

Embracing New Horizons in Primary Health Care



Perak Association
of Public Health
Physicians



Perak Medical
Practitioners'
Society



Family Medicine
Specialists
Association Perak

13TH ASEAN & 10TH Perak Health Congress on Primary Health Care

12 - 14 July 2024

Pre-Congress 11 July 2024

Kinta Riverfront Hotel, Ipoh

**Official Opening of the Congress
by Deputy Minister of Health, Malaysia
YB Dato Lukanisman bin Awang Sauni**

**The Dr CVN Prasad Oration:
HEALTH REFORM
IMPLEMENTATION EFFORTS
BY THE MINISTRY OF HEALTH
by Senior Deputy Director,
Planning Division, MoH,
Dr Davis Johnraj**



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ABSTRACTS & PROGRAMME

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Relief
cough &
soothes throat
irritation

Contents	Page No.
Welcome Message from Organising Chairman Dr G Nantha Kumar	1
Foreword by the Deputy Minister of Health Malaysia YB Dato' Lukanisman bin Awang Sauni	2
Organising Committees & Faculty Members	3
Pre-Congress Workshop Programme	4
Opening Ceremony Programme	5
Layout Plans for Booths & Halls	6
Abstracts · Pre-Congress Thursday 11 th July	7
Abstracts · Day 1 Friday 12 th July	8-15
Abstracts · Day 2 Saturday 13 th July	23-29
Congress Programme	Centre pages
Abstracts · Day 3 Sunday 14 th July	42-49
Oral Abstracts (Lavender Hall)	55-61
Poster Abstracts (Lavender Hall)	62-78
Acknowledgements (to all our sponsors)	79



Welcome Message from **Organising Chairman**

A warm welcome to the 13th ASEAN & 10th Perak Health Congress On Primary Health Care: “Embracing New Horizons In Primary Care”

Healthcare organizations face a growing number of challenges following the aftermath of COVID-19. Its effects still persist till today and span across various domains and it is still causing threats on health issues.

The theme of this year’s congress is Embracing New Horizons in Primary Care, to reflect the changes that have been and will be seen within all specialty in this new era. My esteem committee has worked tirelessly for the last 24 months, designing, planning and executing this congress in order to meet international gold standards.

This three day congress comprises (i) thought provoking lectures (ii) informative group seminars and (iii) hands on workshops such as wound care. Industry representatives will also be present exhibiting new products and medications primarily used in Primary Care. Collectively, these offer an opportunity for members of the specialty to stay *au courant* with the advancements in the field.

Lastly, the congress will take place in the green city of Ipoh, Perak famously known for its vast array of hawker/multicultural food, cultural sites and ethereal nature spots such as limestone karst mountains, caves & hot springs.

I look forward to welcoming you in person to this congress and hope you have an educational as well as fun experience with us soon.

Dr G Nantha Kumar

Organising Chairman, 13th ASEAN & 10th Perak Health Congress 2024
President-Elect PMPS 2024 - 2025



Foreword by the **Deputy Minister of Health Malaysia**

I would like to extend my heartfelt congratulations to the organizers of the 13th ASEAN and 10th Perak Health Congress for Primary Health Care, for their commendable effort. I also extend my gratitude to the Perak Medical Practitioners Society for their collaboration with the Perak Association of Public Health Physicians and the Family Medicine Specialists Association Perak, which has made this congress unique and special. Their combined efforts have successfully fostered unity between the public and private sectors.

The medical profession stands apart from other professions as it is fundamentally a service profession dedicated to patients, always prioritising the physician-patient relationship. To achieve excellence, the health sector must continuously evolve, staying abreast of advancements in technology and breakthroughs in science. Conferences like this one play a crucial role in promoting lifelong learning.

The theme for this Conference, 'Embracing New Horizons in Primary Health Care,' is both timely and relevant given recent advancements in medicine. I am confident that this Congress will generate stimulating ideas and I hope that participants will gain invaluable knowledge and experiences.

Wishing all participants a productive and insightful conference ahead.

YB Dato' Lukanisman bin Awang Sauni
Deputy Minister of Health, Malaysia

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Dr V Paranthaman

Dr Vishvanathan Thimurayan

SN Anis Nurlaili Binti Husni

SN Kausalyah D/O Devadas

Pre-Congress Workshop

11 July 2024 • Time: 14:00 – 16:15 hr

Level 3, Lavender Hall

1

WOUND CARE TREATMENT AND MANAGEMENT

by Dato' Dr K.S. Sivananthan

2

CASE STUDY, TRAINING & EDUCATION

By SN Anis Nurlaili Binti Husni

& SN Kausalyah D/O Devadas

OPENING CEREMONY PROGRAMME

12 July 2024, Friday

Venue: Rafflesia Ballroom, Level 2

09:00

Delegates and guests to be seated

Arrival of the Guests of Honour

Deputy Minister of Health, Malaysia
YB Dato' Lukanisman bin Awang Sauni

Introduction to The Dr CVN Prasad Oration

by Dato' Dr K Chandran

The Dr CVN Prasad Oration:

**HEALTH REFORM IMPLEMENTATION EFFORTS
BY THE MINISTRY OF HEALTH**

by Senior Deputy Director, Planning Division, MoH,
Dr Davis Johnraj

10:15

Welcome address by

Organising Chairman & PMPS President-Elect,
Dr G Nanthakumar

Official Opening of the Congress

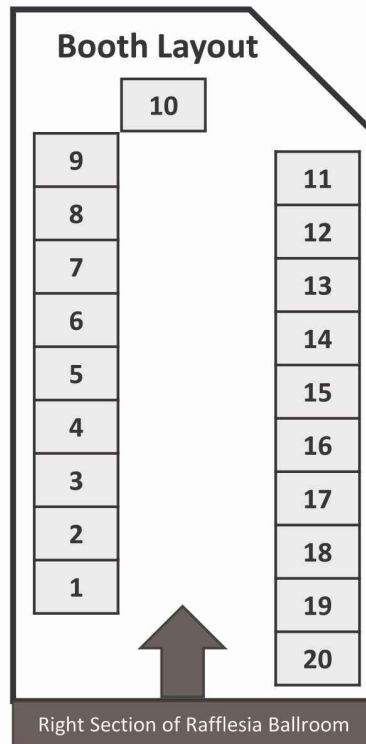
by Deputy Minister of Health, Malaysia
YB Dato' Lukanisman bin Awang Sauni

Opening of Trade Exhibition by
the Guest of Honour

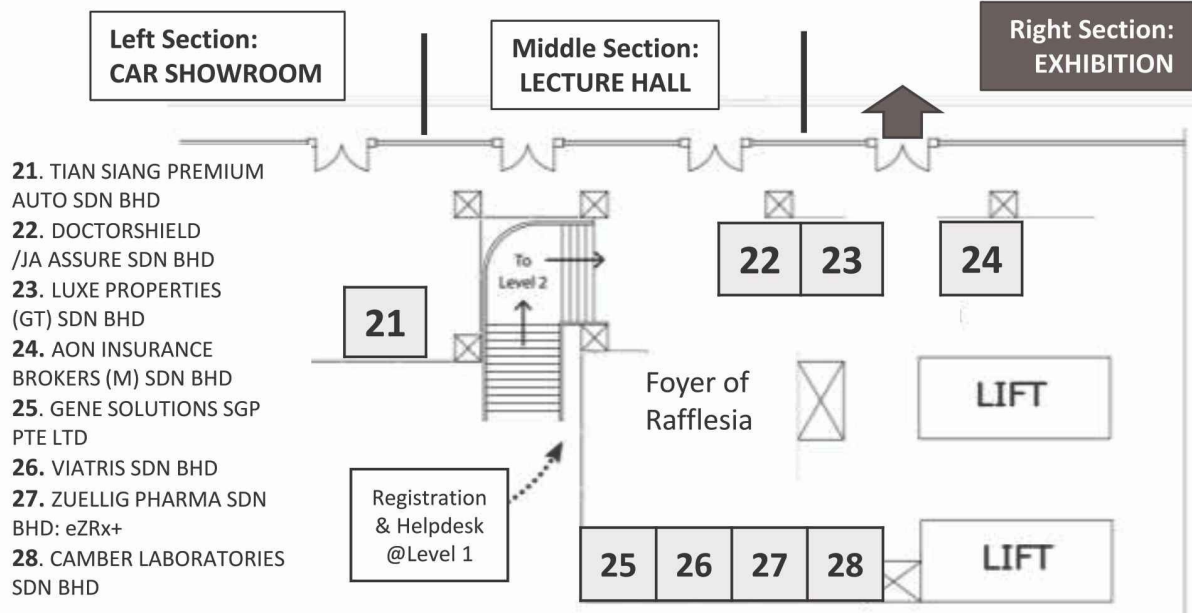
Tea & Press Conference

Layout Plans

10. SUNWAY MEDICAL CENTER SDN. BHD.
9. TAKAFUL MALAYSIA
8. KL WELLNESS CITY
7. PROTHERAPIX SDN BHD
6. TAISHO PHARMACEUTICAL GROUP
5. EISAI (MALAYSIA) SDN BHD
4. TAKEDA MALAYSIA SDN BHD
3. NOVO NORDISK PHARMA (MALAYSIA) SDN BHD
2. HYPHENS PHARMA SDN BHD
1. HYPHENS PHARMA SDN BHD



11. UniKL ROYAL COLLEGE OF MEDICINE PERAK
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19. ABBOTT LABORATORIES (M) SDN BHD
20. TMC FERTILITY



LOCATION SUMMARY

Trade Exhibitors (Level 2): Left & Right Sections of Rafflesia Ballroom

Rafflesia Ballroom : Level 2

Lavender Hall : Level 3

Registration & Help Desk : Level 1 next to Stairs

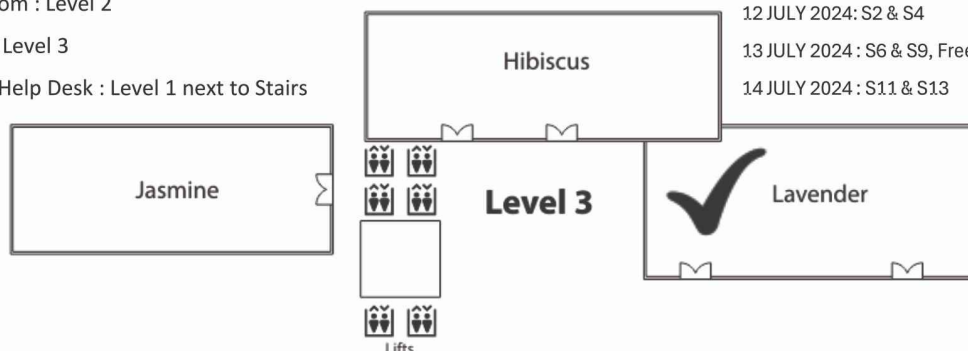
LAVENDER HALL

11 JULY 2024: Pre Congress Workshop

12 JULY 2024: S2 & S4

13 JULY 2024: S6 & S9, Free Paper Session

14 JULY 2024: S11 & S13



Abstracts Pre Congress Thursday 11 July

PC	THU 11 JULY
	1400-1615
	Lavender

PRE-CONGRESS · DATO' DR K S SIVANANTHAN

WOUND CARE TREATMENT AND MANAGEMENT

Wound care definition – Wound is damage to the integrity of biological tissue, including skin, mucous membranes and organ tissues

The 7 steps of wound care management are :-

1) Assess – the patient and wound. Wound should be assessed for :-

- a) Location
- b) Size
- c) Exudate
- d) Tissue appearance
- e) Surrounding tissue
- f) Infection

2) Cleanse and debridement of wound after taking swab C&S

3) Protect the peri wound

4) Fill the wound and prevent pockets of abscess formation

5) Cover – apply protection dressing

6) Secure – apply a secondary dressing

7) Evaluate healing progress till the wound heals

Two Basic Principles of Good wound care

- Identify and control as best as possible the underlying causes
- Provide an environment for moist interactive wound healing

Conclusion

Principles of wound closure

- 1) Perform general and local wound assessment
- 2) Perform wound or defect analysis by assessing :
 - Location – whether near or exposing the vital organs or structures
 - Size – small or large
 - Physical components involvement – type of soft tissues like muscle, tendon and nerve or bone

Multiple disciplinary approach to treat the underlying causes or problems of unstable wound hence managing the patient in the holistic manner

- 1) Wound closure by replacing tissue defect “like with like” tissue (appropriate tissue match) whenever possible
- 2) Choose appropriate technique of wound closure ensuring safety, preservation of function and aesthetically pleasing

Abstracts

Day 1

Friday 12 July

P1	FRI 12 JULY
	0800-0900
	Rafflesia

PLENARY 1

DR FEISUL IDZWAN BIN MUSTAPHA

DIGITALIZATION AND ARTIFICIAL INTELLIGENCE IN PRIMARY HEALTH CARE

The landscape of healthcare, particularly in high-income countries, is undergoing a profound transformation with the integration of digitalization and artificial intelligence (AI) into primary care. This presentation aims to explore the promising opportunities and challenges posed by these technological advancements, ultimately shaping the future of primary healthcare.

Digitalization has brought about a paradigm shift in how healthcare is delivered. Electronic health records, telemedicine, wearable health devices, and health apps have revolutionized patient engagement and data collection, fostering a patient-centric approach. In parallel, AI has emerged as a powerful tool in primary care. Machine learning algorithms can analyze vast datasets to identify disease patterns and predict health outcomes. AI-powered chatbots and virtual assistants enhance patient communication, providing personalized support and guidance.

However, this digital transformation comes with its own set of challenges. Privacy concerns, data security, and the digital divide must be addressed to ensure equitable access to healthcare services. Furthermore, the integration of AI systems into clinical practice requires robust validation and regulation to guarantee safety and efficacy.

The presentation will delve into real-world examples of digitalization and AI in primary healthcare, illustrating the impact on clinical decision support, early disease detection, and preventive medicine. It will also explore the ethical considerations surrounding patient data privacy and the evolving roles of healthcare professionals.

By sharing insights into the current state of digitalization and AI in primary healthcare, this presentation will inspire attendees to envision a future where healthcare is truly patient-centered, data-driven, and globally accessible. It will also emphasize the importance of collaboration among healthcare professionals, researchers, policymakers, and technology developers to navigate this transformative journey successfully.

KEY	FRI 12 JULY
	0915-1015
	Rafflesia

**KEYNOTE · DR CVN PROSAD ORATION
DR DAVIS JOHNRAJ
HEALTH REFORM PLANNING AND
IMPLEMENTATION IN MALAYSIA**

Major health sector reform had been planned and studied for Malaysia since 1984. However, there has been only small piecemeal reform implementation over the years to address immediate issues and challenges. With the present challenges faced by the health system including an ageing population, increasing NCDs, emerging and reemerging communicable diseases, rising cost of healthcare, expensive new technologies and the need for crisis and disaster preparedness; has clearly shown that there has to be a holistic reform to prepare the health system for now and the future.

The main component of health sector reform comprises reform in area of governance, health financing and healthcare delivery. This will be supported by enablers such as digital health, legislation, human resource training and management and health research. All elements of health reform require adequate planning and building blocks in place to be effectively implemented and to reduce unintended consequences.

Health sector reform is also path dependent where Malaysia will have to carve its own path based on current structure while considering international best practices. Malaysia's health reform plan through Health White Paper was passed by the parliament in June 2023. The implementation plan will propose solutions for a higher quality, more sustainable and resilient health system as a phased reform over a 15-year period.

A key component of health reform is health care financing which includes ensuring equitable financing, facilitating strategic purchasing and improving efficiency and effectiveness of healthcare delivery. Health expenditure for both public and private sector has been growing faster than inflation. However, when compared with other upper middle income countries, Malaysia has opportunity to increase investment in healthcare. With limited government fiscal capacity and high inflation in the private sector, there is a need to diversify sources of financing for healthcare and better strategic purchasing from health care providers.

PHC will be prioritized in the health reform planning to provide comprehensive basic healthcare and essential public health functions. Hospital care will be optimized to focus on acute and complex care management. Strategic purchaser function will be strengthened to ensure access to value-based healthcare both in public and private sector and better containment of healthcare inflation.

As health reform is complex and requires meticulous planning and phased implementation, MOH has formed a specific Unit called Health Transformation Office (HTO) answerable to the Director-General of Health Malaysia to facilitate planning and phased implementation of health reform for Malaysia. Stakeholder consultation and interagency collaboration will be done to ensure health reform plan is implementable and are in accordance to the principles of Health White Paper.

P2	FRI 12 JULY
	1130-1230
	Rafflesia

PLENARY 2

PROF DR ROJIM J SORROSA

DOMICILLIARY-PALLIATIVE CARE

The Republic Act 11223 (RA 11223) also known as the Universal Health Care (UHC) Law of the Republic of the Philippines was a major health care reform enacted upon by the Senate and House of Representatives last 2019. In one of its policies, the state shall adopt a health care model that provides Filipinos access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative and palliative health care services without causing financial hardship and prioritizes the needs of the population who cannot afford such services.

Palliative care invests on patient-centered, family-focused and community-oriented care. Services include a holistic approach to patients with life-threatening diseases. The core goal is to improve the best possible quality of life regardless of setting. Part of these services is domiciliary care or better known as home care which aims to offer a broad range of services to help patients and their families at home.

With the passing and approval of the RA 11223, the health care system is mandated to enact these policies through strategic implementation with partners within and outside of the government. Differences in goals and interests make it challenging to improve the service delivery network.

LS1	FRI 12 JULY	LUNCH SYMPOSIUM (HYPHENS PHARMA) DR SIVASANGKARI MUGILARASSAN VIT D 3 DEFICIENCY - A SILENT EPIDEMIC
	1230-1430	
	Rafflesia	

Vitamin D plays a crucial role in maintenance of general well. Vitamin D insufficiency and deficiency is highly prevalent among people of all ages and demographics in Malaysia. However, it is under recognised and not addressed adequately. The objective of this lecture is to propose a practical and pragmatic approach in the prevention, active case detection and management with focus on musculoskeletal health in population at risk of vitamin D deficiency and its clinical implications.

