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Malaysia tightens borders after Nipah virus hits India

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PUTRAJAYA: Health surveillance and border controls have been stepped up amid renewed concerns over Nipah virus infections in India, according to the Health Ministry and border control agency.

The ministry issued a statement stating that it is intensifying screenings at international entry points while the Malaysian Border Control and Protection Agency (AKPS) checks for high-risk animal products entering the country.

The ministry said that it would enhance continuous surveillance, including thorough monitoring in the field and strengthening the national laboratory's capacity to ensure early detection.

Health officials emphasised that the preparedness of health facilities had also been enhanced through the implementation of prevention and control measures, including infection prevention and control practices.

Cross-sector and inter-agency cooperation has also been reinforced to safeguard public health and prevent any re-emergence of Nipah disease, a Bernama report quoted the ministry.

"Although Malaysia has not reported any cases of Nipah disease since 1999, the ministry remains vigilant against the risk of cross-border transmission following sporadic infections reported in several other countries," the statement said.

It added that continuous monitoring of Nipah disease had been strengthened through collaboration with the Veterinary Services Department and the Wildlife and National Parks of Peninsular Malaysia Department under the One Health approach.

"To date, no Nipah virus has been detected in domestic or wild animals."

The ministry advised the public, particularly travellers to high-risk areas, to maintain good personal hygiene and avoid contact with sick animals or consuming contaminated products to prevent Nipah virus infection.

Nipah disease is classified as a notifiable disease under the Prevention and Control of Infectious Diseases Act 1988 (Act 342).

Nipah disease is a zoonotic infectious disease resulting from infection with the Nipah virus (NiV), with flying foxes/fruit bats as its natural reservoir.

It added that human infection can occur through contact with body fluids of infected animals, including saliva, blood and secretions, by consuming contaminated food, or through exposure to bodily fluids of infected individuals.

Symptoms such as fever, headache, vomiting, cough, difficulty breathing, seizures, confusion and disorientation typically appear after an incubation period of five to 14 days.

The disease can lead to complications such as encephalitis and respiratory problems, with a mortality rate of between 40 and 75%, the statement said.

Meanwhile, Port Klang AKPS commander Deputy Comm Datuk Nik Ezanee Mohd Faisal said the agency will be monitoring the entry of animal products from India.

"We have officers stationed at terminals, including cruise ports, to screen passengers and monitor goods arriving from countries with known health risks, such as India," he said at a press conference at Port Klang West.

DCP Nik Ezanee reminded that all imported animal products must meet the veterinary and quarantine requirements set by the Malaysian Quarantine and Inspection Services Department.

Any consignment failing to comply will be detained, investigated and potentially destroyed.

Science and sustainability in generic medicines

WE wish to express our support for the recent statements made by Health Minister Datuk Seri Dr Dzulkefly Ahmad regarding the National Generic Medicines Framework. The announcement that Malaysia has achieved over RM900mil in savings through the "generic first policy" over the last two years is significant for our national healthcare sustainability.

As pharmacy educators, we must emphasise that the cornerstone of this framework is scientific parity, where all medicines are evaluated based on scientific evidence from regulatory approval, bioequivalence (BE) studies and ongoing monitoring.

In Malaysia and across the world, generic medicines are not merely cheaper alternatives to innovator medicines; they are products that have undergone rigorous bioequivalence studies to ensure they match the safety, quality and efficacy of their innovator counterparts.

For a generic medicine to be registered by the National Pharmaceutical Regulatory Agency (NPRA) and for it to be sold or used in Malaysia, it must demonstrate that its therapeutic delivery, quality and safety is essentially as good as the innovator version.

Economically, the RM900mil saved through the use of generic medicines will be essential for the upgrading of ageing healthcare infrastructure and the critical task of training and retaining our healthcare personnel.

Investing in the career development pathways and permanent positions for healthcare employees is of paramount importance, particularly as the public healthcare system struggles with workforce shortage and staff burnout.

We must also consider this framework through the lens of current geopolitical realities. The global pharmaceutical market is increasingly volatile, particularly with the uncertainties surrounding potential tariff changes in the United States.

Malaysia cannot remain overly dependent on a narrow corridor of expensive innovator medicines from North America and Europe. By prioritising generic medicines, we protect our national health security from external price shocks and trade tensions that could otherwise compromise our access to life-saving treatments.

To achieve this, the diversification of our supply chains is required. The Health Ministry's exploration of alternative sources for active pharmaceutical ingredients (APIs) and finished products from countries like China, India, Turkey and Brazil is pragmatic and will strengthen our domestic manufacturing capacity while ensuring our supply remains resilient even when global trade routes are disrupted.

