18 Oktober depan.

Bersambung di muka 2

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AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 2
RUANGAN : DALAM NEGERI

Utusan Malaysia
JUMAAT • 30 OGOS 2024

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Sekumpulan doktor rancang mogok tuntutan naik elaun *on call*

Dari muka 1

Bercakap kepada *Utusan Malaysia*, jurucakap Hartal Doktor Kontrak (HDK), Dr. Muhammad Yassin bagaimanapun berkata, pihaknya tidak terlibat dalam penganjuran mogok itu walaupun kumpulan doktor terbabit turut menggesa HDK dan Persatuan Perubatan Malaysia (MMA) bersama mereka membuat desakan itu kepada kerajaan.

Namun, kata beliau, walaupun pihaknya tidak terlibat dalam mogok ini, HDK bersetuju supaya kerajaan memberikan perhatian serius terhadap segala tuntutan berkenaan dan dimasukkan dalam peruntukan kewangan negara.

"Pihak hartal tidak tahu-menahu tentang mogok ini. Bagaimanapun, HDK bersetuju supaya elaun *on call* dinaikkan RM25 sejam (berbanding RM9.16 sejam) ialah satu jumlah yang bersesuaian seiring dengan beban tugas seorang doktor perubatan semasa *on call*.

"Untuk gaji tambahan, rasanya PMX (Perdana Menteri) sudah umumkan berdasarkan kemampuan kewangan negara. Apa yang kami harapkan ialah jumlah bajet untuk sektor kesihatan dinaikkan kepada 8 hingga 10 peratus dari pada Keluaran Dalam Negara Kasar (KDNGK) (sekarang 4.5%)," katanya di sini, semalam.

Terdahulu, memetik laporan portal berita *Codeblue*, kumpulan doktor itu mendakwa, kerajaan bersikap acuh tidak acuh untuk memenuhi permintaan kenaikan elaun doktor.

Sementara itu, di Shah Alam, Menteri Kesihatan, Datuk Seri Dr. Dzulkefly Ahmad memaklumkan bahawa Perdana Menteri, Datuk Seri Anwar Ibrahim meluluskan permohonan semakan semula elaun pegawai perubatan yang bertugas *on call* supaya ia dinaikkan berbanding kadar semasa dalam mesyuarat Kabinet, baru-baru ini.

Menurut Dzulkefly, kadar tersebut dijangka diumumkan

dalam pembentangan Belanjawan 2025.

"Memang kita sudah maklumkan kepada Kabinet. Kita sudah dapat maklum balas positif daripada Kabinet dan Perdana Menteri yang juga Menteri Kewangan. Cumanya kita menantikan amaunnya.

"Jawapannya adalah ya, keputusan sudah dibuat. Kalau amaun kita kena tunggu masa bajet (Belanjawan 2025)," katanya kepada pemberita selepas majlis pelancaran Projek MyGenom, semalam.

Kadar elaun *on call* doktor di Malaysia adalah antara terendah berbanding di Singapura (RM680) setiap malam, manakala di Brunei (RM340 hingga RM680) berbanding Malaysia RM9.16 sejam.

Berdasarkan kajian MMA, hampir 70 peratus doktor mempertimbangkan untuk meninggalkan sektor awam kerana tidak berpuas hati dengan keadaan kerja mereka.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 2
RUANGAN : NST LEADER

2

NST LEADER

Mpox outbreak

How to curb it

MALAYSIA has a new worry. No, not sinkholes. After all, the government has assured us that the earth won't move under our feet. The new cause for concern is mpox, once thought to be a disease confined to Congo. Now it has spread to many parts of Africa and elsewhere. Sweden was the first country outside of Africa to report an mpox infection last week when a Swede returned from his trip to the continent. Malaysia, too, has not been spared, with nine cases reported up to last year. Our neighbours to the south, north and east are not free from the virus either. Thailand, with which we share land borders, became the first country in Asia to report such an infection when a foreign tourist who had last been to Africa was found to have been infected with the virus. In this frequent-flyer age, global spread of epidemics isn't an impossibility. Malaysia has taken a few steps since the World Health Organisation (WHO) declared mpox to be "a public health emergency of international concern" on Aug 14. One such step is stricter health checks at airports and other entry points. Having been devastated by Covid-19, Malaysians are rightly troubled. So are business owners. Lockdowns are neither good for an active life nor for the economy. But worry alone won't make mpox go away.

Nations must stand together against the virus. That means doing a few things. First, they must not repeat their Covid-19 mistakes. There is no doubt that the SARS-CoV-2 virus could have been better contained. We can't just keep blaming China for not doing enough. The blame lies elsewhere, too. Medical wisdom suggests viral diseases like mpox that are spread by contact are best contained in the place where they start.