S1	FRI 12 JULY	SYMPOSIUM 1 · GASTROENTEROLOGY 1 DR HARJINDER SINGH S/O AVATAR SINGH MAFLD
	1430-1600	
	Rafflesia	

MAFLD (Metabolic dysfunction – associated fatty liver disease) affects at least 25% of the general population and is an increasingly important cause of cirrhosis and hepatocellular carcinoma. Although it is the research focus of the hepatology field, it is clear that primary care physicians are seeing the majority of MAFLD patients and are in a pivotal position to provide quality care. MAFLD is common in patients with diabetes, obesity and other metabolic risk factors. Abdominal ultrasonography is the most commonly used method to diagnose fatty liver. Simple fibrosis scores have high negative predictive values in excluding advanced liver fibrosis and future liver-related events and can be used in primary care as initial evaluation. An abnormal result should be followed by subsequent workup or specialist referral. Primary care is the ideal setting to institute multidisciplinary care, especially the involvement of dietitians and physical activity trainers in lifestyle intervention, as well as initiating the discussion of bariatric surgery in patients with severe obesity. Although specific drug treatment for steatohepatitis would require a more precise diagnosis, metabolic drugs that improve both steatohepatitis and cardiovascular outcomes may be considered in patients with MAFLD.

S1	FRI 12 JULY
	1430-1600
	Rafflesia

SYMPOSIUM 1 · GASTROENTEROLOGY 2
DATUK DR ROSAIDA HJ MD SAID
HEPATITIS C MANAGEMENT
IN PRIMARY CARE

Hepatitis C is a silent epidemic. About 70-80% of people with chronic hepatitis C develop chronic disease and 15%-30% of people develop liver cirrhosis within 20 years. All patients with risk factors should be screened for Hepatitis C and confirmation test should be done for those who have positive screening test. Those who are confirmed to have chronic Hepatitis C should be treated with Directacting Antivirals (DAAs). National DAAs-based treatment with Sofosbuvir and Daclatasvir was started in Mac 2018 in 18 hospitals after Malaysian government decided to issue compulsory licencing for Sofosbuvir. Malaysia became the first country to grant conditional approval for Ravidasvir by Malaysian Drug Control Authorities and it has been listed into the WHO Essential Medicines List (EML) in July 2023. Ravidasvir, the latest DAA is more efficacious, well-tolerated, no significant drug-drug interaction and safe. Currently, treatment of DAAs are available in 69 hospitals and, had been decentralised to 491 Primary Health Clinic and 16 Prisons

S2	FRI 12 JULY
	1430-1600
	Lavender

SYMPOSIUM 2 · DERMATOLOGY 1
DR TANG JYH JONG
MANAGING ADULT SKIN CONDITIONS
IN PRIMARY CARE (INTERACTIVE CASE
DISCUSSION)

Skin diseases are commonly encountered among adult patients at primary care level. There are various common skin diseases including allergy, infection, neoplasm, inflammatory, pigmentary and autoimmune diseases. It is important for primary care physicians to be familiarize with these skin diseases and to identify the red flag in dermatology for immediate referral to the nearest dermatology centre. In this lecture, we are going to discuss the common and important skin disease among adult patients.

S2	FRI 12 JULY
	1430-1600
	Lavender

SYMPOSIUM 2 · DERMATOLOGY 2

DR NG SU YEN

COMMON PAEDIATRIC SKIN CONDITIONS

Skin diseases are very common in children. In the USA there are more than 12 million office visits annually for rashes and other skin concerns in children and adolescents, of which 68% are made to primary care physicians.¹ Some skin diseases are even more common in developed countries comprising up to 23.6 percent of cases seen in primary care.² Therefore primary care doctors are the front-line personnel to manage and treat these patients. They should be equipped with the knowledge and clinical acumen to make a correct diagnosis and institute appropriate treatment to ensure patient's well being and reduce morbidity.

The common skin diseases in children belong to one of the following categories: pyoderma, scabies, and other common ectoparasitoses, tinea capitis and other superficial mycoses (dermatophytosis, candidiasis, pityriasis versicolor, etc.); benign viral tumours (verrucae, molluscum contagiosum, etc.) and dermatitis – irritant, allergic, or atopic.²

Children are vulnerable to skin diseases due to various reasons. Although rarely life threatening, chronic skin diseases causes significant morbidity and impact on the patient and family. It is difficult to differentiate childhood rashes just by the appearance of the rash.³ Rather it is important to correlate clinical history with physical examination to make an accurate diagnosis. Among the important points to note are the clinical course of the disease, the evolution of the rash and the associated features.

When encountering skin diseases in children, it is useful to classify them into one of these 5 categories

1. Is it red and scaly?
2. Is it red and non scaly? (maculopapular rash)
3. Are there are vesicles or pustules?
4. Is it a blistering skin condition?
5. Is it a papular rash?

Some key features of common skin diseases will be highlighted to make an accurate diagnosis. Red flags and clinical features that suggest serious conditions will also be highlighted.

1. Krowchuk DP, Bradham DD, Fleischer AB Jr. Dermatologic services provided to children and adolescents by primary care and other physicians in the United States. *Pediatr Dermatol.* 1994;11(3):199–203
2. World Health Organization. Epidemiology and management of common skin diseases in children in developing countries. *WHO/FCH/CAH/05.12*
3. Allmon A, Deane K, Martin KL. Common skin rashes in children. *Am Fam Physician.* 2015;92(3):211-6

S3	FRI 12 JULY
	1615-1715
	Rafflesia

SYMPOSIUM 3 · MENTAL HEALTH 1
DR NG YIN PING

SUICIDE PREVENTION

This talk aims to provide a brief understanding on the definition and clinical presentations of suicidal behaviour (including risk and protective factors), practical aspects on establishing therapeutic contact (suicidal enquiry), and referral to specialist services

S3	FRI 12 JULY
	1615-1715
	Rafflesia

SYMPOSIUM 3 · MENTAL HEALTH 2
DR MARVIN CHONG

NEW HORIZONS IN MANAGEMENT OF DEPRESSION

Depression is a common mental disorder. It involves a depressed mood or loss of pleasure or interest in activities which last great amount of time. Approximately 280 million people in the world have depression, according to WHO 1. An estimated 3.8% of the population experience depression, including 5% of adults (4% among men and 6% among women), and 5.7% of adults older than 60 years 1. Depression is the leading cause of disability worldwide, the United Nations health agency reported 2. There is effective treatment for mild, moderate and severe depression. These include psychological treatment, medications and physical treatment. While different patients may benefit more from different therapies, there is no principled way for clinicians to predict individual patient responses or side effect profiles 3.

References 1. Depressive Disorder. World Health Organization. 31 March 2023 2. United Nation. UN News. 23 February 2017 3. Deep Learning: A New Horizon for Personalized Treatment of Depression? June 2018McGill Journal of Medicine 16(1) DOI: 10.26443/mjm.v16i1.99

S4	FRI 12 JULY
	1615-1715
	Lavender

SYMPOSIUM 4 · EMERGENCY MEDICINE 1
DATO DR ASRI RANGA BIN ABDULLAH
RAMAIAH
CARDIAC EMERGENCIES

Cardiac emergencies represent a critical subset of medical crises, encompassing a spectrum of conditions that pose immediate threats to cardiovascular function and patient well-being. This abstract provides a concise yet comprehensive overview of common cardiac emergencies, including myocardial infarction, cardiac arrhythmias, heart failure exacerbations, and aortic dissection, among others.

The presentation of these emergencies often varies widely, from subtle symptoms to life-threatening manifestations such as chest pain, dyspnea, syncope, and cardiac arrest. Early recognition and prompt intervention are paramount in optimizing patient outcomes.

This abstract outlines the pathophysiology, clinical presentation, diagnostic approach, and emergent management strategies for each cardiac emergency. It emphasizes the importance of rapid assessment, appropriate diagnostic testing (including electrocardiography, cardiac biomarkers, echocardiography, and advanced imaging modalities), and evidence-based therapeutic interventions (such as reperfusion therapy, antiarrhythmic agents, vasopressors, and mechanical circulatory support). Timely reperfusion strategies, including percutaneous coronary intervention and thrombolytic therapy, play a central role in the management of acute coronary syndromes.

Moreover, it highlights the significance of a multidisciplinary approach involving emergency medical services, emergency physicians, cardiologists, critical care specialists, and other healthcare providers in delivering timely and effective care.

By enhancing awareness and understanding of cardiac emergencies among healthcare professionals, this abstract aims to facilitate expedited recognition, accurate diagnosis, and optimized management, ultimately improving patient outcomes and reducing morbidity and mortality associated with these critical conditions.

S4	FRI 12 JULY
	1615-1715
	Lavender

SYMPOSIUM 4 · EMERGENCY MEDICINE 2
DR ABD KURSI BIN ABD LATIF
PAEDIATRIC EMERGENCIES

Anaphylaxis is serious systemic allergic reaction that is rapid in onset involving multi organ. It is potentially life threatening if failed to recognised and managed inappropriately. It may present with either shock and /or severe respiratory distress. Symptoms of anaphylactic shock include dizziness, collapse, pallor and floppiness. Peripheral perfusion may compromise Intramuscular Adrenaline is the initial treatment of choice and should be administered if there are any respiratory or cardiovascular features. Multiple intramuscular doses may be required in refractory cases. Delayed deteriorations including 'biphasic' reactions need further treatment with adrenaline which usually occur around 10-12 hours of initial successful treatment. Approach to Anaphylaxis shall be discussed in this presentation.



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Abstracts

Day 2

SATURDAY 13 July

P3	SAT 13 JULY
	0800-0900
	Rafflesia

PLENARY 3
PROF DR NG CHIRK JENN

IMPLEMENTING EVIDENCE-BASED INTERVENTIONS IN REAL-WORLD PRIMARY CARE: A SINGAPORE'S EXPERIENCE

Despite the exponential increase in health research, successful implementation of evidence-based health interventions remains low and slow in real-world clinical practice. This is even more challenging in primary care, where most interventions are complex; it involves human behaviour change under organizational constraints.

In July 2023, Singapore embarked on a national healthcare transformation that shifts the focus of the health care from reactive to proactive. It embraces the concepts of preventive care, continuity of care and person-centred care, where primary care is strategically placed to deliver. This requires the policy makers and healthcare providers to strategise how these concepts can be implemented systematically, particularly using the existing research evidence. This lecture will cover Singapore Healthier SG national initiative; implementation of team-based care as an approach to delivering preventive care, person-centred and continuity of care; the challenges faced; and how 'implementation science' can guide successful implementation of evidence-based interventions in clinical practice.

S5	SAT 13 JULY
	0900-1030
	Rafflesia

SYMPOSIUM 5 · ORTHOPAEDICS/SURGERY 1
DR VISHVANATHAN THIMURAYAN
**LATEST UPDATES IN OFFICE
ORTHOPAEDICS**

Improving national health care services through the enhancement of primary care, is a major challenge in many countries. A vast majority of orthopaedic cases presenting to the ED can be successfully managed at primary care level. There are no written guidelines on which conditions or to what extent a primary care physician is allowed to treat Orthopedic related disorders. Numerous factors, such as patient expectations, inadequate resources or facilities, lack of experience and insurance claims are responsible for these shortcomings. Low back pain, arthrosis, tendinosis, sprains and strains are among the common disorders that can be successfully managed at primary care level. An integrated approach hand in hand with the Orthopedic counterparts may reduce the overall burden to the ED physicians and in addition give ample time for Orthopaedic Surgeons to focus on complex cases particularly those needing surgical interventions.

S5	SAT 13 JULY
	0900-1030
	Rafflesia

SYMPOSIUM 5 · ORTHOPAEDICS/SURGERY 2
DR L. SIVANESWARAN
LECHMIANNANDAN

REZUM WATER VAPOUR THERAPY FOR BPH : A MINIMALLY INVASIVE DAYCARE PROCEDURE

"REZUM" water vapor therapy is a novel and minimally invasive treatment option for Benign Prostatic Hyperplasia (BPH), offering a promising alternative to traditional surgical interventions. This talk provides an overview of REZUM therapy as a safe and effective outpatient procedure for managing BPH. By utilizing targeted water vapor to ablate excess prostate tissue, REZUM offers patients a minimally invasive treatment option that minimizes the risks associated with more invasive surgical procedures. The efficacy, safety profile, and increasing adoption of REZUM as a daycare procedure highlight its potential as a preferred choice for patients seeking efficient relief from BPH symptoms with minimal downtime and side effects. We aim to underscore the benefits of REZUM water vapor therapy in the realm of BPH management as a convenient and patient-friendly solution."

S6	SAT 13 JULY
	0900-1030
	Lavender

SYMPOSIUM 6 · ADDICTION MEDICINE 1
DR SUBASHINI AMBIGAPATHY
HARMS OF HARM REDUCTION IN TOBACCO CONTROL

The tobacco industry has long marketed its products as a form of pleasure and satisfaction for its consumers. However, with the rise of health concerns and awareness, the tobacco industry has been forced to change its schemes and manoeuvres. One of the latest strategies is by promoting e-cigarettes and other vaping products as a form of harm reduction for smokers intending to quit.

E-cigarettes are marketed as a healthier alternative to tobacco cigarettes, allegedly with less harmful ingredients and fewer cancer-causing agents. However, evidence-based research has shown that the dangers of e-cigarettes are significant and should not be promoted as a means to reduce harm. One of the core duties of healthcare professionals is to communicate and advocate for health and wellness, including providing accurate and valid health information to the public as well as stakeholders.

This presentation will equip healthcare professionals with a comprehensive guide to the various aspects of e-cigarettes and harm reduction, including potential harms of e-cigarettes, the myths surrounding harm reduction, and communication strategies for dispelling these myths. It will also assist to raise awareness about the tobacco industry's harm reduction narrative, provide healthcare professionals with the knowledge and tools to educate their patients on these issues, offers knowledge and reference points on vaping products and provide methods of ensuring effective communication. By promoting better patient education and awareness, this certainly can empower individuals and communities to make informed decisions about their health and wellbeing.

S6	SAT 13 JULY
	0900-1030
	Lavender

SYMPOSIUM 6 · ADDICTION MEDICINE 2
ASSOC PROF DR RUSDI ABD RASHID
POLYSUBSTANCE ABUSE

Polysubstance use is common practise among drug users. Among opiate users, about 75% of them also use two or more other substances. Polysubstance users are more associated with substance related harms eg toxicity with fatal death and psychiatric comorbidity.

Substance users use multiple substances for various reasons. They use multiple substances for replacement the primary drug which is not available/adequate at that time, to counter the side-effects of primary drugs, to self medicate the symptoms of primary illness eg negative symptoms schizophrenia, depression , sleep problems and to conform with the normative culture of drug users community.

Managing polysubstance users need full assessments that include full history taking, complete physical examination and also mental state examination. Details assessment may also include laboratory investigations. Temporal relationships of the intake and pattern of use for each substance and period of abstinence are important aspects that need to be assessed thoroughly.

The pharmacological therapy include Selective detoxification, anti-craving treatment for each specific substances and prevention of relapse with various psychosocial interventions.

Keywords : Polysubstance use, clinical presentation, treatment.

S7	SAT 13 JULY
	1100-1230
	Rafflesia

SYMPOSIUM 7 · NCD 1
DR LOH CHEK LOONG
EARLY DETECTION
& PREVENTION OF CKD

The burden of chronic kidney disease (CKD) in Malaysia is expected to continue its rapid ascent, with the projected number of dialysis patients reaching 100,000 by 2040. Regrettably, Malaysia appears to be on track to meet this prediction.

Today, the pressing question is whether we can halt or slow down the progression of this disease. What role does early detection play, and who should be prioritized for screening? Which screening methods are most effective? What actionable steps can we take to contribute?

Is the path toward end-stage kidney disease inevitable, or can we intervene effectively? What strategies and resources are available to make a tangible difference?

S7	SAT 13 JULY
	1100-1230
	Rafflesia

SYMPOSIUM 7 · NCD 2
DR SATKUNAN MARK

PRESCRIPTION FOR OBESITY

Obesity is currently the leading risk factor for non-communicable diseases. The impact and burden of obesity related diseases not only increases healthcare expenditure but severely influences national health and economy. Obesity is no longer confined to urban communities but is very rapidly infiltrating the suburban and even rural population. This is largely due to the use and sale of cheap and unhealthy raw food materials and products. Unfortunately, the victims of these practices are children where childhood obesity is rising at an alarmingly rapid rate. Both the government and private healthcare policy makers have acknowledged the severity of the problems and necessary measures have been taken. While the effects of obesity are deleterious and detrimental, the treatment for obesity is rather straightforward, safe and most importantly successful. Weight loss treatment not only successfully reduces body weight, it also cures obesity related diseases. Diseases such as diabetes mellitus, obstructive sleep apnoea, fatty liver and cardiac disease have been successfully improved if not cured after bariatric surgery. The treatment options for weight loss are broadly classified into lifestyle changes, pharmacologics and surgery. Surgery offers the best outcome when compared to medical management and lifestyle change. Surgery is now safe and has been extended to even high-risk groups. Surgical management for obesity includes Laparoscopic Sleeve Gastrectomy, Laparoscopic Roux En Y Gastric Bypass and currently newer technique; Mini Gastric Bypass. Pharmacologics and Intra Gastric Balloon are alternatives to surgery and can be used as adjuncts in selected cases. Major steps and changes must be taken to address the problems of obesity and it should begin by offering surgery as the first line of treatment as current evidence shows it is safe and successful. Awareness should also be targeted to overcome the problem of stigma against surgery for the obese.