The successful implementation of the National Generic Medicines Framework will also rely on the clinicians who make the everyday decisions of what medicines to prescribe to their patients.

The choice of medicines is deeply rooted in the trust between a clinician and their patient. While the science of bioequivalence is sound, we must ensure that our prescribers are fully integrated into this transition.

We acknowledge the concerns of colleagues regarding clinical autonomy, and it is important that this framework is implemented as a collaborative shift in prescribing practices rather than a rigid mandate.

When clinicians are confident in the regulatory rigour behind generics, they can effectively bridge the price-quality perception gap for their patients.

However, a word of caution is necessary. While the drive for cost-containment is commendable, the government must ensure that these savings are used in the right places.

Fiscal efficiency should not lead to a compromise in complex care for high-risk patients who may still require specific innovator formulations for clinical reasons.

The goal must remain value-based healthcare, which prioritises saving where the science permits so that we can afford to invest where the patient's need is greatest.

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The Borneo Post M/S 2

National

MoH intensifies surveillance at entry points following Nipah virus infections in India

PUTRAJAYA: The Ministry of Health (MoH) continues to enhance preparedness through health screenings at international entry points, particularly involving travellers from countries considered at risk following the Nipah disease outbreak in West Bengal, India.

The MoH said in a statement that it would enhance continuous surveillance, including thorough monitoring in the field and strengthening the national laboratory's capacity to ensure early detection.

The ministry said the preparedness of health facilities had also been enhanced through the implementation of prevention and control measures, including infection prevention and control practices

Cross-sector and inter-agency cooperation has also been reinforced to safeguard public health and prevent any re-emergence of Nipah disease, said the MoH.

"Although Malaysia has not reported any cases of Nipah disease since 1999, the MoH remains vigilant against the risk of cross-border transmission following sporadic infections reported in several other countries," the statement read.

The ministry said continuous monitoring of the Nipah disease had been strengthened through collaboration with the Department of Veterinary Services and the Department of Wildlife and National Parks of Peninsular Malaysia under the One Health approach.

"To date, no Nipah virus has been detected in domestic or wild animals," it added.

The MoH advised the public, particularly travellers to high-risk areas, to maintain good personal hygiene and avoid contact with sick animals or consuming contaminated products to prevent Nipah virus infection.

"Travellers from high-risk areas are advised to monitor their health status and seek immediate treatment at the nearest health facility if they feel unwell." — Bernama

Sinar Harian M/S 21

Suri rumah turut dakwa kecewa maklum balas kementerian

Bendasing disyaki cebisan tikus dalam sos spageti

Oleh TUAN BUQHAIRAH TUAN MUHAMAD ADNAN

PUTRAJAYA - Hasrat seorang suri rumah untuk menyediakan sarapan kepada anak-anaknya terganggu apabila menemui bendasing dipercayai cebisan tikus di dalam sos spageti yang dibeli daripada sebuah jenama terkenal.

Rohaniza Nawawi berkata, sos berkenaan dibeli dalam tin di sebuah pasar raya runcit terkenal berhampiran kediamannya di Kedah, kira-kira tiga minggu lalu.

Menurutnya, bendasing itu disedari ketika beliau sedang mengaut sos tersebut untuk dimasukkan ke dalam mangkuk.

"Saya memasak sos itu seperti biasa sebelum ternampak cebisan bendasing berambut dan berisi di dalamnya," katanya kepada *Sinar Harian*.

Jelas ibu kepada enam anak itu, meskipun anak-anaknya tidak sempat menjamah makanan berkenaan, beliau mengalami simptom loya dan muntah kira-kira lima minit selepas merasa sedikit sos tersebut.

"Saya tidak mendapatkan rawatan di klinik atau hospital, sebaliknya mengambil ubat herba tradisional dan keadaan saya pulih tidak lama kemudian," ujarnya.

Susulan kejadian itu, Rohaniza telah membuat laporan rasmi kepada Program Keselamatan dan Kualiti Makanan (PKKM), Kementerian Kesihatan Malaysia (KKM) dengan mengemukakan maklumat serta bukti berkaitan.

Bagaimanapun, beliau mendakwa menerima maklum balas bahawa aduan tersebut berada di luar bidang kuasa PKKM.

Menurutnya, penjelasan itu menimbulkan rasa kecewa kerana isu melibatkan kebersihan makanan sepatutnya diberi perhatian serius.

"Saya mempersoalkan tahap kebersihan kilang syarikat yang beralamat di Petaling Jaya itu dan berharap siasatan lanjut dijalankan," katanya.