The world failed Congo in 2022. It must not now. Containment of mpox will only succeed if nations rush vaccines there. True, the vaccines have not been tested for their efficacy, but they appear to have kept the death toll at 500 out of almost 103,000 cases reported globally. Congo and some parts of Africa are in dire need of such vaccines before one specifically for mpox is developed. Hoarding vaccines, as rich nations did during the Covid-19 global epidemic, only causes harm to themselves. The unvaccinated in countries with no vaccines would fall victim to the virus, only to pass it on to whom they come into contact with, the virus morphing into new strains as it is spread. As this Leader goes to press, the new deadly strain is Clade 1b. We must not go chasing strains.

Second, nations must learn to leave wild animals in the wild. Even getting them to a research laboratory is dangerous, as Denmark discovered in 1958 when mpox was first spotted in colonies of monkeys kept for research. No human case was reported until 1970 in Congo. Third, nations must put in place a robust surveillance and contact-tracing system as recommended by the WHO. For us, it may mean a reactivated MySejahtera, minus the hitches and glitches. Fourth, there is an urgent need for people to be made aware of what mpox is, how it spreads and how to avoid it. A national campaign is the place to start.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 16
RUANGAN : LETTERS

GET INFO FROM TRUSTED SOURCES

Battling misconceptions about mpox

THERE'S a need to dispel myths about the mpox virus. Many people, still reeling from the Covid-19 pandemic, are anxious and unsure whether the person next to them might carry an infectious disease.

The mpox outbreak has only fuelled this anxiety. I would like to highlight five misconceptions:

FIRST: Mpox is a homosexual disease. The Clade IIB strain that spread beyond Africa in 2022 was less virulent, with a survival rate of around 99.9 per cent.

This strain required close contact for transmission, which led to most cases being reported among people engaging in high-risk sexual activities, particularly men who have sex with men.

The current outbreak is different. The strain spreads more easily through direct contact with infected lesions, bodily fluids, contaminated objects, or close exposure to respiratory droplets from infected individuals.

SECOND: Mpox is airborne like Covid-19 and will cause another pandemic. But mpox spreads through direct contact with infected skin lesions, not through airborne transmission.

While mpox can spread

through close exposure to respiratory droplets, such as during intimate activities, its primary mode of transmission is contact with visible skin lesions.

This reduces the likelihood of a widespread airborne pandemic similar to Covid-19.

THIRD: Only people in Africa or travellers are at risk. Although the virus originated in Africa, it has spread globally.

Governments have implemented public health measures to mitigate the risk. For example, in China, people and goods entering the country are being monitored for mpox over the next six months.

In Malaysia, travellers from countries with mpox cases are asked to self-monitor for 21 days upon entry.

Additionally, front-line workers have been put on alert and provided with guidance on managing suspected mpox cases.

FOURTH: Mpox is a deadly disease. In reality, most mpox cases are mild, with a relatively low mortality rate.

However, vulnerable populations — such as immunocompromised individuals, infants, and pregnant women — are at higher

risk for serious complications.

Clade I is associated with more severe illness and higher mortality, with some outbreaks leading to death in up to 10 per cent of cases.

Clade II, which caused the 2022 global outbreak, leads to less severe infections, with more than 99.9 per cent of people surviving.

FIFTH: Vaccines are ineffective or unavailable. Actually, vaccines for mpox, such as JYNNEOS and ACAM2000, are effective and recommended for individuals at higher risk, including those who have had close contact with an infected person or face a higher risk of exposure.

Mass vaccination isn't advised currently.

Travellers who may be at risk should consult their healthcare provider to determine if vaccination is necessary.

Even with vaccination, it's important to continue practising preventive measures, such as avoiding close contact with infected individuals.

The Health Ministry is monitoring the situation, and it is expected that the vaccine will be made available as soon as possible if necessary.



A passenger walking past a banner on mpox at the Soekarno-Hatta International Airport in Tangerang, Indonesia, on Monday. Governments have implemented public health measures to mitigate the risk. AFP PIC

sible if necessary.

In conclusion, we should practise compassion and ensure that accurate information is shared to prevent discrimination and encourage early reporting and treatment-seeking behaviour.

It's crucial to rely on information from trusted sources, such as

the Health Ministry, particularly when reading online content.

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AKHBAR : THE SUN
MUKA SURAT : 3
RUANGAN : NATIONAL

Tighter screening for Mpox at KLIA Terminal 1

SEPANG: The Health Ministry, in collaboration with Malaysia Airports Holdings Bhd, has tightened screening procedures for travellers entering through KL International Airport (KLIA) Terminal 1 as part of its efforts to mitigate the risk of Mpox transmission.