S7	SAT 13 JULY
	1100-1230
	Rafflesia

SYMPOSIUM 7 · NCD 3
DR SRI WAHYU TAHER

"DYSLIPIDAEMIA UPDATE"

Dyslipidaemia has not been given due attention for many years because the percentage of people dying from direct dyslipidaemia cause is low or insignificant. However, the complication instigated by dyslipidaemia mainly from cardiovascular death is paramount. Thus, update of the CPG on dyslipidaemia is timely. The CPG gives us the guidelines on risk stratification and the new target levels of LDL-c. Statins remain the primary modality of pharmacotherapy. Various statins have their own differences in terms of potency and recommendation. Primary care physicians play an important role in detection and therapy of dyslipidaemia. Treating dyslipidaemia to target among diabetes patients will always be a challenge in diabetes care. Despite the current recommendation of starting statin among diabetes patients at the age of 40 and above regardless of LDL-c level, many diabetes patients have missed this pertinent golden opportunity. Let's hope the updated CPG 2023 will further enhance diabetes and dyslipidaemia management especially in primary care settings.

S8	SAT 13 JULY
	1400-1530
	Rafflesia

SYMPOSIUM 8 · GERIATRIC 1
DR CHEAH WEE KOOI

GERIATRIC GIANTS

Becoming older is physiological; frailty is a medical condition. Frail older persons often have chronic medical co morbidities that interact with the physical reserve, social and psychological factors.

Any disease manifestation are not determines solely by the system that is affected, but influenced by the body reserve that is present as well. As such, the term 'geriatric giants' was coined by Bernard Isaacs in 1965 to allow better assessment of frail older persons' disease manifestation through understanding the 5 major syndromes: instability, immobility, iatrogenesis, impaired memory and incontinence. Over the past 50 years, the understanding of 'modern geriatric giants' have evolved and four new syndromes have been added: frailty, sarcopenia, the anorexia of aging and cognitive impairment.

In addition, the concept of 'Geriatric 5M' was launched in 2017 to guide the assessment and management of medical conditions in older person. This concept includes 'mind, mobility, medications, multicomplexity, and matters most'.

Regardless of the term and approaches, the available concept of the 'geriatric giants' and 'geriatric 5M' form the cornerstone of assessment and management of older persons through comprehensive geriatric assessment (CGA).

S8	SAT 13 JULY
	1400-1530
	Rafflesia

SYMPOSIUM 8 · GERIATRIC 2
DR TAY CHAI LI

BREAKFREE FROM OSTEOPOROSIS

Osteoporosis occurs when there is an increase of osteoclastic activity but decrease of the osteoblastic activity. The prevalence of osteoporosis in Malaysia is 1 in 5, comparable with diabetes mellitus. However, it is underdiagnosed and undertreated. Most patients are asymptomatic, and diagnosis is made only after a fracture. Therefore, osteoporosis screening is important to prevent fracture. At primary care, we may offer bone mineral densitometry (DXA), fracture risk assessment (FRAX) score or the Osteoporosis Self-Assessment Tool for Asians (OSTA) for osteoporosis screening. Calcium supplement, vitamin D, weight-bearing exercise, falls prevention, reduced caffeine and alcohol intake, quit smoking are important preventive measures of osteoporotic fractures. Anti-resorptives or anabolic agents are indicated in patients with the clinical or DXA diagnosis of osteoporosis or in patients with 10-year risk of fractures (FRAX) of $\geq 3\%$ for hip fracture or $\geq 20\%$ for a major osteoporotic fracture. We need to know the possible side effects from bisphosphonates such as atypical femoral fractures, osteonecrosis of the jaw, nausea, esophagitis and atrial fibrillation. We also should be aware of treatment response and treatment failure so that patients may have other alternative such as Denosumab or anabolic agents.

S9	SAT 13 JULY
	1400-1530
	Lavender

SYMPOSIUM 9 · PAEDIATRICS ADOLESCENT 1
DATO' DR AMAR-SINGH HSS

LEARNING DIFFICULTIES IN CHILDREN: PRACTICAL APPROACH

There is no universally accepted or agreed definition internationally for learning disabilities and different countries use terms to mean different things. A framework for terminology will be offered for learning disabilities/disorders. At least 10-15% of all children have a disability or developmental delay with many having learning difficulties; the commonest being specific learning disabilities/disorders (eg. Dyslexia, Dyscalculia, Dysgraphia).

We require a mixture of developmental surveillance and screening to identify developmental delays early so that intervention can begin as soon as possible. Formal evaluation to help with a diagnosis depend on training and experience of the specialist/therapist as well as the selective use of evaluation tools. The evaluation needs to determine if there are genuine concerns, what the possible diagnosis is and what treatments and early intervention is required. Assessments need to be ongoing and appropriate for the context of the child and family.

Key management strategies include the strong involvement of the family, networking with family support groups, enhancing communication with a parent-help record to monitor progress and screen time management. A highly structured programme that includes some communication therapy, specialised education, social skill development and behaviour modification programme, by trained professionals, is required and should be tailored to the individual needs of the child (personalised programme, universal design in learning). Some vital therapists may be required depending on the child's disability (Speech & language therapist, PT, OT, Special Education Teacher, Psychologist). Early inclusion into a normal kindergarten and mainstream education is encouraged.

Long term outcomes will depend on the type and severity of the learning difficulty, the family's involvement and the access to good therapy options.

S9	SAT 13 JULY
	1400-1530
	Lavender

SYMPOSIUM 9 · PAEDIATRICS ADOLESCENT 1
DR RANJINI AMBIGAPATHY

SHORT STATURE: A PRIMARY CARE APPROACH

In 2019, NHMS reported that 21.8% of Malaysian children less than 4 years old are stunted which was not much different in 2017 (16.6%) and 2016 (20.7%). Stunted growth has serious health and psychological consequences which can affect future adult health and productivity. As such, growth monitoring is an important component of child health care that needs to be addressed at the primary care setting.

Family medicine specialists have the privilege of addressing the acute and preventative health care concerns of children and their families. Childhood growth monitoring is incorporated as part of our practice. This is a very good opportunity for primary care practitioners to identify children with growth disorders early and refer them appropriately in order for children to get optimized treatment at the tertiary care setting.

continue next page

Continue...

In order to identify abnormal growth, we need to understand the normal growth pattern and the associated risk factors. Childhood growth begins in utero during which the growth rate is 60cm/year, which depends on maternal and utero-placental health. During infancy the growth rate is 25cm/year, and nutrition is the main contributing factor. Childhood growth rate is 5-7 cm/year, mainly affected by growth hormone, thyroid hormone and nutrition. At the onset of puberty, the effects of sex steroids and growth hormone accelerate the growth rate to 8-12 cm/year in girls and 10-14 cm/year in boys. Sleep, nutrition and psychosocial health affects growth hormone release and are vital in all stages of growth.

Short stature is defined as height measurement that is less than -2 standard deviation score SDS (<3rd centile) for that reference population on a sex- and age-appropriate centile chart is considered short stature. Another definition is a child with a height less than 1.5 SDS (10 cm) compared to mid-parental height (MPH) or the genetic target is another definition. A comprehensive evaluation of short stature includes a thorough history, detailed physical examination, accurate anthropometric measurements and growth pattern evaluation. The purpose of a comprehensive evaluation is to determine the underlying cause of short stature, such as primary (syndromes, small for gestation age, bone dysplasia) and secondary (endocrine, metabolic and chronic disease) causes.

Age of diagnosis has a marked impact on final adult height of child and future health. For growth hormone deficiency, early treatment with growth hormone therapy improves final height outcomes. Adults who had delayed growth hormone treatment (after 12 years of age) had suboptimal adult height, lower educational status, difficulties acquiring employment and social difficulties. Late diagnosis also causes increased risk of undiagnosed cardiovascular, autoimmune and puberty related complications in addition to poor height outcomes. As such, it is important for us to identify growth disorders early and refer them early to paediatrician or paediatric endocrinologist.

HT	SAT 13 JULY
	1600-1715
	Rafflesia

HI-TEA SYMPOSIUM (NOVO NORDISK)
DR TIVYA A/P SOUNDARAJAN
& DR CHAN CHONG GUAN

A MULTIFACETED, PATIENT CENTRED APPROACH ADDRESSING CARDIOMETABOLIC RISK FACTORS IN T2D

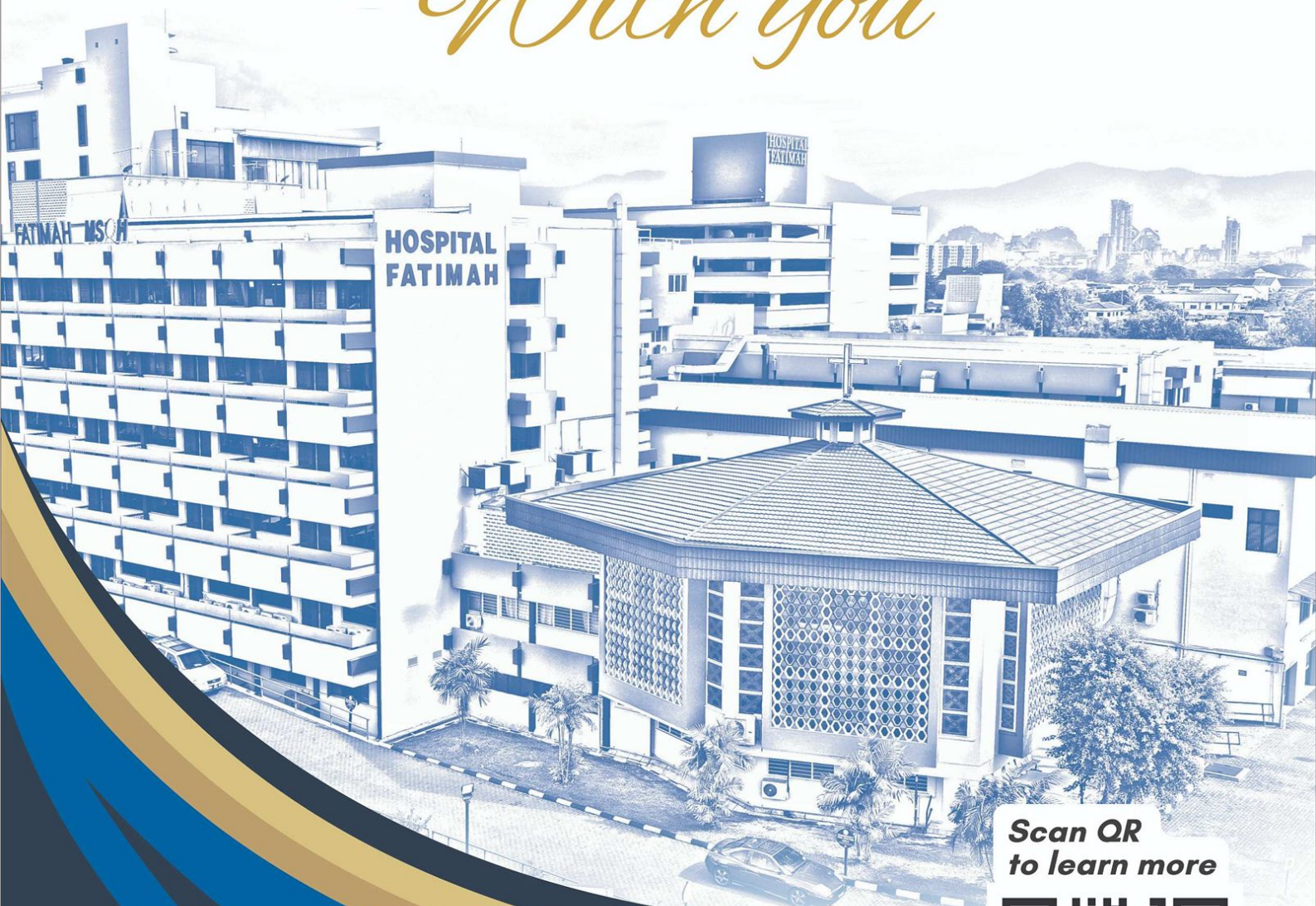
T2D presents a complex interplay of metabolic and cardiovascular risk factors, necessitating a holistic and multifaceted management approach.

In this lecture, endocrinologist Dr Tivya A/P Soundarajan and cardiologist Dr Chan Chong Guan converge not only provide comprehensive insights into the latest advancements in T2D care, integrating updates from American Diabetes Association (ADA) 2024 guidelines and elucidating the significance of the American Heart Association's (AHA) cardiovascular-kidney metabolic syndrome (CKM).



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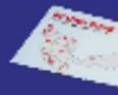
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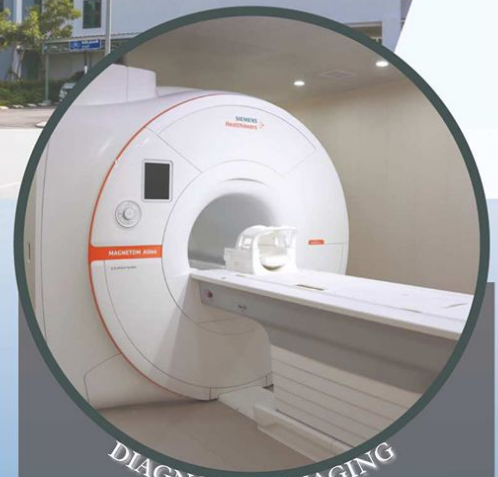
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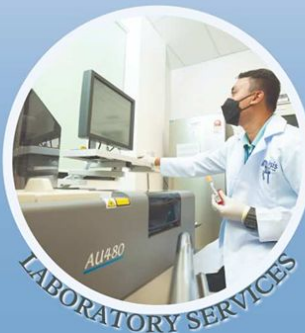
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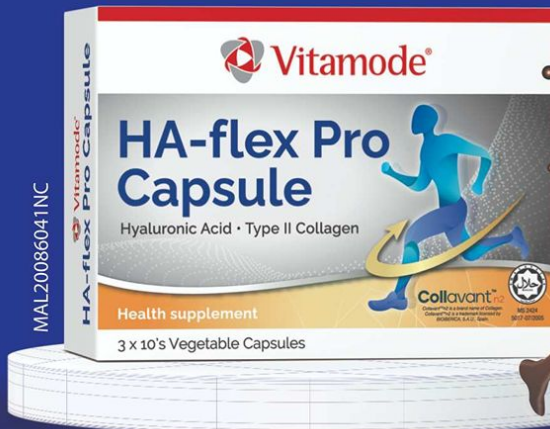
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Our Stroke Team is at the forefront of stroke care, utilising the latest advancements in medical technology and treatment protocols to ensure the best outcomes for our patients. Meet our esteemed Stroke Consultants:

Dr Ganesan Arthimulam
Consultant Clinical Interventional Radiologist

Dr Haniffah B. Abdul Gafoor
Consultant Neurologist

Dr Lee Hock Keong
Consultant Neurosurgeon

Dr Lim Thien Thien
Consultant Neurologist

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Dr Ang Tick Suan
Consultant Clinical Oncologist