Tambah beliau, alasan yang diberikan seolah-olah mengetepikan hak dan keselamatan pengguna.

"Keadilan kepada pengguna seakan dipandang ringan, sedangkan isu ini melibatkan risiko kesihatan," jelasnya.

Bendasing yang ditemui dalam sos spageti dibeli Rohaniza.

Aduan yang dilaporkan Rohaniza dan maklum balas kementerian.

WABAK PENYAKIT NIPAH

KKM perkukuh kesiapsiagaan di Pintu Masuk Antarabangsa

Putrajaya: Kementerian Kesihatan Malaysia (KKM) terus memperkukuh kesiapsiagaan melalui saringan kesihatan di Pintu Masuk Antarabangsa, khususnya membabitkan pengembara dari negara berisiko ekoran situasi wabak penyakit Nipah di West Bengal, India.

Menurut KKM, pengawasan berterusan akan dipertingkatkan, termasuk pemantauan rapi di lapangan serta pengukuhan kapasiti makmal negara bagi memastikan pengesanan awal dapat dilaksanakan.

Kesiapsiagaan fasiliti kesihatan turut dipertingkatkan selaras dengan pelaksanaan langkah pencegahan dan kawalan, merangkumi amalan pencegahan dan kawalan infeksi (IPC) serta kerjasama rentas sektor dan antara agensi akan terus diperkukuh bagi melindungi kesihatan awam serta mencegah sebarang risiko kemunculan semula penyakit Nipah di negara ini.

"Walaupun Malaysia tidak melaporkan sebarang kes penyakit Nipah sejak 1999, KKM kekal berwaspada terhadap risiko penularan rentas sempadan susulan kejadian jangkitan secara sporadik di beberapa negara lain," menurut kenyataan itu.

Selain itu, pemantauan berterusan juga dipertingkatkan melalui kerjasama dengan Jabatan Perkhidmatan Veterinar Malaysia dan Jabatan Perlindungan Hidupan Liar dan Taman Negara Semenanjung Malaysia melalui pendekatan One Health.

"Setakat ini, tiada virus Nipah dikesan dalam kalangan haiwan domestik atau liar," menurut kenyataan itu. - BERNAMA

Fakta penting virus Nipah

Kuala Lumpur: Berikut adalah fakta penting mengenai virus Nipah berdasarkan fakta di laman web Pusat Kawalan dan Pencegahan Penyakit (CDC) Amerika Syarikat.

Virus Nipah menyebabkan penyakit yang boleh merebak antara haiwan dan manusia. Ia dibawa oleh kelawar buah (*genus Pteropus*), juga dikenali sebagai *flying fox*.

Pada 1999, virus ini pertama kali ditemukan susulan wabak pada babi dan manusia di Malaysia dan Singapura. Akibatnya, 300 orang jatuh sakit dan lebih daripada 100 orang itu meninggal dunia.

Menurut CDC, dalam wabak pertama ini, kelawar pada mulanya menyebarkan virus Nipah kepada babi. Orang yang bekerja rapat dengan babi yang dijangkiti juga jatuh sakit.

Wabak Nipah hanya dilaporkan dari Bangladesh, India, Malaysia, Filipina dan Singapura. Bagaimanapun, kelawar buah yang membawa virus Nipah ditemukan di seluruh Asia, Pasifik Selatan dan Australia.

Tanda dan gejala

Masa inkubasi: Empat dan 14 hari selepas dijangkiti.

Gejala awal: Demam, sakit kepala, batuk, sakit tekak dan sesak nafas.

Gejala teruk: Radang otak (ensefalitis) menyebabkan kekeliruan, mengantuk, sawan dan koma dalam masa 24 dan 48 jam.

Tahap penyakit boleh pada kadar ringan atau teruk, termasuk pembengkakan otak dan kematian.

Cara penyebaran

Hubungan secara langsung dengan haiwan yang dijangkiti seperti kelawar atau babi.

Makan atau minum makanan tercemar, contohnya buah atau air nira. - Agensi

Bekas penghidap kanser tak putus asa jalani IVF

Zoom in

Juliana bergelar ibu selepas tujuh kali kitaran

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Kakitangan hospital memberi penerangan kepada media selepas sesi forum sempena Hari Bersama Media 2025 di Hospital Canselor Tuanku Muhriz, baru-baru ini. (Foto FB Hospital Canselor Tuanku Muhriz)

Setiap wanita sudah pasti mengimpikan untuk mempunyai zuriat, terutama mereka yang sudah lama mendirikan rumah tangga.