Health Minister Datuk Seri Dr Dzulkefly Ahmad, announced that every traveller arriving on international flights will be screened by thermal scanners.

"In addition, if the flight originates from a high-risk country or if there are symptomatic passengers, all passengers and crew will be directed to a health screening centre for further checks.

"If anyone exhibits symptoms such as a high temperature, blistered skin or swollen glands, they will be given a health alert card and referred to the nearest healthcare facility," he said after an on-site inspection at KLIA Terminal 1 on Wednesday.

Accompanying him were Health Director-General Datuk Dr Muhammad Radzi Abu Hassan, public health deputy director-general Datuk Dr Norhayati Rusli and KLIA public health specialist Dr Mohd Nasir Habib.

Dzulkefly reported that since Aug 16, 3.26 million travelers have been screened at all international entry points nationwide.

"To date, no positive cases have been detected," he said, adding that 34 suspected Mpox cases have been reported at healthcare facilities, of which 33 have tested negative and one is still awaiting results.

He also mentioned that currently, 30 Health Ministry staff members are stationed at KLIA Terminal 1 at all times, with the ministry prepared to increase personnel if necessary.

The same screening processes are being conducted at other international entry points via land, sea or air.

Mpox was declared a Public Health Emergency of International Concern for the second time on Aug 14.

The spread of the clade 11b virus began in 2022 and continues to this day, affecting several countries in Africa.

Mpox typically spreads between humans through close contact with an infected individual. – Bernama

AKHBAR : THE SUN
MUKA SURAT : 4
RUANGAN : NATIONAL

Public **warned** not to buy cracked or raw eggs

➤ Broken shells increase vulnerability to bacterial or viral infection and heighten health risks to consumers: Expert

■ BY FARAHATUN NISA OMAR
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PETALING JAYA: Universiti Kebangsaan Malaysia Public Health Medicine lecturer Prof Dr Sharifa Ezat Wan Puteh has warned consumers not to buy cracked or raw eggs that are sold cheaply as they could cause food poisoning.

She was commenting on a Facebook post in which an individual expressed concern over a grocery store selling 10 egg yolks in plastic bags for RM2 and wondered if purchasers would suffer food poisoning.

The post received 7,500 shares and among over 600 commenters, one said he had seen food sellers and bakers buying cracked eggs as they are cheap.

Sharifa Ezat said the health risk from cracked or raw eggs is high due to contamination from dirty eggshells, improper handling in terms of storage temperature, container cleanliness and the personal hygiene of the egg handlers.

"While eggs have nutrient rich proteins that are protected by their hard shells, the cracked or raw ones are vulnerable to bacterial or viral infection, which encourage the growth of micro-organisms. This is why the public must not buy cracked or raw eggs or their yolks.

"Those who sell them must immediately stop the practice as they are putting the public at risk of food poisoning," she said, adding that salmonella bacteria, which commonly affects the intestinal tract, is often found in eggs.



Sharifa Ezat said the quality of eggs starts to decline after being kept at room temperature for five days and after 21 days, their natural defences lose their effectiveness. — ADIB RAWI YAHYA/THE SUN

She said if an egg is exposed to air, the beneficial bacteria could become harmful, increasing the health risk to consumers.

She said such eggs could cause nausea, headaches, stomach cramps, diarrhoea, fever and vomiting once consumed.

"When eggs go bad, they develop other types of bacteria, such as *Escherichia coli*, which leads to severe illnesses within six to 48 hours of consumption."

She said children, the elderly, pregnant women and those with weak immune systems, such as transplant patients and individuals with HIV, AIDS, cancer and diabetes, are at greater risk of suffering serious illnesses from consuming rotten eggs.

"We should keep eggs in their shells if they are unused. It is important to store them in a refrigerator at temperatures below 4°C to help slow bacterial growth."

She said the quality of eggs starts to decline after being kept at room temperature for five

days and after 21 days, their natural defences lose their effectiveness.

Consumers Association of Penang food research officer Hatijah Hashim said cracked or raw eggs or their yolks are primarily sold to bakers and food sellers, with fewer purchased by the public.

"Wholesalers sell defective eggs to bakers and food sellers to clear their stock before the eggs spoil. If the cracked eggs are left in the inventory and spoil, the wholesalers would face considerable losses."

A 26-year-old baker, who operates a bakery in Ipoh, Perak and asked to be known as Aiman, said while she does not buy cracked eggs or their yolks, she knows of some bakeries that do.

"My recipes mostly require fresh Grade A eggs, so I select and check them for cracks. However, many bakers opt for cracked eggs as they are cheaper and help reduce production costs."