Dr Saw Min Hong
Consultant Haemato-Oncologist

Dr Tang Weng Heng
Consultant Clinical Oncologist



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PROGRAMME

11 JULY 2024 THURSDAY		Start Time	Day 1 12 JULY 2024 - FRIDAY Registration & Help Desk: 07:30 - 17:00	Day 2 13 JULY 2024 - SATURDAY Registration & Help Desk: 07:30 - 17:00	Day 3 14 JULY 2024 - SUNDAY Registration & Help Desk: 07:30 - 12:00
<div>Congress Registration & Help Desk LEVEL 1 12:30 - 17:00</div> <div><div>PRE-CONGRESS LEVEL 3 LAVENDER HALL</div><div><div>WOUND CARE WORKSHOP 2.00pm - 4.15pm</div><div>TEA BREAK - END -</div></div></div>	08:00	<div>PLENARY 1 DIGITALIZATION AND ARTIFICIAL INTELLIGENCE IN PRIMARY HEALTH CARE:- DR FEISUL IDZWAN BIN MUSTAPHA</div> <div>R</div>	<div>PLENARY 3 IMPLEMENTING EVIDENCE-BASED INTERVENTIONS IN REAL-WORLD PRIMARY CARE: A SINGAPORE'S EXPERIENCE PROF DR NG CHIRK JENN</div> <div>R</div>	<div>PLENARY 4 POST COVID-19 SYNDROME REHABILITATION DR NG KEE HONG</div> <div>R</div>	
	09:00	<div>OPENING CEREMONY CVN PRASAD'S ORATION KEYNOTE SPEAKER: DR DAVIS JOHNRAJ JEBAMONEY Health Reform Implementation Efforts by MOH Malaysia.</div> <div>R</div>	<div>S5 ORTHOPAEDICS/SURGERY 1. LATEST UPDATES IN OFFICE ORTHOPAEDICS - DR VISHVANATHAN THIMURAYAN 2. REZUM WATER VAPOUR THERAPY FOR BPH : A MINIMALLY INVASIVE DAYCARE PROCEDURE - DR L.SIVANESWARAN LECHMIANNANDAN</div> <div>R</div> <div>S6 ADDITION MEDICINE 1. HARMS OF HARM REDUCTION IN TOBACCO CONTROL DR SUBASHINI A/P AMBIGAPATHY 2. POLYSUBSTANCE ABUSE ASSOC OF DR RUSDI ABD RASHID</div> <div>L</div>	<div>S10 INFECTIOUS DISEASE 1. POINT OF CARE TEST(POCT) IN PRIMARY CARE DR NURULAINI BINTI ABDULLAH 2. prEP - FIRST HAND EXPERIENCE IN PERAK DR V PARANTHAMAN 3. MALARIA DR THIRUCHELVAM MATHIARASU</div> <div>R</div> <div>S11 EYE/ENT 1. THE EYE IN CLINICAL PRACTICE DR SS GILL 2. HUH... I CAN'T HEAR! DR PHILIP RAJAN 3. DIZZY SPELLS DR REKHA BALACHANDRAN</div> <div>L</div>	
	10:30		TEA BREAK	TEA BREAK	TEA BREAK
	11:00				
	11:30	<div>PLENARY 2 DOMICILIARY-PALLIATIVE CARE PROF DR ROJIM J SORROSA</div> <div>R</div>	<div>NCD S7 1. EARLY DETECTION & PREVENTION OF CKD DR LOH CHEK LOONG 2. PRESCRIPTION FOR OBESITY DR SATKUNAN MARK 3. DYSLIPIDAEMIA UPDATE - DR SRI WAHYU TAHER</div> <div>R</div> <div>FREE PAPER SESSION & POSTER PRESENTATIONS PRIMARY CARE AND PUBLIC HEALTH RELATED</div> <div>L</div>	<div>O&G S12 1. PMTCT SYPHILIS DR STEVEN LIM CHEE LOON 2. OCP USE IN PRIMARY CARE DR ANJALAI PATHMALINGAM 3. APPROACH TO VAGINAL DISCHARGE DR USHA DEVY BALAGURU</div> <div>R</div> <div>RESPI/OCC HEALTH S13 1. CLINICAL UTILITY OF PULMONARY FUNCTION TESTING DR KUMARESH RAJ LACHMANAN 2. URGENCY OF STROKE REHABILITATION IN MALAYSIA AND DEVELOPING COUNTRIES PROF DR NOOR AZAH ABD AZIZ 3. OCCUPATIONAL HEALTH IN PRIMARY CARE</div> <div>L</div>	
	12:30	<div>LUNCH SYMPOSIUM 1 Hyphens Pharma Sdn Bhd VIT D 3 DEFICIENCY - A SILENT EPIDEMIC DR SIVASANGKARI MUGILARASSAN</div> <div>R</div>	<div>LUNCH SYMPOSIUM 2 Abbot Laboratories (M) Sdn Bhd. TREATING DYSLIPIDEMIA BEYOND STATIN DR SIVASANGKARI MUGILARASSAN</div> <div>R</div>	<div>LUNCH SYMPOSIUM 3 Chubb Insurance Malaysia Bhd (Doctor Shield) THE CRITICAL TURNING POINT IN MEDICOLEGAL LANDSCAPE IN MALAYSIA JAPHIRE GOPI KANNAN</div> <div>R</div>	
	14:00				
	14:30	<div>S1 GASTROENTEROLOGY 1. MAFLD DR HARJINDER SINGH 2. HEPATITIS C MANAGEMENT IN PRIMARY CARE DATUK DR ROSAIDA HJ MD SAID</div> <div>R</div> <div>S2 DERMATOLOGY 1. MANAGING ADULT SKIN CONDITIONS IN PRIMARY CARE (INTERACTIVE CASE DISCUSSION) DR TANG JYH JONG 2. COMMON PAEDIATRIC SKIN CONDITIONS DR NG SU YEN</div> <div>L</div>	<div>S8 GERIATRIC 1. GERIATRIC GIANTS - DR CHEAH WEE KOOI 2. BREAKFREE FROM OSTEOPOROSIS - DR TAY CHAI LI</div> <div>R</div> <div>S9 PAEDIATRICS ADOLESCENT 1. LEARNING DIFFICULTIES IN CHILDREN: PRACTICAL APPROACH DATO' DR AMAR-SINGH HSS 2. SHORT STATURE: A PRIMARY CARE APPROACH DR RANJINI AMBIGAPATHY</div> <div>L</div>	<div>END</div> <div>13th ASEAN & 10th Perak Health Congress On Primary Health Care</div> <div>Embracing New Horizons In Primary Health Care</div> <div>12-14 JULY 2024 Ipoh</div> <div>Level 2 Rafflesia Ballroom</div> <div>Level 3 Lavender Hall</div>	
	15:30	TEA BREAK			
	16:00	<div>S3 MENTAL HEALTH 1. SUICIDE PREVENTION DR NG YIN PING 2. NEW HORIZONS IN MANAGEMENT OF DEPRESSION DR MARVIN CHONG</div> <div>R</div> <div>S4 EMERGENCY MEDICINE 1. CARDIAC EMERGENCIES DATO DR ASRI RANGA BIN ABDULLAH RAMAIAH 2. PAEDIATRIC EMERGENCIES DR ABD KURSI BIN ABD LATIF</div> <div>L</div>	<div>HIGH TEA SYMPOSIUM Novo Nordisk Pharma (Malaysia) Sdn. Bhd. A MULTIFACETED, PATIENT CENTRED APPROACH ADDRESSING CARDIOMETABOLIC RISK FACTORS IN T2D</div> <div>R</div> <div>DR TIVYA A/P SOUNDARAJAN & DR CHAN CHONG GUAN</div>		
	16:15				
	17:15 (ends)				

Abstracts**Day 3****SUNDAY 14 July**

P4	SUN 14 JULY
	0800-0900
	Rafflesia

PLENARY 4
DR NG KEE HOONG
POST COVID-19 SYNDROME
REHABILITATION

Post-COVID Syndrome, often referred as "Long COVID", encompasses a spectrum of persistent symptoms and health complications that endure beyond the acute phase of the COVID-19 infection. These symptoms can range from fatigue, shortness of breath, cognitive impairment, to joint pain and mental health challenges, significantly impacting the quality of life and functional performance of the affected individuals. In response to that, rehabilitation interventions have become crucial in addressing the multifaceted needs of these patients during their recovery. This session highlights the importance of Post-COVID Syndrome rehabilitation, focusing on its key components, challenges, and emerging trends. The rehabilitation process for Post-COVID Syndrome encompasses a multidisciplinary approach, involving healthcare professionals such as physiotherapists, occupational therapists, speech therapists, psychologists, and medical specialists, with the aim to optimize physical function, alleviate symptoms, restore psychological well-being, enhance quality of life and reintegration of affected individuals into society. The challenges in Post-COVID Syndrome rehabilitation include the heterogeneity of symptoms and their unpredictable course, limited resources, access barriers, and variations in healthcare systems, necessitating personalized and adaptive treatment strategies. By practising a holistic and patient-centered approach, Post-COVID Syndrome rehabilitation can be carried out by primary healthcare professionals to empower patients to navigate the challenges of post-COVID syndrome in order to achieve better overall well-being in the aftermath of the pandemic.

S10	SUN 14 JULY
	0900-1030
	Rafflesia

SYMPOSIUM 10 · INFECTIOUS DISEASE 1
DR NURULAINI BINTI ABDULLAH
POINT OF CARE TEST(POCT) IN
PRIMARY CARE

Point-of-Care Testing (POCT) is any clinical laboratory testing which is conducted close to the site of patient care. POCT provides rapid test results and this can potentially hasten the time to a definitive diagnosis of a infectious diseases and the resulting treatment or management that needs to be rendered to the client. With appropriate quality control, training and standards of care, POCT can be effectively integrated into patient care, leading to improved outcomes and patient satisfaction. This in turn would not only improve the patient's outcome but also the economic cost saving outcomes for the country.

Another aspect of POCT is self-testing for communicable diseases. Self-testing is a convenient and confidential option for those people in the community who may not test otherwise. Self-test kits are safe, accurate and an effective way to reach people, including people from key populations, men and young people. Lay users can perform self-tests reliably and accurately and achieve performance comparable to that of trained health-care workers.

S10	SUN 14 JULY
	0900-1030
	Rafflesia

SYMPOSIUM 10 · INFECTIOUS DISEASE 2
DR V PARANTHAMAN
prEP - FIRST HAND EXPERIENCE
IN PERAK

HIV prEP - First hand experience in Perak In late 2022,

KK Greentown was selected by the Malaysian Ministry of Health as one of the 18 pioneering clinics in Malaysia, and notably the only one in Perak, to initiate the HIV 2.0 model clinic as part of a demonstration project aimed at addressing the ongoing HIV/AIDS challenge in our nation.

HIV has remained a significant public health concern in our local population, with a rising trend observed since the 1990s. The epidemic reached its peak around 2002 when a considerable number of Intravenous Drug Users (IVDUs) were infected due to needle-sharing practices. In response to this crisis, Methadone substitution clinics were established in 2005, and the program was subsequently expanded to encompass HIV 1.0 model clinics within primary care. This approach using methadone substitution and needle syringe exchange program contributed to a significant reduction in the number of new infections, although progress has somewhat stagnated since 2015. Currently, the majority of new infections occur through sexually transmitted modes. Recognizing this evolving trend, the Malaysian Ministry of Health strategically initiated the HIV 2.0 model clinic to reach out to key populations affected by the disease. Subsequently, we officially opened our services to key populations eligible and in need of services through Klinik Dahlia (STD & PrEP Clinic) at KK Greentown in March 2023. Our services encompasses counseling and treatment, following the ABCD acronym:

A - Abstinence: We provide advice on sexual abstinence.

B - Behavior: We address aspects of behavior, such as monogamy, serial monogamy, and substance use management, including chemsex, alcohol, and illicit drugs.

C - Condom use: We emphasize the importance of condom usage as PrEP (PreExposure Prophylaxis) does not protect against other sexually transmitted diseases (STDs) like syphilis and gonorrhea.

D - Drugs to prevent transmission of STDs, vaccination (e.g., Hepatitis B), screening for STDs (including the use of rapid test kits for Syphilis, Hepatitis B, and HIV), treatment of other STDs, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (nPEP), treatment of HIV-positive partners for prevention through Antiretroviral Therapy (ART), and supportive counseling for emotional and mental health issues if needed.

HIV PreP treatment is a prevention strategy in which individuals at high risk of HIV (due to factors such as sexual behavior) take a medication regularly while continuing behavioral risk reduction strategies to prevent HIV transmission. In our program, we use the Emtricitabine/Tenofovir combination, which has been proven to be highly effective in preventing HIV transmission (up to 99% among men who have sex with men, 75% in heterosexual individuals, and 74% among intravenous drug users). Currently, these drugs are sourced through the Global AIDS Fund. An important point to note is that these drugs are not meant to be taken life long but only when client is at risk for getting HIV.

As of 2024, we have successfully enrolled over 100 clients in treatment and follow-up programs, and we are proud to report that all of them have remained HIV-negative since the start! Moving forward, to reach out to these vulnerable groups, We hope more clinics can be involved to render these services to help reduce our new HIV infections.

S10	SUN 14 JULY
	0900-1030
	Rafflesia

SYMPOSIUM 10 · INFECTIOUS DISEASE 3
DR THIRUCHELVAM MATHIARASU
MALARIA

ELIMINATING MALARIA IN PERAK: WHERE ARE WE NOW?

Malaria is an acute febrile illness caused by Plasmodium parasites, which are spread to people through the bites of infected female Anopheles mosquitoes. Malaria is a preventable and curable disease. World Health Organization (WHO) estimates that in 2022, 249 million malaria cases with 608,000 deaths have occurred worldwide with the vast majority of cases occurring in the African region.

Malaria control programme in Perak was initiated in the 1967 as a national Malaria Eradication Program to curb malaria in Peninsular Malaysia. Control and prevention activities such as malaria insecticide residual spraying, entomological surveys and active case detection were carried out systematically. Subsequently in the 1980's, insecticide treated bet nets were introduced for malaria control. The program was successful in bringing down the incidence from 243,870 cases in 1961 to less than 13,000 cases by late 1990's. In 2011, Malaysia started the National Strategic Malaria Elimination Program with the goal to eliminate malaria by 2020. Elimination entails reducing to zero, the incidence of locally acquired human malaria infection in a specific area for three consecutive years with strategies in-place to prevent re-establishment of transmission.

Specific elimination strategies have been outlined and implemented in accordance with the WHO's guidelines. Consistent political, financial and human resource commitments have contributed to Perak's success towards elimination of malaria in the state. Since 2018, Perak has recorded zero human indigenous malaria transmissions. As the target has been achieved, post-elimination surveillance and vector control activities are being implemented to prevent malaria re-introduction and re-establishment.

However, the occurrence of zoonotic malaria is a major concern even though zoonotic cases are not part of the Malaria Elimination Program. Conventional control and preventive activities employed for human malaria control has limited value due to the nature of the zoonotic transmissions, hence the lack of any viable control measures to break this zoonotic epidemiological cycle.

Apart from that, as the overall disease burden has significantly reduced since the late 1990's, and with the success of the Malaria Elimination Program, there has been a steady decline in competency levels in all aspects of malaria management. Training and capacity building is challenging with limited avenue for practical application of the knowledge. Also, maintaining resources, political, financial and community level commitments is formidable for a disease with low prevalence. 'The task of staying at zero is as challenging as the task of getting to zero'.

S11	SUN 14 JULY
	0900-1030
	Lavender

SYMPOSIUM 11 · EYE/ENT 1
DR SS GILL
THE EYE IN CLINICAL PRACTICE

Every doctor would have had to handle eye problems at some point or the other in their clinical practise. In most instances, it's the Emergency Departments and GP's that are often the first port of call for patients and so it is important to be able to recognize and manage correctly. A concise practical guide of the numerous important eye conditions without the jargon is intended.

It includes: - the recognition of the clinical features for a diagnosis, - being able to recognize the red flag danger symptoms, - knowing the limitations in primary care & knowing when to refer for Specialist treatment, - not missing out on important blinding eye complications associated with chronic diseases, - avoiding the dangers of inadequate eye management and litigation.

In conclusion, this brief talk is aimed towards giving a quick refresher to help frontline doctors successfully handle eye problems that present to them at their consultation.

S11	SUN 14 JULY
	0900-1030
	Lavender

SYMPOSIUM 11 · EYE/ENT 2
DR PHILIP RAJAN
HUH... I CAN'T HEAR

This presentation provides a broad overview of hearing related problems common to primary care practice. Participants will be thought to identify common ear conditions, how to manage in primary care and when to refer. Current treatment options for hearing related disorders will also be presented.

S11	SUN 14 JULY
	0900-1030
	Lavender

SYMPOSIUM 11 · EYE/ENT 3
DR REKHA BALACHANDRAN
DIZZY SPELLS

This talk will focus on evaluation and treatment of the dizzy patient in a primary care set up. We will discuss the main difference between peripheral and central vertigo and special attention to common vestibular pathologies and how they can be managed in a primary care center

S12	SUN 14 JULY
	1100-1230
	Rafflesia

SYMPOSIUM 12 · O&G 1
DR STEVEN LIM CHEE LOON

PMTCT SYPHILIS

Although syphilis is estimated to affect more newborns globally than HIV, prevention of mother to child transmissions (PMTCT) of syphilis has not received the same level of emphasis as PMTCT of HIV. In fact, PMTCT of syphilis is inexpensive and requires less intensive interventions than HIV, making its elimination potentially more attainable. Malaysia was among the early adopters of PMTCT of HIV and syphilis in antenatal health services since 1998. After two-decade-long effort, Malaysia has successfully become the first country in the WHO Western Pacific Region to be certified as having eliminated mother-to-child transmission of HIV and syphilis. It is therefore important for all primary healthcare providers to be very adept to the principles and management of PMTCT of syphilis.

S12	SUN 14 JULY
	1100-1230
	Rafflesia

SYMPOSIUM 12 · O&G 2
DR ANJALAI PATHMALINGAM

OCP USE IN PRIMARY CARE

Oral Contraceptive Pills (OCPs) play a pivotal role in primary care settings for family planning and women's health. The availability of effective contraception has helped improve the demographic structure of the world population with lower fertility, better quality of life and longer survival. Today, OCPs is recognised to health benefits beyond pregnancy prevention. They have been used for menstrual cycle regulation, dysmenorrhoea, menorrhagia, endometriosis, acne, hirsutism as well as a long lasting reduction in the risk of ovarian cancer. Understanding the various formulations of OCPs available, their mechanism of action, efficacy and side effect profiles enables treatment to be customized. By integrating these insights into primary care practice, providers can enhance the quality of care for patients seeking contraception advice and management of certain gynaecological conditions

S12	SUN 14 JULY
	1100-1230
	Rafflesia

SYMPOSIUM 12 · O&G 3
DR USHA DEVY BALAGURU

**APPROACH TO VAGINAL
DISCHARGE**

Vaginal discharge is a common concern in women, often causing anxiety and confusion. In this presentation, the nuances of vaginal discharge, focusing on its nature, physiological variations, and clinical implications are reviewed. Normal physiological vaginal discharge, which plays a crucial role in maintaining vaginal health is discussed. The variations in colour and consistency of normal discharge throughout the menstrual cycle due to the influence of hormonal changes are elucidated along with specific considerations for prepubertal and post-menopausal discharge.

The presentation then delves into the pathological aspects of vaginal discharge, exploring the causes and clinical manifestations. Common causes such as candidiasis, bacterial vaginosis, trichomoniasis, and sexually transmitted infections like gonorrhoea and chlamydia are outlined. Diagnostic approaches, including clinical assessment, microscopy, and culture, are discussed in detail, emphasizing the importance of accurate diagnosis for effective management.

Treatment strategies for different types of vaginal discharge are presented, including pharmacological interventions like antifungals, antibiotics, and hormonal therapies. Complications associated with untreated vaginal discharge, such as pelvic inflammatory disease, infertility, and pregnancy-related complications are addressed.

In conclusion, the significance of a comprehensive approach to vaginal discharge, encompassing accurate diagnosis, appropriate treatment, and preventive measures are emphasised. The presentation aims to empower health care professionals, particularly primary care physicians with updated knowledge and practical insights for managing vaginal discharge effectively in clinical practice

S13	SUN 14 JULY
	1100-1230
	Lavender

SYMPOSIUM 13 · RESPI/OCC HEALTH 1
DR KUMARESH RAJ LACHMANAN

**CLINICAL UTILITY OF PULMONARY
FUNCTION TESTING**

This presentation will focus on basic lung physiology, the various components of pulmonary function tests (PFTs) and ultimately the utility of performing these tests in clinical Pulmonology. The aim is to give the audience a broad overview on PFTs and its assimilation in daily clinical practice.