Impian itu bukan sahaja dianggap pelengkap sebuah keluarga, malah menjadi doa yang tidak pernah putus dipanjatkan setiap kali sujud dalam solat.

Bagi sesetengah pasangan, zuriat dianggap simbol kasih sayang dan kejayaan perkahwinan yang dibina dengan penuh pengorbanan.

Namun, penantian untuk memiliki cahaya mata kadang-kadang memerlukan kesabaran yang luar biasa.

Ada pasangan menempuh perjalanan panjang penuh ujian dan dugaan, tetapi mereka tetap gigih berusaha, sama ada melalui kaedah semula jadi atau bantuan perubatan.

Setiap usaha itu disulami dengan harapan agar suatu hari nanti tangisan bayi menjadi muzik indah dalam rumah tangga mereka.

Sepanjang tempoh ujian itu, sokongan antara satu sama lain menjadi penawar keletihan dan penguat semangat, memastikan pasangan terus meniti jalan penuh cabaran itu bersama.

Bagi pasangan yang menginginkan zuriat, setiap hari adalah langkah kecil menuju impian besar. Walaupun kadang-kadang dikejutkan dengan kegagalan dan kekecewaan, mereka percaya usaha yang berterusan, disertai doa dan kesabaran, suatu hari nanti pasti membuahkan hasil.

Begitulah juga takdir dan impian tersemat dalam hati Juliana Razid, 43, yang mendirikan rumah tangga penuh dengan harapan untuk bergelar ibu.

Bagaimanapun, perkahwinan yang dibinanya selama 11 tahun bukan sahaja diuji dengan penantian cahaya mata, tetapi turut diuji dengan mendapat kanser payudara selepas dua tahun berkahwin.

Namun, tanpa membuang masa, kakitangan awam yang tidak mempunyai sejarah kanser itu terus menjalani rawatan merawat kanser payudara tahap dua yang dihidapinya.

"Ketika itu saya berusia 34 tahun dan disahkan menghidap *mucinous carcinoma*, iaitu sejenis kanser payudara yang jarang berlaku dan hanya membabitkan satu hingga dua peratus kes sahaja.

"Sebelum menjalani sebarang rawatan saya memberitahu doktor berkenaan harapan untuk mendapatkan anak, tetapi doktor memaklumkan perlu jalani rawatan dahulu.

"Saya kemudian menjalani rawatan kemoterapi sebanyak enam kali dan makan ubat selama lima tahun," katanya pada sesi forum sempena Hari Bersama Media 2025 di Hospital Canselor Tuanku Muhriz (HCTM) di sini, baru-baru ini.

Cekal hadapi rintangan

Anak kelahiran Taiping, Perak itu berkata, dia bersyukur apabila disahkan tiada lagi sel kanser dan terus berjumpa Pakar Obstetrik dan Ginekologi (O&G) bagi mendapatkan nasihat berkenaan cara mendapatkan anak pula.

Katanya, pada mulanya dia sedikit kecewa apabila doktor memaklumkan berisiko untuk mendapat semula kanser jika meneruskan sebarang rawatan.

"Selepas berbincang dengan suami dan ahli keluarga lain, saya kemudian meneruskan rawatan permanian berhadas (IUI) sebanyak empat kali namun semuanya gagal," katanya.

> "Sebelum menjalani sebarang rawatan saya memberitahu doktor berkenaan harapan untuk mendapatkan anak, tetapi doktor memaklumkan perlu jalani rawatan dahulu"

Juliana Razid

Juliana berkata, doktor kemudian menyarankan supaya menjalani rawatan kesuburan in-vitro (IVF) dan rawatan kali pertama pada 2020 berhasil apabila dia disahkan hamil, namun tidak lama apabila kandungan disahkan tidak menjadi.

Katanya, dia reda dengan keadaan itu, kebetulan pula ketika itu mendapat tawaran mengerjakan ibadah haji. Justeru, dia memberi tumpuan kepada ibadah itu, selain berusaha menyelesaikan sarjana yang dilakukan ketika itu.

"Bagaimanapun, saya tidak berputus asa dan kembali menjalani IVF. Selepas menjalani tujuh kali kitaran, pada 17 Disember 2024 buat kali pertamanya saya berjaya mendengar degupan jantung bayi.

"Sepanjang tempoh kehamilan saya tidak memberitahu kepada sesiapa, malah berat juga turun kerana saya menjaga pemakanan.

"Pada 24 Julai 2025 ketika kandungan berusia 37 minggu, akhirnya anak saya, Emma Emily Fariz Azwar dilahirkan melalui pembedahan," katanya bersyukur impian bergelar ibu tercapai, walaupun berhadapan pelbagai rintangan.