S13	SUN 14 JULY
	1100-1230
	Lavender

SYMPOSIUM 13 · RESPI/OCC HEALTH 2
PROF DR NOOR AZAH ABD AZIZ

POST CVA REHABILITATION

URGENCY OF STROKE REHABILITATION IN MALAYSIA AND DEVELOPING COUNTRIES

World Health Organization or WHO has defined stroke as ‘rapidly developing clinical signs of focal loss of cerebral function, with symptoms lasting more than 24 hours or leading to death, with no apparent cause other than that of vascular origin. Stroke is a unique entity due to its evolution of its complications. These complications are complex, mostly influenced by various factors; either the patients’ co-morbid conditions, or even external factors. Rehabilitation is one of the major components of comprehensive stroke care. Rehabilitation in stroke encompasses physiotherapy, occupational therapy, speech and language intervention; given either separately or as multidisciplinary approach. Rehabilitation is a continuous process starting from acute stroke and continues lifelong. Rehabilitation helps stroke survivors to achieve and maintain optimal levels of functioning after experiencing a stroke, and enable them to reach their optimal physical, cognitive, emotional, communicative, and social activity levels through addressing impairments related to spasticity, upper and lower extremity dysfunction, shoulder and central pain, mobility/gait, dysphagia, vision, and communication.

This lecture will discuss the needs and advancement of rehabilitation in stroke and its contribution to the different phases of stroke recovery. It will also discuss the types and components of stroke rehabilitation and its relevance to primary care.

S13	SUN 14 JULY
	1100-1230
	Lavender

SYMPOSIUM 13 · RESPI/OCC HEALTH 3
DR RAJA MOHD AZIM BIN RAJA HARON

OCCUPATIONAL HEALTH IN PRIMARY CARE

The current practice of Occupational Health is supposed to be part of primary care services, as integration to our clinic system. One out of five (5) The Hague Conference Strategy is to improve accessibility of workers by integrating basic occupational health care within primary health care. The suggested actions are by increasing awareness and implementing appropriate training for primary healthcare professionals in order to recognise early work-related illness, to advise about improving working conditions, to support return-to-work program, and to preserve and restore working capacity. The importance of taking proper work history during patient clerking is crucial in order to reveal important information about workers job and their workplace hazards in the past and present and to relate with their current health status. In any suspected or confirmed occupational accident or diseases, it is mandatory by Occupational Safety and Health Act 1994 to notify to the nearest State Health Department or Department of Occupational Safety and Health in further notifying and advising employers in managing workers safety and health in their workplace wholistically.

Keywords: Safety and Health, Accessibility, Awareness and Training, Notification

LS3	SUN 14 JULY
	1230-1400
	Rafflesia

LUNCH SYMPOSIUM (DR SHIELD)
JAPHIRE GOPI KANNAN

**THE CRITICAL TURNING POINT IN MEDICOLEGAL LANDSCAPE
IN MALAYSIA**

We are clearly heading towards a Crisis! If you have been following up with all the latest developments in the medico legal scene, you would understand that we are just at the beginning of a major escalation.

1. **Rising Claims:** With the medico-legal landscape heating up, brace yourselves for a surge in claims, larger settlements, and a spike in legal battles. As a result, insurers are under immense pressure, which may inevitably lead to increased premiums for all healthcare practitioners.
2. **Doctor's Responsibility:** Adequate insurance is necessary. Do not fall for the myth that you will not get sued – anyone can be dragged into negligence claims. Therefore, every healthcare professional must prioritize obtaining adequate insurance coverage. Also, clinic owners are responsible for ensuring that all locum doctors are sufficiently covered, safeguarding their practice and reputation.
3. **Insurance Coverage:** Anticipating future needs is paramount in today's dynamic environment. What may seem like adequate coverage today might fall short in the face of evolving legal complexities. Take the time to thoroughly understand your policy to avoid costly oversights that could jeopardize your financial security.
4. **Empathy and Transparency:** Patients are often left frustrated by the arduous process of accessing medical records and expert opinions. As healthcare professionals, it is imperative to empathize with their struggles and advocate for greater transparency and accessibility. Leveraging technology can streamline these processes, benefiting both patients and practitioners alike.
5. **Collaboration:** In the face of a looming crisis, collaboration is key. By actively engaging with one another, sharing perspectives, embracing technological advancements, we can navigate the challenges effectively for a brighter future of the medico-legal landscape.

Amid escalating challenges within the medicolegal realm, proactive measures and collaborative efforts are critical for safeguarding the interests of all stakeholders. By prioritizing adequate insurance coverage, understanding policy intricacies, and advocating for empathy and transparency in patient care, we can weather the storm together.



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Proven cardiovascular safety and protection in individual components³⁻⁵

References:

1. Glyxambi Malaysia Prescribing information. **2.** DeFronzo RA, Lewin A, Patel S, et al. Combination of empagliflozin and linagliptin as second-line therapy in subjects with type-2 diabetes inadequately controlled on metformin. *Diabetes Care*. 2015;38(3):382-393. **3.** Zinman B, Wanner C, Lachin JM, et al; for the EMPA-REG OUTCOME Investigators. Empagliflozin, cardiovascular outcomes, and mortality in type 2 diabetes. *N Engl J Med*. 2015;373(22):2117-2128. **4.** Rosenstock J, Perkovic V, Johansen OE, et al; for the CARMELINA Investigators. Effect of linagliptin vs placebo on major cardiovascular events in adults with type 2 diabetes and high cardiovascular and renal risk. *JAMA*. 2019;321(1):69-79. **5.** Rosenstock J, Kahn SE, Johansen OE. Effect of linagliptin vs glimepiride on major adverse cardiovascular outcomes in patients with type 2 diabetes: the CAROLINA randomized clinical trial. *JAMA*. 2019;322(12):1155-1166.

Footnotes:

[†] Subgroup analysis was an exploratory endpoint; 8.5% baseline stratified at randomization

^{##} Glyxambi is not indicated for weight loss

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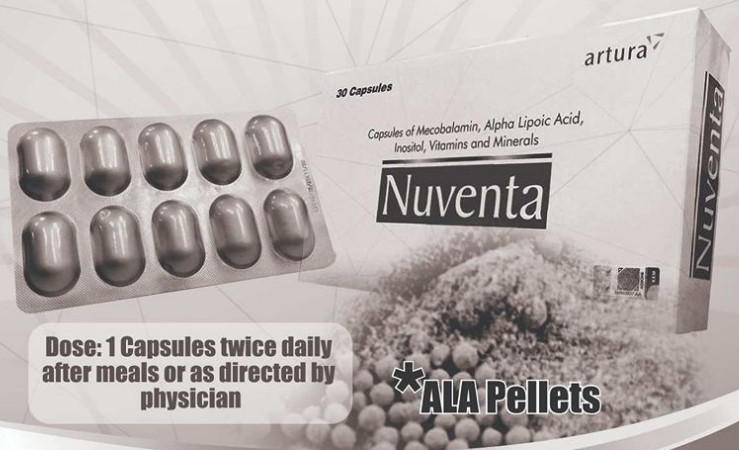
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References

1. Minerva Endocrinol. 2018 Mar;43(1):11-18. 2. Diabetes Care 2011 Sep; 34(9): 2054-2060. 3. Diabetology & Metabolic Syndrome 2014;6:80. 4. Ann Indian Acad Neurol. 2014 Jan-Mar; 17(1): 19-24. 5. Diabetes Res Clin Pract. 2011 Jul;93(1):86-94. Code: NVT/02/EL



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Day 2 SATURDAY 13 JULY**1100 - 1230****ORAL
ABSTRACTS****Lavender**

Corresponding Author

DR LIM XIN JIE**OPTIMIZING NEONATAL JAUNDICE SCREENING: A MULTICENTER RETROSPECTIVE COHORT STUDY COMPARING KRAMER'S RULE WITH TRANSCUTANEOUS BILIRUBIN AGAINST KRAMER'S RULE ONLY TO MINIMIZE SERUM BILIRUBIN SAMPLING**

Xin-Jie LIM¹, Subashini AMBIGAPATHY², E-Li LEONG¹, Lili Zuryani MARMUJI³, Ai-Ping PHAN⁴, Farah Aishah HAMDAN⁵, Sheela Mithra NANDI MITHRA⁶, Nurul Idayu MIOR AZMI⁷, Jeyaseelan NACHIAPPAN⁸

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- 4 Batu Gajah Women and Children Health Clinic, Ministry of Health, Ipoh, Malaysia
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Introduction: There is limited information on the quantification of total serum bilirubin (TSB) assay sampling between Kramer's rule alone or in combination with Transcutaneous Bilirubin (TcB) for neonatal jaundice (NNJ) screening in Malaysian primary healthcare.

Objectives: This study aimed to compare the frequency of blood draws required between two cohorts, alongside investigating disparities in phototherapy initiation and severe hyperbilirubinemia occurrences.

Methods: This multicentre retrospective cohort study enrolled neonates from six primary healthcare clinics, three using Kramer's rule plus TcB and three using only Kramer's rule for NNJ screening. Neonates with gestational age ≥ 35 weeks and without prior phototherapy or exchange transfusion for hyperbilirubinemia, were included in the study until reaching either day 10 of life or hospitalization for any reason, defining the study endpoint. The minimum sample size required was 379 neonates in each cohort. Generalized Poisson regression was used to compare the number of blood draws required for TSB assay between the two cohorts.

Results: Of 765 neonates included, Kramer's rule alongside TcB cohort had a 74% reduction in blood draw risk compared to Kramer's rule alone (IRR 0.26, 95% CI 0.23-0.39). There were no significant differences between cohorts for phototherapy initiation (25.5% vs. 24.4%), severe hyperbilirubinemia occurrence (0.0% vs 0.0%) or rapid bilirubin level rise (0.3% vs 0.8%).

Conclusion: Incorporating TcB alongside Kramer's rule for NNJ screening significantly reduces the need for TSB assay sampling without causing an escalation in phototherapy initiation or severe hyperbilirubinemia occurrences, suggesting the potential to optimize NNJ screening protocols in the local setting.

Corresponding Author

DR NUR INTAN KARTINIEWATIE BINTI KAMARUDDIN

FACTORS ASSOCIATED WITH SEVERE RADIOGRAPHIC CHANGES AMONG SMEAR POSITIVE PULMONARY TUBERCULOSIS PATIENTS REGISTERED IN MANJUNG DISTRICTS FROM 2019 TO 2023.

KAMARUDDIN NIK, SYED ISMAIL S2, DALAWI I1

1 Manjung District Health Office, Ministry of Health. MALAYSIA

INTRODUCTION: Tuberculosis (TB) is highly contagious but curable disease. Late detection and diagnosis of severe pulmonary TB during initial presentation are associated with poorer prognosis and higher mortality. **OBJECTIVES:** This study aimed to describe the sociodemographic and epidemiological characteristics of smear positive pulmonary tuberculosis (SPPTB) patients registered in Manjung District from 2019-2023 and determine the factors associated with severe chest radiographic changes among those patients. **METHODOLOGY:** Secondary data from National Tuberculosis Registry (NTBR) was analysed using descriptive methods, followed by simple and multiple logistic regression analysis using International Business Machines (IBM) Statistical Package for Social Science (SPSS) version 26. **RESULTS:** Among 426 SPPTB patients, 46.3% had severe (with moderate to far advanced radiographic changes) disease. Severe SPPTB patients were significantly associated with male gender (AOR=1.92, 95%CI=1.25, 2.93), and diagnosis in government hospital and private hospitals compared to government health clinics (AOR=2.08, 95%CI=1.23, 3.28, and AOR=3.25, 95%CI=1.28, 8.27 respectively). Smoking was only found to be significantly associated with severe PTB at univariate level of analysis and lost its significance when controlled for other factors.

CONCLUSION: Careful history taking and lower threshold for screening should be considered when dealing with male patients to avoid late detection and progression to severe disease. High proportion of severe SPPTB diagnosed upon presentation in hospitals implied that screening programme must be re-strategized to improve early diagnosis and proportion of severe SPPTB in primary healthcare facilities.

Corresponding Author

DR ZARINA BT BAHARIN

A SUCCESSFUL INTERVENTIONAL STUDY ON MENTAL HEALTH AWARENESS AMONG YOUNG ADOLESCENT IN PERAK TENGAH DISTRICT

Author(s) Zarina B1, Rohani N 2, Noor Zaimie M1, Kazzoma R 1, Maisaratul K1

1 Seri Iskandar Health Clinic, Perak, Ministry of Health MALAYSIA

2 Perak Tengah Health Office, Perak, Ministry of Health MALAYSIA

INTRODUCTION: Mental illness among adolescent constitutes a major burden of disease globally. Individuals with mental illness often feel a sense of low self esteem as they are rejected and discriminated against by others due to its stigmatization. It is vital to advocate mental health awareness in form of education so that the affected adolescents do not suffer alone. People can manage the symptoms and get proper treatment when they have a basic knowledge on mental health. **OBJECTIVES:** The aim of this study is to improve knowledge towards mental health among adolescents through specific interventions packages and furthermore enhancing their attitudes and help seeking behaviour. **METHODOLOGY:** This is an interventional study done in three randomly selected schools in Perak Tengah District 57 students with DASS scoring of moderate to severe were selected and recruited. Validated questionnaires on the knowledge, attitude and practice on mental health were distributed at pre and post intervention period. Specially designed intervention packages consisting of workshop, educational and support kits, focus group discussion and mental health infographics were delivered to the participants. **RESULTS:** At completion of interventions, basic knowledge of mental health had increased from 66.6 % to 83.3%. There was a significant improvement in help seeking from parents about 6.0% and siblings about 5.5%. As for barrier to seek treatment, feeling embarrassed of 61% had decreased to 50.0% and inadequate time from 56.0% to 40.0%. **CONCLUSIONS:** Adolescent's mental health literacy can be improved by conducting specific interventions. Training of adolescents will create positive community support group to strengthen their awareness and help seeking behaviours.

Keywords: Mental Health, Knowledge, Attitude, Practise

Corresponding Author

DR KAREN CHRISTELLE

CABINETS TO CLOUD: A COMPARATIVE STUDY OF USER EXPERIENCE BETWEEN CLOUD-BASED CLINIC MANAGEMENT SYSTEM AND MANUAL RECORDS AT KLINIK KESIHATAN FELDA BERSIA

Karen C¹, Tong YH¹, Mustapha FI²

¹**Karen Christelle**, Family Medicine Specialist, Klinik Kesihatan Felda Bersia, Pejabat Kesihatan Daerah Hulu Perak ¹TONG Yung Hung, Medical Officer, Klinik Kesihatan Felda Bersia, Pejabat Kesihatan Daerah Hulu Perak ²Feisul Idzwan MUSTAPHA, State Health Director, Jabatan Kesihatan Negeri Perak

Introduction: The transition from manual to digital healthcare systems, exemplified by the adoption of electronic health records, has revolutionized medical record-keeping and patient care. The Cloud-Based Clinic Management System (CCMS) represents a significant leap in healthcare digitalization. Understanding user perceptions of CCMS is vital for optimizing its implementation and ensuring user satisfaction.

Objectives: This study aims to evaluate the user experience (UX) of CCMS in comparison to manual medical records among healthcare workers (HCWs) at Klinik Kesihatan Felda Bersia (KKFB).

Methodology: Using a cross-sectional design, this study employed a non-probability, census sampling approach, including all HCWs at KKFB utilizing CCMS. The validated User Experience Questionnaire assessed various UX aspects, such as attractiveness, perspicuity, efficiency, dependability, stimulation, and novelty. Data analysis utilized independent sample t-tests. Mean values, standard deviations, and 95% confidence intervals were calculated for each attribute, with statistical significance set at $p < 0.05$.

Results: Significant differences were evident between CCMS and manual medical records across all attributes, with CCMS demonstrating higher mean scores for attractiveness (1.26, 95% CI: 0.84 to 1.67), perspicuity (1.02, 95% CI: 0.61 to 1.43), efficiency (1.28, 95% CI: 0.90 to 1.66), dependability (1.15, 95% CI: 0.79 to 1.51), stimulation (1.12, 95% CI: 0.76 to 1.47), and novelty (0.85, 95% CI: 0.51 to 1.19). All p-values were < 0.05 , confirming a significantly more favorable perception of CCMS.

Conclusion: The study's findings highlight the superiority of CCMS over manual records at KKFB, guiding digitalization efforts for healthcare organizations. Additionally, it underscores the importance of user-centric approaches in optimizing digital systems for improved usability and effectiveness.

NMRR ID-24-01387-ZVJ

Keywords: Electronic Health Records, Primary Health Care, Digital Health, Cloud Computing

Corresponding Author

DR ANG WAN SIN

ANEMIA ALERT: AN AUDIT ON MANAGEMENT OF ANEMIA AMONG PREGNANT WOMEN AT PETALING DISTRICT

Authors: Ang WS1, Sharmilee T.R2, Azah AS3

1Klinik Kesihatan Padang Rengas, Malaysia ,2Klinik Kesihatan Puchong Batu 14, Malaysia

3Klinik Kesihatan Seksyen 7 Shah Alam, Malaysia

Local guidelines which emphasized on management of anemia in pregnancy have been introduced in Malaysia for many years. However, the adherence of primary healthcare providers in using these guidelines remained unknown. A clinical audit on management of anemia in pregnancy was conducted from 1st August to 31st August 2023 at all primary care clinics under Petaling district to look into this matter. All the audit criteria were based on Perinatal Care Manual 4th edition, Ministry of Health Malaysia. These criteria include: appropriateness of risk stratification, clinical assessment, investigation, management of anemia and health education to antenatal mothers. A total of 138 antenatal mothers were selected in this study. The mean age of antenatal mothers was 29.3 years old. Risk stratification was done appropriately for all antenatal mothers. However, there was low usage of hemoglobin monitoring graph among healthcare providers, which was 45%. Half of the patients were not referred to nutritionist. Only 65% of antenatal mothers received health education on complication of anemia to mother and fetus. It is evident that there are still room of improvement in increasing the adherence of primary healthcare providers in using the guideline on management of anemia in pregnancy. Some recommendations include regular audit and prepare a checklist for healthcare providers.

Corresponding Author

DR TEH E-YANG

CROSS-SECTIONAL STUDY: IMPACT OF SCHOOL-BASED EXERCISE INTERVENTION “FITNESS FOR LIFE” PROGRAM ON MUSCULOSKELETAL FITNESS AMONG ADOLESCENTS WITH OBESITY IN SMK TUN SABAN, PENGKALAN HULU.

[TEH E.Y.¹]

Pengkalan Hulu Health Clinic, Perak, Ministry of Health MALAYSIA

INTRODUCTION Musculoskeletal fitness is an important component for adolescents in cardiometabolic diseases prevention. **OBJECTIVE** To study the musculoskeletal fitness effects of a school-based exercise intervention, “Fitness for Life” Program among the secondary school adolescents with obesity. **METHODOLOGY** This cross-sectional study involved students from SMK Tun Saban aged 13 to 14 with Obese BMI above 95% centile of weight-to-age based on WHO reference 2007. They were recruited for a moderate intensity interval and core strengthening exercises, with a total of 11 sessions within 6 months, duration of 60 minutes per session, and once per week frequency. The changes in the musculoskeletal fitness indicators, Sit-and-reach, 1-minute Push Up, 1-minute Sit Up, and Maximal Isometric Hand Grip Strength were assessed within the groups using Paired sample T-test. **RESULTS** A total of 24 participants have completed this study. Significant improvement shown in Sit-and Reach (3.24cm, [95%CI 1.24, 5.24], $p=0.003$), 1-minute Push Up (6.13 repetitions, [95% CI 3.21, 9.04], $p<0.001$), and 1-minute Sit Up (3.46 repetitions, [95% CI 0.37, 6.54], $p=0.03$). There were no significant changes in Maximal Isometric Hand Grip Strength.

CONCLUSION The “Fitness for Life” Program effectively improved overall musculoskeletal fitness among adolescent with obesity. In future studies, long-term sustainability of the program and effective assessment of lower extremities musculoskeletal fitness should be considered.

Corresponding Author

DR ONG YEAN KEN

KNOWLEDGE, ATTITUDE AND PRACTICE OF DIETARY SALT INTAKE AMONG HYPERTENSION PATIENTS IN KLINIK KESIHATAN KAMPUNG SIMEE, IPOH

ONG YK1, ROZIANITA M1, CHING SM2, HADI A2

1. Klinik Kesihatan Kampung Simee, Ipoh 2. Universiti Putra Malaysia

Introduction: Hypertension is a major chronic non-communicable disease affecting 30% of Malaysians and about 55% of them having uncontrolled blood pressure. Excessive sodium consumption around 7.9g/day had contributed towards the uncontrolled hypertension. This study aims to assess the level of salt intake knowledge, attitude, and practices among hypertension patients, as well as identify factors that contribute to poor salt intake habits.

Methodology: A cross-sectional study was carried out among hypertensive patients at Klinik Kesihatan Kampung Simee, Ipoh. Participants are required to answer a self-administered questionnaire containing 21 questions regarding knowledge, attitude and practice of salt intake which was face validated by 6 experts in the field was used. **Results:** A total of 396 patients participated in this study. The mean age of the study

population was 63 years old. 65.2% of the participants had good knowledge, 59.3% had good attitude, and 31.3% had poor practice. According to the results of multiple logistic regression, Chinese ethnicity (AOR 3.055, 95%CI 1.419 – 6.577, $p=0.004$), participants with ischemic heart disease (AOR 2.714, 95% CI 1.115 – 6.607, $p=0.028$), poor knowledge of salt (AOR 1.802, 95%CI 1.114 – 2.916, $p=0.016$), and poor attitude towards reducing salt (AOR 3.960, 95%CI 2.462 – 6.372, $p<0.001$) were significantly associated with poor practice of dietary salt intake among participants. **Conclusion:** Hypertension patients showed good knowledge and positive attitudes towards reducing salt but having poor practice of salt intake. Chinese ethnicity, those with ischemic heart disease as well as poor knowledge and negative attitudes are factors associated with poor salt intake practice. An effective salt awareness program should be implemented to improve salt intake practices among hypertension patients.

Corresponding Author

DR PAREAM KAUR

HEMOGLOBINOPATHY AMONG PREGNANT ORANG ASLI WOMEN: THE FORGOTTEN CAUSE OF ANAEMIA

Kaur P¹, Jamaluddin J², Palaniyappan T³, Zainal Abidin S⁴, Mohamad Isa MZ⁵, Kathitasapathy G⁶, Ahmad Mahir HM⁷

¹KK Manong, PKD Kuala Kangsar, Perak, MALAYSIA

Introduction: Anaemia during pregnancy is a global health concern, particularly prevalent among the indigenous Orang Asli (OA) in Malaysia. Haemoglobinopathies and genetic disorders further compound this issue. This study aimed to examine the prevalence of anaemia and hemoglobinopathies among pregnant OA women. **Methodology:** A retrospective observational cross-sectional study among pregnant OA women in Kuala Kangsar district was done. Data was collected from all pregnant OA women attending primary care health clinics from 1st January 2018 to 31st December 2022 using a standardized data collection form. Subjects lost to follow up, care transferred to other clinics and those pregnancies ending in miscarriages were excluded. Descriptive analysis and multivariable logistic regression were used for data analysis.

Results: A total of 691 pregnant OA women were included in the study. The prevalence of anaemia during pregnancy and at term was 44.6% and 9.4% respectively. Haemoglobinopathy was prevalent in 22.7% of pregnant OA women. The most commonly identified was HbE heterozygous/trait (14.5%) followed by HbE homozygous (7.2%). Identification of associated factors such as HbE homozygous status and parenteral iron dextran use provides direction for targeted interventions. **Conclusion:** In view of high prevalence of anaemia and haemoglobinopathy noted among pregnant OA women, effective strategies for early screening and managing anaemia and haemoglobinopathies in this vulnerable population is important aiming to improve maternal and foetal health.

Corresponding Author

DR NORAYUNI BINTI MOHD ISMAIL

COMPARATIVE ANALYSIS OF SMOKING PRACTICES, NICOTINE DEPENDENCY AND METHODS OF QUIT ATTEMPTS AMONG USERS OF CONVENTIONAL CIGARETTES, ELECTRONIC CIGARETTES AND HEATED TOBACCO PRODUCTS

Norayuni MOHD ISMAIL¹, Sharifa Ezat WAN PUTEH², Zaleha MD ISA², Andrea BAN YU-LIN³, Nor Azila RANI¹

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INTRODUCTION: Various tobacco and nicotine derivatives products in use among the community nowadays which includes conventional cigarette (CC), heated tobacco product (HTP) and electronic cigarette (EC). **OBJECTIVES:** The study compared smoking practices, nicotine dependency and methods of quit attempts among users of CC, EC, and HTP, including PUs. **METHODOLOGY:** This cross-sectional study was conducted in 2022 among tobacco/nicotine users and non-smokers in Kuala Lumpur. Socio-demography, smoking practices, and nicotine dependency level were collected via self-administered questionnaire. **RESULTS:** CC-only smokers consumed more CCs daily, longer duration of smoking and fewer quit attempts as compared to CC smokers in PUs. Among EC users, PUs was more likely to own multiple devices and HTP-only users spent more per month on HTP. Overall, CC users initiated smoking younger and had longer durations compared to EC and HTP users. EC users had the highest nicotine dependency, while HTP users had the lowest. 71.1% of users reported attempts to quit. Among CC-only users, 55.9% employed non-pharmacological methods, while 35.3% used ECs as a quitting aid. Pharmacotherapy was utilized by 10.5%. Among EC-only users, majority relied on non-pharmacological methods. 86.0% of PUs attempted to quit CC primarily using ECs (63.5%), followed by non-pharmacological methods (18.9%). For EC cessation, 46.5% of PUs attempted mainly using non-pharmacological methods. **CONCLUSION:** Various smoking practices patterns across various tobacco and nicotine users contributes valuable insights for policy-makers, offering a better understanding that can guide the development of targeted interventions. These findings suggest the need for tailored smoking cessation programs or considering tobacco harm reduction methods.

Corresponding Author

DR ELYA ZETTI BINTI HAMD

EXPECTATION OF HEALTH CARE PROVISION, SOCIAL SUPPORT, SEXUAL AND REPRODUCTIVE HEALTH EDUCATION: A QUALITATIVE STUDY AMONG UNMARRIED PREGNANT ADOLESCENT IN MALAYSIA]

Hamdi EZ 1, ND Nik Farid2

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INTRODUCTION Pregnancy among adolescent girls has remained to be a grave public health issue in many developed and developing countries. In Malaysia, adolescent pregnancy is associated with unplanned pregnancies, among girls of lower socio-economic backgrounds, poor academic achievers, social stigma, and baby dumping phenomenon. Despite many efforts to address this issue in this country, studies showed many pregnant adolescents turned up late to the health facilities and associated with poor obstetric and perinatal outcomes. **OBJECTIVES** This study aims to gain an in-depth understanding and explore the expectations of unmarried pregnant adolescents in Malaysia in three domains namely health care provision, social support, and sexual and reproductive health (SRH) education in Malaysia. **METHODOLOGY** This was an exploratory qualitative study designed to explore the research questions, conducted using a semi-structured interview with 77 unmarried pregnant adolescents aged between 10 to 19 years old, who participated in 16 focus group discussions. Participants were recruited through purposive and convenient sampling with the use of data from a reproductive health clinic in Perak and Taman Seri Puteri. Thematic analysis was used for data analysis. **RESULTS** The dominant themes were identified: confidentiality in health care services, knowledge of contraception for adolescents, immediate family understanding and support, and self-sufficiency after childbirth. **CONCLUSION** An in-depth understanding of the expectations of teenage girls who experience pregnancy at an early age will facilitate healthcare providers and relevant agencies in designing new approaches to delivering better care to these marginalised groups.

Day 2 SATURDAY 13 JULY**1100 - 1230****POSTER
ABSTRACTS**

Lavender

Corresponding Author

DR WAN NUR FAZLIYANA BINTI MOHD NASHIR**MEASLES OUTBREAK IN KUALA KANGSAR DISTRICT: A CONCERN REGARDING UNVACCINATED CHILDREN**

Wan Nur Fazliyana M.N., Diana Safraa S.1, Fauziatul Syuhada M.1, Ahmad Sayuti A.1, Mohamad Zulheimi R.1, Nur Khayla Alfecia R.G.A.1, Wan Badrul Husaini W.M.1, Zuhairi M.H.1, Julaidah S.1, Husna Maizura A.M.1

1Kuala Kangsar District Health Office

Introduction: Measles is a viral infection transmitted through respiratory droplets expelled by an infected person and can cause serious complications including death. Kuala Kangsar District Health Office detected a measles outbreak on 27th April 2024. **Method:** This was a measles outbreak report occurred in Kuala Kangsar District. **Results:** The outbreak involving two siblings aged ten and five years old with positive measles PCR test. Both children never received any vaccination due to parents' refusal. This family just moved to Kuala Kangsar few months before the onset of illness. Active case detection (ACD) activity found 30 children aged below 7 years old in 1 km radius; 27 children completed MMR vaccine, 2 (two) children were not eligible for vaccination and one child was not vaccinated (the second case for this outbreak). The first case onset of illness was on 2nd April 2024 while the second case on 15th April 2024. Both children presented with fever, cough, and maculopapular rash. Conjunctivitis only manifested in first case. Both children were fully recovered. This outbreak will be ended on 27th May 2024. **Discussion:** Parental refusal of vaccines is a growing concern for the occurrence of vaccine preventable diseases in children.

Keywords: measles, outbreak, unvaccinated children

Corresponding Author

DR SAFIAH SARIYAH BINTI SANI**THE IMPACT OF HIV/AIDS EDUCATION MODULE AT A FULLY RESIDENTIAL SECONDARY SCHOOL IN KINTA DISTRICT, PERAK**

Safiah S.Sa, Gregory Xb, Rozianita Mc, Firdaus Aa, Marzuki Ma, Siti Rohana A.Ka, Azura N.Aa
a HIV/STD/Hepatitis C Unit, Pejabat Kesihatan Daerah Kinta, b Pejabat Kesihatan Daerah Kinta, c Klinik Kesihatan Simee

School-age children, in the midst of growth and development, are prime candidates for receiving education on HIV/AIDS prevention. The "Program Sihat Tanpa AIDS Untuk Remaja" (PROSTAR) was initiated by the Ministry of Health Malaysia (MoH) to address HIV/AIDS transmission among teenagers. This study assessed the effectiveness of the PROSTAR module in a secondary school in Kinta District. Pre-test and post-test questionnaires from the module were used to measure knowledge improvement. Initially, students held misconceptions about HIV/AIDS. Pre-intervention, 11% to 35% of students had unfavorable opinions regarding HIV/AIDS. Following the intervention, all students showed significant improvement in knowledge and attitudes toward HIV/AIDS ($p < 0.05$), except for the belief that the illness is a punishment ($p = 0.5682$). Integrating HIV/AIDS prevention modules into school curricular fosters a supportive environment for students. In conclusion, PROSTAR proves to be an effective HIV/AIDS prevention tool for secondary school students, enhancing their understanding of the disease.

Corresponding Author

MA. MOHAMAD FAIZAL BIN MUJAHID ALI

LEVEL OF KNOWLEDGE, SKILLS AND ATTITUDES OF HEALTH STAFF IN GIVING WOUND CARE TO DIABETIC PATIENTS

This study is to evaluate the level of knowledge, attitudes and skills of health personnel from various positions in providing wound care to diabetic patients based on 3 main objectives; to know the level of knowledge of health personnel regarding wound care of diabetic patients, to compare the effectiveness of wound care between modern and traditional techniques and to ensure health personnel use the best techniques or materials in providing wound care for diabetic patients. Articles published in the selected corpus from 2018 to 2023 were selected in this study apart from the Guidelines for Wound Care Services in Primary Health Facilities issued by the Malaysian Ministry of Health in 2019. This study was conducted qualitatively to facilitate data analysis consisting of 30 samples involving Medical Officers, Assistant Medical Officers, Trained Nurses and Community Nurses from 9 health facilities that carry out wound care services in two districts namely Hilir Perak and Bagan Datoh. The questions have been developed in Google link which divided into 3 parts. Part 1 consist of 6 questions about sample demographic data while part 2 and 3 have 26 questions concerning cognitive (knowledge or awareness), affective (perception or attitude) and behavioral (practice) concepts. Data analysis was carried out using the Statistical Package for Social Sciences (SPSS) version 26, the percentage, mean and standard deviation were evaluated using the interpretation scale of the mean level of a four-point Likert Scale from the Educational Research Journal Volume 23/2022, ISSN 1511-6530, Ministry of Education Malaysia. The Pearson Moment Correlation Coefficient was used to measure the influence of factors between knowledge and tenure using the Pearson Moment Correlation Table by Chua, 2014.

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DR ANG WAN SIN

A CASE REPORT ON TUBERCULOSIS OF THE CERVIX: INTERCEPTING BAD BACILLI BEFORE THEY WANDER

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Introduction: Genital tuberculosis (TB) is a form of the extrapulmonary TB where the pelvic organs become infected through hematogenous spread, often spreading from the lung. We present a rare case of cervix TB as a primary infection in a 38-year-old female who later developed disseminated TB involving lungs and abdomen.

Case presentation: The patient, an illegal immigrant from the Philippines, experienced foul-smelling vaginal discharge for a year but sought medical help only after developed productive cough, intermittent fever & constitutional symptoms for a month. Her late spouse suffered from similar symptoms two years ago but he did not seek for any medical attention. Examination revealed a cachexic lady with cervical lymphadenopathy, crepitation over bilateral lungs and mildly distended lower abdomen. Vaginal speculum examination showed yellowish discharge and a 2x3cm mass at posterior cervix. Sputum, vaginal discharge and biopsy specimen of cervical mass were positive for acid-fast bacilli (AFB). Histopathology of the mass revealed caseating granulomas consistent with TB. Her chest X-ray and CT abdomen findings shown infective changes strongly suggested of TB. The diagnosis of disseminated TB was confirmed. The patient was initiated on a standard anti-TB regimen. She recovered fully after completed treatment for 1 year.

Discussion: Sexually transmitted genital tuberculosis is possible and have been reported.

Some patients may be asymptomatic, while others can present with abnormal vaginal bleeding, menstrual disturbances and abdominal pain. **Conclusion:** This case illustrates the importance of raising public awareness about TB infection for prompt recognition and treatment, to prevent long-term complications and mortality.

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DR ROZIANITA MUTAZAH

EVALUATING INTERVENTION STRATEGIES TO ALLEVIATE STIGMA AND DISCRIMINATION TOWARDS PEOPLE LIVING WITH HIV AMONG HEALTHCARE WORKERS IN KLINIK KESIHATAN SIMEE.

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Introduction: Healthcare workers (HCWs) in clinics often encounter challenges related to stigma and discrimination (S&D) towards people living with HIV (PLHIV), which can impact patient care and well-being. This study aimed to assess the effectiveness of intervention strategies in reducing S&D attitudes and behaviours among HCWs towards PLHIV in clinic settings. **Methods:** A mixed-methods approach was utilized, incorporating pre- and postintervention surveys, qualitative interviews, and direct observations. The intervention encompassed educational CME, interactive discussions, and changes of the flow of care in the clinic aimed at raising awareness and fostering empathy toward PLHIV. Participants included HCWs from various roles within the clinic. **Results:** Pre-intervention assessments revealed prevalent S&D attitudes and behaviours among HCWs towards PLHIV, including fear of contagion, moral judgments, and avoidance behaviours. Qualitative feedback also revealed the same findings. Following the intervention, there was a notable shift in HCWs' attitudes and behaviours, with increased empathy, understanding, and acceptance towards PLHIV observed in post-intervention surveys. **Conclusion:** This study demonstrates the potential of targeted intervention strategies to mitigate S&D attitudes and behaviours among HCWs towards PLHIV in Klinik Kesihatan Simee. By fostering empathy and understanding, such interventions can contribute to improving the quality of care and support provided to PLHIV, ultimately enhancing patient outcomes and well-being.

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DR SITI ROHANI NURUMAL

LESSONS LEARNED FROM COMMUNITY OUTBREAK OF PERTUSSIS IN HILIR PERAK DISTRICT

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INTRODUCTION: Pertussis also known as whooping cough is highly contagious respiratory illness that caused by Bordetella pertussis. It is currently one of the commonest vaccine preventable diseases. Even though vaccine had been introduced for decades ago, the outbreak is still rising in trend. **OBJECTIVES:** This study is aimed to investigate the pertussis outbreak infection in Kampung A, Hilir Perak District 2023. **METHODOLOGY:** A community based active surveillance was conducted in Kampung A, Hilir Perak District from Mac 2023 to May 2023. The activity that had been conducted are activation of operational room and case management, control and prevention of outbreak and health promotion to the community on pertussis infection. **RESULTS:** Total of 11 cases were identified which predominantly by female (63.6%) and male (36.4%). The cases ranged from 1 months to 39 years old. The most affected group is children (91%) and adult (9%). The first case that been detected were the 1 months old baby which is not due for the routine vaccination on pertussis infection. **CONCLUSION:** The outbreak of pertussis was high among vulnerable group such as children. The way forward is to strengthen on routine vaccination services for children and to introduced pertussis vaccination among pregnant mother as to reduce the risk on infection among newborns. Furthermore, to enhanced on cold chain management, surveillance and early detection and treatment.

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DR NURSAZILA ASIKIN BT MOHD AZMI

DEMOGRAPHICS AND SPATIAL-TEMPORAL DISTRIBUTION OF HEPATITIS C CASES IN MANJUNG: TREND ANALYSIS 2016-2023

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INTRODUCTION: The World Health Organization has set a target to reduce the prevalence of Hepatitis and its associated fatalities by 2030. This study investigated the demographic factors and geographical areas with a high prevalence of Hepatitis C virus (HCV) infection in Manjung. The objective is to provide valuable insights that may facilitate the implementation of effective preventive and control measures. **METHODOLOGY:** This study used e-notification registry data from 2016 to 2023. Descriptive epidemiological methods were implemented, and spatial-temporal analysis was performed using a Geographic Information System (GIS) to map high-risk areas.

RESULTS: Between 2016 and 2020, 249 new cases of HCV infection were reported, representing an average annual notification rate of 12.24/100,000. The notification rate increased steadily over the study period, with an average increment of 4.60%. Men had a significantly higher notification than women. The primary source of infection was drug use, particularly among Malay and those aged 50-54. Pengkalan Baru, Sitiawan, and Lumut had the highest incidence of HCV cases, with several hotspots located along the coast, including Pantai Remis and Pulau Pangkor's shoreline.

CONCLUSION: The incidence of HCV infection in Manjung has increased over the past 8 years. To control the disease, rapid and accurate diagnostic methods and enhanced epidemiological awareness are essential.

KEYWORDS: Hepatitis C, Incidence rate, Spatial Analysis, GIS, Manjung District

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MATRON SANISAH BINTI MOHD ARSZIT

DIGITALISATION OF CHILDHOOD IMMUNISATION RECORDS IN HEALTH CLINICS, PERAK STATE, SEPTEMBER 2022-MARCH 2024

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INTRODUCTION: Digitalisation of childhood immunisation records is increasingly popular due to ease of accessibility by parents and health facilities, reducing requirement for physical storage and risk of loss of physical records. **OBJECTIVE :** This study aims to observe the digitalisation trends of childhood Immunisation records by Health Clinics in Perak following the Ministry Of Health directives for babies born from July 2022 onwards. **METHODOLOGY:** Secondary data of digital childhood immunisation records under the National Immunisation Programme obtained from MyHDW System, and monthly manual returns from District Health Offices in Perak from September 2022 to March 2024 were analysed using EXCEL 2016. The digitalisation implementation was strengthened by improving computers and internet access, engagement, roadshows and supervision at ground levels. **RESULTS:** Out of 272,235 immunisation data recorded manually, 133,470 (49.0%) were reflected in the digital records. At inception, recorded digital data decreased from 54.0% in September 2022 to 16.4% in December 2022, then plateaued between 32.9%-48.3% in January-October 2023. Digitalisation increased to over 70% in January-March 2024. Similar trends were seen for each type and dose of immunisation given. **CONCLUSION:** The digitalisation of childhood immunisation records improved from November 2023-March 2024 through strengthening commitment at various levels in the organisation and improvement of infrastructures necessary for digitalisation. Further information technology infrastructure and professional support is vital for its sustainability. Sustainability of digitalisation requires professional support.

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DR PATHMA SREE RAMA REDDY

A TASTE OF TROUBLE: HEPATITIS A OUTBREAK SPARKS CONCERNS OVER SEAFOOD IN KINTA

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Introduction : Hepatitis A, a notifiable disease in Malaysia, has seen a decline in cases since 1990. Humans are natural hosts, with transmission occurring through the fecal-oral route.

Objective : A recent outbreak occurred in the Kinta District of Perak in March 2023, prompting an investigation into its epidemiology and the adoption of control measures. The index case involved a woman admitted to a hospital in the Kinta District, followed by her child, both of whom had consumed seafood at RS Restaurant. Subsequently, additional notifications were received, all with similar ties to RS Restaurant, resulting in a total of 10 confirmed cases. Further investigation was conducted to achieve the objective of the outbreak investigation, affirming and controlling its source.

Methodology: A case-control study method was used to calculate the odds of cases exposed to RS Restaurant. Additional epidemiological, laboratory, and environmental studies were also conducted.

Results: The epidemic curve suggested a common source outbreak. While the odds ratio pointed towards RS Restaurant exposure, environmental evidence was inconclusive. The outbreak severity led to 90% hospitalization rates.

Conclusion: Although RS Restaurant exposure was implicated, the exact cause remained uncertain. Protective factors like treated water supply were identified, while poor adherence to food safety regulations posed risks. Health authorities enforced regulations to prevent future outbreaks and collaborated on community health initiatives.

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DR AFZANINAWATI SURIA YUSOF

TUBERCULOSIS AMONG HEALTH CARE WORKERS IN PERAK – FIVE YEARS TREND FROM 2018 – 2022

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INTRODUCTION: Tuberculosis (TB) has remained as an occupational hazard for health care workers (HCWs) since the 1920s and due to several TB outbreaks in healthcare settings in the early 1990s, the concern about the transmission to both patients and HCWs has been raised.

OBJECTIVES: To analyse trend of TB cases among HCWs in Perak from 2018-2022.

METHODOLOGY: Using data from Tuberculosis Information System (TBIS), Sector Tuberculosis and Leprosy Control, Ministry of Health Malaysia.

RESULTS: TB cases among HCWs in Perak showed a decreasing trend from 2018 -2022. Those HCWs aged 25 – 34 years old were more affected. Females HCWs are more affected because majority of the cases were found to be among the staff nurses who's dominated this profession. Majority of new TB cases were detected from inpatient facilities who had higher risk of TB infection most probably because of the close contact with patients and the procedures that had to be done in the facilities. Majority of TB cases among HCWs are pulmonary TB. Perak started to audit cases of TB among HCWs in 2022 and source of infection were mainly from the community.

CONCLUSION: In Malaysia there is minimal TB prevention programs in health care facilities. Current TB programs emphasize more on case detection and treatment but less emphasis on prevention and not all departments have environmental controls, using correct personal protective equipment, as well as administrative controls. Health care settings should implement TB infection control programs involving a hierarchical approach to target administrative, environmental, and personal protection controls.

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DR AMY PAKIAM A/P DAVID JEBATHURAY

GYNAECOMASTIA FOLLOWING INITIATION OF EFAVIRENZ 600MG: A CASE REPORT WITH NORMAL HORMONAL PROFILE AND DOSE MODIFICATION

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Gynaecomastia is benign enlargement of male breast tissue. The manifestation of gynaecomastia in men can be linked to different clinical conditions, which vary depending on the age at diagnosis. Additionally, certain medications have the potential to induce breast enlargement. Among HIV-positive individuals, the use of antiretroviral agents has been correlated with the development of breast tissue in males, with efavirenz being identified as one such medication. Efavirenz is an integral component of antiretroviral treatment regimens for HIV. Here, we report a case of a 22-year-old HIV-positive male patient who developed gynaecomastia three months after initiating efavirenz 600mg once daily, despite normal levels of serum estradiol, progesterone, serum Beta hCG, prolactin, testosterone and thyroid function upon evaluation. Given the absence of hormonal abnormalities, the dosage of efavirenz was reduced to 400mg daily. Subsequent follow-up revealed a gradual resolution of gynaecomastia, suggesting a potential dose-related effect. This case highlights the importance of considering medication-related causes of gynaecomastia and the potential benefit of dose modification in mitigating this adverse event in patients receiving efavirenz therapy. Patients experiencing gynaecomastia should receive appropriate counselling. This counselling aims to prevent interruptions in antiretroviral therapy (ART) and ensure adherence to treatment.

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DR ANIS SYAFIQAH BINTI ALIAS

THE IMPORTANCE OF INTER-AGENCY COLLABORATIONS ON HFMD OUTBREAK MANAGEMENT

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Hand, Foot, and Mouth Disease (HFMD) is a common disease among infants and children. The causative microorganisms that are often found are Coxsackie Virus A16 and Enterovirus 71. Crisis Preparedness and Response Centre of Kuala Kangsar District Health detected an outbreak of HFMD on 15 May 2023 involving 3 children, two girls and one boy aged between one and three years old at one childcare centre at Kuala Kangsar, Perak. This childcare centre accommodates 16 children aged between one to seven years old with three caretakers. The total number exposed was 23 people including cases' parents that make up the infection rate of 13%. These children have shown symptoms of infection from 11 May 2023 to 15 May 2023. Sample from mouth ulcer taken from the case showed no virus detected. Outbreak investigation revealed that this childcare centre was not registered with the welfare department. The condition of the childcare centre and the facilities are not up to standard care and the caretakers do not meet the requirement for staff-to-children ratios. This childcare centre was temporarily closed for operation until they fulfil the requirements of the Registrar of Societies Malaysia and welfare department. This HFMD outbreak highlighted the importance of interagency collaboration in providing a safe, healthy environment and maintaining the good well-being of children in childcare centres as stipulated under the Child Care Centre Act 1984 (Act 308) and Care Centres Act 1993 (Act 506).

*Keywords: Hand, foot, and mouth disease, Outbreak, Childcare centre, Welfare department, Child Act.

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DR FAUZIATUL SYUHADA BINTI MANSOR

MUSHROOM POISONING OUTBREAK IN KUALA KANGSAR DISTRICT

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Introduction: Edible mushrooms are widely used as variety of dishes and for their health benefits. Nevertheless, it can be harmful when picked from the wild, due to a lack of knowledge for distinguishing between poisonous and non-poisonous mushrooms. An outbreak of mushroom poisoning was reported in Kuala Kangsar district in 2022.

Method: A case control study was conducted. Cases were defined as those who have eaten wild mushroom from a garden in Kampung Ngor Sauk and subsequently developed vomiting, diarrhoea or other symptoms of food poisoning. Active case detection (ACD) and environmental investigation were carried out in the village. Samples of the wild mushrooms were sent for lab investigation.

Results: Four cases were identified. Two cases were from one family that was notified from the hospital while the other two cases were found during ACD from another family. The epidemic curve suggested a point-source outbreak. Those who have eaten mushroom found to be at risk to develop symptoms with attack rate 80.0%. Two types of mushroom samples identified as *Chlorophyllum molybdites* and *Melanoleuca* sp. are classified as poisonous mushroom.

Discussion: Mushroom poisoning remains a public health problem. Preventable strategies and education regarding the consumption of wild type mushrooms are essential for decreasing the morbidity and mortality.

Keywords: mushroom, poisonous

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DR HUSNA MAIZURA BINTI AHMAD MAHIR

ROTAVIRUS OUTBREAK IN A WELFARE INSTITUTION

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INTRODUCTION: Rotavirus is the most prevalent aetiology of severe, dehydrating diarrhoea in children aged five years and below.

METHODOLOGY: An acute gastroenteritis (AGE) outbreak investigation was conducted in a welfare institution in Kuala Kangsar in January 2024. Active case detection (ACD) was carried out to screen all 153 exposed individuals.

RESULTS: The first onset was recorded on 1st January 2024, and affected 42 people comprising 39 children aged 2 to 12 years old, and 3 carers. Clinical manifestations included diarrhoea in 37 cases (88.1%), vomiting in 28 cases (66.7%), and fever in one case (2.4%). Twenty-two cases were admitted to hospital for treatment, and 20 cases were treated as outpatients. All 42 cases recovered well. Twenty clinical samples and five environmental samples were taken. Seven cases were detected as positive for rotavirus, one case was positive for both rotavirus and adenovirus, and two cases were positive for E.coli. Rotavirus was discovered in four environmental samples. This outbreak ended on 16th January 2024.

CONCLUSION: Inefficient disinfection and inadequate hygiene standards in the institution were found to contribute to this outbreak. Risk factors included overcrowding of 25 children aged 0-5 years in the dormitory with inadequate caretakers. This outbreak highlighted the need for strict infection prevention and control practices, and continuous health education in institutions.

Keywords: rotavirus, children, institution

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DR KHAIRUNNISA MOHAMED

INDIVIDUAL SEPTIC TANKS: THE MAIN RISK OF PROLONGED DENGUE OUTBREAK IN KAMPUNG SRI KINTA, IPOH

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INTRODUCTION: Individual septic tanks are a known cause of dengue outbreaks. In 1983, Aedes breeding in septic tanks was identified in housing estates in Ipoh City Council, Kuala Kangsar and Manjung districts in Perak.

OBJECTIVES: This article discussed how to suppress a lengthy dengue outbreak (hotspot) in Kampung Sri Kinta, Ipoh, which infected 143 people, by limiting Aedes breeding sites in individual septic tanks.

METHODOLOGY: A spot map of all dengue cases in Kampung Sri Kinta has been generated to evaluate the extent of intervention required. Based on the map, we targeted individual septic tanks from 1241 homes for action. Punjut (insecticide-treated wood dust in a pouch) was used to treat all septic tanks identified. The task was accomplished in 11 days by six teams, each consisting of three officers.

RESULTS: We were able to intervene on individual septic tanks in 1053 residences (84.9% coverage). Only one case was registered following the conclusion of the intervention. The dengue outbreak, which lasted 119 days, has concluded.

CONCLUSION: Individual septic tanks are one of the potential sources of dengue outbreaks. More research is needed to determine the best preventive measures for this risk to avoid repeat outbreaks.

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DR ELVEENA MUTHIRIAR A/P SANTHANASAMY

IMPACT OF ENHANCED DIABETIC CLINIC IN UNCONTROLLED DIABETIC PATIENTS AT KAMPAR HEALTH CLINIC IN YEAR 2022

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Background: The Enhanced Diabetic Clinic (EDC) in Kampar Health Clinic is established in 2022 and designed to provide comprehensive care for uncontrolled diabetic patients with HbA1c more than 10%.

Objective: This study aims to evaluate the impact of EDC on improving the clinical outcomes among uncontrolled diabetic patients in Kampar health clinic.

Method: This is a retrospective study with universal sampling in which data of patients who were enrolled in EDC in the year 2022 were analysed. The level of HbA1c, LDL and BMI before and after enrolment in EDC for 4 to 6 months were analysed by using descriptive statistics and paired T-test.

Results: A total of 55 patients were included in the study. There was significant difference between HbA1c at baseline ($M=12.1$; $SD=1.5$) and at 4 to 6 months after enrolment in EDC ($M=9.9$; $SD: 1.9$); [$t(54) = 6.5, p<0.001$]. However, there were no significant changes in LDL and BMI level.

Conclusion: The EDC intervention demonstrated a significant improvement in glycaemic control among uncontrolled diabetic patients. Thus, EDC in Kampar Health Clinic should be continued and it is recommended the services to be extended to other health clinics in Kampar District.

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DR DIANA SAFRAA BINTI SELIMIN

CRYPTOCOCCUS GATTII: A DEADLY YEAST CASE STUDY

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1Kuala Kangsar District Health Office

INTRODUCTION: *Cryptococcus gattii* (*C.gattii*) causes cryptococcosis, an infection caused by inhaling dried yeast cells or spores. Its incubation period is up to three years and is not contagious among humans. The case fatality rate ranges from 13% to 33%. **OBJECTIVES:** This study aimed to describe the case's epidemiology and to better understand the possible exposure that led to *C.gattii* infection.

METHODOLOGY: This is a maternal mortality case study due to cryptococcosis. **RESULTS:** A 33-year-old Orang Asli lady with history of fever, headaches, low appetite, and fatigue for three days was discovered unresponsive at home and sent to a district hospital on day thirteen postpartum. She subsequently succumbed on the same day. The cerebrospinal fluid culture has isolated *C.gattii*. An environmental health assessment found that the case lived in an area with a low risk of contracting cryptococcosis. Close contacts were given health education and advised to seek medical treatment at the nearest health facility immediately if unwell. It is difficult to identify the potential source of infection due to the case's extensive mobility during the long incubation period, which spanned her previous workplace and rental house to the present residential area. **CONCLUSION :** Key prevention and control strategies include early diagnosis of cryptococcal infection, and minimising associated complications by empowering the population to promptly seek medical assistance when unwell and enhancing the skills and knowledge of healthcare professionals.

Keywords: *C.gattii*, Cryptococcosis, Orang Asli, maternal mortality

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DR IZZATY BINTI DALAWI

THE ASSOCIATION BETWEEN MEAN TEMPERATURE AND OCCURRENCE OF HAND FOOT AND MOUTH DISEASE (HFMD) IN MANJUNG DISTRICT

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The Purpose of this study was to determine the correlation between temperature and HFMD occurrence in Manjung district from 2019 to 2023. This retrospective cross-sectional study analyzed HFMD cases from the Malaysian National e-surveillance platform (eNotification system) under the Manjung Health District Office from January 2019 to September 2023. Data on HFMD cases and sociodemographic characteristics were acquired, excluding duplicates. Meteorological data, including mean, minimum, and maximum temperatures, were obtained from the Department of Meteorology Malaysia and computed into weekly averages. Data were analyzed using IBM SPSS Version 29.0, employing descriptive statistics, Pearson's Correlation, and Simple Linear Regression to examine the correlation between weekly mean temperature and HFMD cases, with $p < 0.05$ considered significant. A total of 4845 HFMD cases were recorded, with a mean age of 4.0 ± 4.3 years. The majority were male (56.7%), Malaysian (99.8%), and Malay (81.5%). Most diagnoses were made in private clinics (48.7%). A weak but significant positive correlation was found between mean temperature and HFMD cases ($r = 0.22$, $p < 0.001$), with cases surging after a 0.6°C to 1.0°C increase from the previous week. The correlation was insignificant in 2021 and 2023. HFMD occurrence in Manjung district is positively correlated with temperature. This information aids in outbreak preparedness and control, particularly around school holidays, and supports public health education and promotion activities. A resilient public health system capable of addressing communicable disease threats remains crucial.

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DR AMERA BINTI ABD RAZAK

APPLICATION OF COLLAGEN SHEET FOR BURN WOUND IN PRIMARY HEALTH CARE IN KAMPAR PERAK

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INTRODUCTION Burn wound injuries is an acute emergency. Between 2015-2020, a total of 805 patients were admitted, with an average of 134 individual annually with minor burns accounted as 591 case, moderate burns 131 case and major burns 83 patients.1 **OBJECTIVES** To evaluate the efficacy of collagen dressing over conventional and its advantages in managing burn wound cases in primary health care. **METHODOLOGY** The chosen patient is based on criteria patient of burn wound stage of less than stage 2. Collagen dressing done on patient with prescription of analgesic, antiinflammatory and antihistamine. Wound progress asses using Tissue (T), Inflammation(I), Moisture(M) and Edge(E) method. **RESULTS** The Tissue(T) start developed epithelization at fourth day of collagen application while inflammation(I) assessment reduced at day 3. Moisture(M) is moist while edge(E) is advancing. Pain score reduced from 8 to 4-5 out of 10. After day 5 patient is pain free using pain score assessment. **CONCLUSION** Application of collagen dressing for burn case in primary health care would be the main choice in superficial burn case because may give advantages in time, financial, man power and human resource effectiveness in long term outcome and benefit in reducing pain and spreading of infection.

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DR ALIF FIRDAUS AIZAT BIN MOHD ZAIN

FACTORS OF COLONOSCOPY REFUSAL FOLLOWING POSITIVE IMMUNOCHEMICAL FECAL OCCULT BLOOD TEST (IFOBT) SCREENING IN PERAK TENGAH DISTRICT

Alif Firdaus Aizat MOHD ZAIN, Muamar Iskandar MOHAMED YUSOFF, Siti Maisara AMIR, Raja Muhammad RAJA OMAR, Siti Rohani NURUMAL

Pejabat Kesihatan Daerah Perak Tengah, Malaysia

INTRODUCTION: The immunochemical fecal occult blood test (iFOBT) is a test for colorectal cancer screening. A colonoscopy examination is recommended for further assessment for those with positive iFOBT. Nevertheless, some patients with positive results refused to do colonoscopy for various reasons. **OBJECTIVE:** This study aimed to determine the factors contributing to colonoscopy refusal among the study participants. **METHODOLOGY:** In this cross-sectional study, the medical records of 53 individuals from eight primary healthcare clinics in the Perak Tengah District who refused ORAL & POSTER PRESENTATION INSTRUCTIONS ABSTRACT SUBMISSION INSTRUCTIONS 1. Participants are invited to submit scientific papers. 2. Applicants should submit their abstracts in duplicate to the Congress Secretariat using the Abstract Submission Form. The deadline is 1 stJune 2024. 3. Abstract should contain work that has 6. The final selection will be the responsibility of the scientific committee. The Scientific Committee reserves the right to select papers for presentation. 7. The Organising Committee reserves the right to allocate your paper to a section deemed fit. 8. Prizes will be awarded to the best three presentations: Presentation Oral Poster not been previously published. colonoscopy despite positive iFOBT between January 2021 and December 2023 were reviewed. The factors associated with the refusal based on the data from patient medical records were coded accordingly. Participants in the study ranged in age from 50 to 80 years old, with the majority being female (64.2%) and coming from suburban areas (92.5%). **RESULTS:** There were four common reasons for colonoscopy refusal: (i) practical behavior (44.6%); (ii) other commitments (28.2%); (iii) non-acceptance of positive result (18.5%); and (iv) other medical conditions (7.7%). **CONCLUSION:** From these study findings, targeted interventions to reduce colonoscopy refusal among those with positive iFOBT, which include flexibility in the timing or location of the colonoscopy testing and increasing awareness through health education and advocacy, could be implemented accordingly.

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DR CHE WAN ILMIYAH CHE WAN AHMAD

THE EFFECT OF TRIM AND FIT PROGRAM ON WEIGHT REDUCTION AMONG HEALTHCARE WORKER OF KAMPAR DISTRICT HEALTH OFFICE

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INTRODUCTION The prevalence of overweight and obesity among healthcare workers (HCWs) in Malaysia is high. Thus, the Ministry of Health Malaysia (MOH) introduced a Weight Management Program, known as Trim and Fit Program. **OBJECTIVE** This study aims to evaluate the effectiveness of the program on weight reduction among HCWs in Kampar District Health Office (DHO). **METHODOLOGY** This is a one-group pretest-posttest design study. This program was implemented in Kampar DHO for 6 months duration, from August 2023 until February 2024. The inclusion criteria were HCWs with BMI $\geq 25\text{kg/m}^2$. The program consisted of exercises, nutrition and motivation. Changes in weight, BMI, waist circumference, body composition and physical fitness were assessed at baseline and 6 months post-intervention. Descriptive analysis and paired t-test were performed using SPSS Version 28. **RESULTS** A total of 40 HCWs (20 males, 20 females, mean age 40 (SD: 5.6) years) were enrolled in the program. Majority (55%) of the HCWs showed weight reduction, 27.5% had maintained their weight and 17.5% gained weight. Weight loss was observed more in female HCWs ($n=12$, 54.5%) compared to male HCWs. However, there was no significant difference in weight change. There was a significant improvement in sit and reach physical fitness test between pre-intervention ($M=22.5$, $SD=8.0$) and post-intervention ($M=28.5$, $SD=10.8$), $p\text{-value} = 0.000$. There were no significant changes in BMI, waist circumference and body composition. **CONCLUSION** Trim and Fit program has potential to promote weight reductions. However, achieving substantial weight loss among HCWs require a comprehensive and multimodal approach.

Corresponding Author

DR MASLIZA BINTI MUSTAFA

AN OBSERVATION OF GESTATIONAL DIABETES MELLITUS TRENDS IN PERAK, YEAR 2019-2023

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INTRODUCTION: Monitoring of gestational diabetes mellitus (GDM) screening started in 2017 in Perak. Strengthening of implementation Clinical Practice Guidelines (CPG) in Management of GDM was done from 2020 onwards. **OBJECTIVE:** This study is to observe the trends of GDM screening and detection in Perak State. **METHODOLOGY:** Descriptive analysis of secondary data of GDM screening and detection obtained monthly through District Health Offices in Perak, analysed using Excel 2016. **RESULTS:** The percentage of antenatal mothers screened for GDM increased from 85.6% in 2019 to 90.6% in 2023. Out of those screened, there was an increase of GDM detected from 23.0% in 2019 to 31.1% in 2023. About 12.0% to 14.3% mothers with GDM were under 25 years old. Of all GDM mothers detected, there was an increase in the percentage of those screened with OGTT at 6 weeks postnatal from 77.5% in 2019 to more than 95.0% in 2021-2023. Out of those screened postnatally, there was a reduction of the percentage detected as Diabetes Mellitus from 4.2% in 2019 to 3.2% in 2023. **CONCLUSION:** The strengthening of implementation of CPG improves the screening and hence the detection of GDM among antenatal mothers in Perak State. Improvement is also seen in the percentage of GDM mothers 6 weeks screened postnatally, with reduction of percentage of those with Diabetes Mellitus postnatally.

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DR NORBAIZURA SAIDIN

POST DISASTER MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS): MANJUNG DISTRICT EXPERIENCE FROM THE 2024 HELICOPTER CRASH IN LUMUT NAVAL BASE

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INTRODUCTION On 23rd April 2024, two navy helicopters crashed and killed 10 crews, injured 1 navy officer and left the nation in shock. The incident happened in Lumut Naval Base in preparation for the navy fleet day. One helicopter crashed into the stadium while the other crashed nearby a swimming pool. **CASE PRESENTATION** Directly after the disaster, integrated MHPSS services were initiated to coordinate the psychological first aid (PFA) and support activities for the deceased's family members, team mates and other direct witness of the incidents. These activities were conducted on an ad-hoc basis on day 1 of disaster followed by a series of tele-counselling, home visits and group counselling coordinated by the TLDM, Lumut Military Hospital's Psychiatrist, Manjung District Health Office and supported by Psychiatrist Team from Hospital Seri Manjung. 120 family members were given PFA on day 1 incident with 1 referred for admission and 6 planned for further follow up. **CONCLUSION** The MHPSS response highlighted many strengths and weaknesses of the Manjung's district preparedness for disaster and mental health system. This incident offers a chance to further strengthened the capacity for smooth MHPSS services particularly involving other agencies. **Keywords:** disaster, helicopter crash, mental health, psychosocial first aid, Lumut Naval Base

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DR MOHAMAD FIRDAUS BIN MOHAMAD AZMI

EDUCATIONAL INTERVENTION TO IMPROVE KNOWLEDGE ATTITUDE AND PRACTICE OF HEALTH CARE WORKER IN HILIR PERAK REGARDING THE USE OF ELECTRONIC CIGARETTES, AN INTERVENTION STUDY

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INTRODUCTION Electronic cigarettes, present a new health challenge in Malaysia and globally. The latest NHMS study indicates a rise in electronic cigarette use among Malaysians, particularly among teenagers. As the primary frontliners in the community, health workers need to possess standardized knowledge and understanding to avoid misinformation. **OBJECTIVES** The objective of the study is to determine the Knowledge, Attitude, and Practice (KAP) of health workers in the Hilir Perak district regarding the use of electronic cigarettes. The study also aims to test the effectiveness of the intervention conducted to enhance the KAP of health workers in the Hilir Perak district concerning electronic cigarette use. **METHODOLOGY** A cross-sectional study was conducted to assess the KAP (knowledge, attitude, and practice) of health workers at the Hilir Perak District (n= 305). The questionnaires, distributed via Google Forms, contained questions adapted and adopted from previous studies. An educational intervention was provided to all respondents over a two-week period. One month after the intervention, respondents were asked to complete the same questionnaire. The changes in KAP among the health workers post-intervention were then examined. **RESULTS** On average, the KAP of health workers in Hilir Perak regarding vape use increased by 30% following the intervention. In the pre-intervention study, the perception of health workers about tobacco company propaganda received the lowest rating, at 29%. However, after the intervention, this perception saw the greatest increase, rising to 43%. In the pre-intervention study, the behavior of respondents towards electronic cigarette use had the highest percentage. Specifically, 69% of respondents agreed that health workers should maintain the department's image by not using electronic cigarettes. **CONCLUSION** Health workers require additional education and knowledge about electronic cigarette use. As they are the frontliners in educating the public and community about electronic cigarettes, it is essential to provide more information about the strategies and propaganda of vape and tobacco companies. This should also include raising awareness about how the tobacco industry targets women and teenagers as new customers for their products.

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DR SYARIFAH SAKINAH BINTI SYED ISMAIL

A NOROVIRUS FOOD POISONING OUTBREAK FOLLOWING CROSS-STATE SCHOOL TRIP: A BRIEF EPIDEMIOLOGICAL INVESTIGATION

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To determine the epidemiological characteristics, causative agent, and contributing factors of a food poisoning incident involving an institutional cross-state trip in December 2023, a case-control study was conducted among 86 students of School X, Manjung (23 cases, 48 controls), based on a case definition formulated prior to the investigation. Data were collected through structured interviews. An environmental risk assessment of the institutional cafeteria was performed, and five rectal swabs from the cases were collected and analyzed microbiologically to identify the pathogen. Descriptive statistics were used to summarize the epidemiological data. All 23 cases who participated in the cross-state school trip reported symptoms, while none of the students who did not participate in the trip but were exposed to the same food were symptomatic. Symptoms recorded in all 23 cases were predominantly vomiting (78.3%), headache (69.6%), abdominal pain (60.9%), diarrhea (34.8%), fever, and nausea (13.0%). Norovirus genotype II was detected in four out of five samples. The environmental assessment was satisfactory upon inspection. No specific food items or outlets were implicated as the source. The investigation indicated individual behaviors were critical in the outbreak. Key contributing factors were improper storage of ready-to-eat food and consumption beyond the 4-hour holding time. Health education on safe food practices, particularly for institutional trips, is essential and can be facilitated through collaboration between the District Health Office and the District Education Office.

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DR SYAHRIL FADLY ABD RAHIM

HAS WUCHERERIA BANCROFTI STARTED TO SPREAD LOCALLY IN KERIAN DISTRICT, PERAK, MALAYSIA? – A FINDING FROM RECENTLY LOCAL REPORTED CASES

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Introduction: Lymphatic filariasis (LF) is classified as one of the neglected tropical diseases by World Health Organization (WHO) and the second leading cause of permanent long-term disability in many tropical and sub-tropical countries including Malaysia. **Objective:** To describe active surveillance following filariasis case notification in Kerian district to reach its effective control and prevention. **Methodology:** Two cases report of LF in two palm oil plantations in Kerian involving Indian citizens came from endemic area of lymphatic filariasis in Patna and Uttar Pradesh, India since December 2018 and had no history of movement to endemic area of LF in Malaysia. Both cases stayed about four years in Kerian. Acute case detection done at two different palm oil plantations in June 2022. **Results:** A total of 397 contacts from two palm oil plantations identified during acute case detection were tested for night blood survey and results were negative. Entomology study findings noted presence of mosquito vectors and larvae which are *Mansonia* spp. and *Anopheles* spp. Presence of water plants and trench around palm oil plantations contribute for breeding site. **Conclusion:** Both cases were imported case. Local transmission for filariasis can occur in Kerian district since there were presence of vectors, susceptible environment and suitable host if there were no control and prevention activities taken.

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DR MOHD AZZAH MOHAMED KAMEL

AHAS WUCHERERIA BANCROFTI STARTED TO SPREAD LOCALLY IN KERIAN DISTRICT, PERAK, MALAYSIA? – A FINDING FROM RECENTLY LOCAL REPORTED CASES

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MA. AMIRUDIN B AHMAD BATAWI

A STUDY ON THE LEVEL OF KNOWLEDGE, ATTITUDES AND PRACTICES AMONG HEALTH CARE MEMBERS REGARDING THE TREATMENT OF ASTHMA PATIENTS.

INTRODUCTION: The purpose of this study is to explain in more depth and detail the topic chosen based on the current situation, which is a study on the level of knowledge, attitudes and practices among health personnel related to the treatment of asthma patients conducted in a selected location, namely the Hilir Perak District Health Office, Teluk Intan. , Silver. Asthma is a condition where there is a narrowing of the muscles in the respiratory tract (Bronchial) as a result of the trigger that causes the disorder. Things that can cause it to happen as a result of respiratory infections and colds, caused by cigarette smoke by heavy smokers, Reactions to smells, pollen, animal hair, food dust and even others such as weather, emotions and even behavior World Health Organization (WHO)) has reported in the World Health Report that approximately 300 million people in the world have suffered from asthma and more than 225 asthma patients are at a chronic level. In Greek, asthma means panting and shortness of breath (Price 1995 - Punomo 2008). **OBJECTIVES:** 1. Identify what are the practices and attitudes of health personnel related to the treatment of asthma. 2. Identify what is the most difficult problem experienced by health personnel in providing care to patients. 3. Identify treatment knowledge based on respondent's demographic factors & identify the effects on the quality of treatment among respondents. **METHODOLOGY:** In this section, there are a number of things that explain overall about the study conducted and used by the researcher, including the study design, the location of the study, the method of sampling and the study respondents, the study instrument, the data collection procedure and finally the overall conclusion of the sample taken. **DECISION:** discuss the findings of all the results of the study conducted based on the objectives of the study. Among the factors discussed are related to the demographics of members, the factors that cause asthma patients to come to the clinic and the knowledge and skills possessed by Assistant Medical Officers in providing treatment to asthma patients and finally the effects on the quality of work among respondents. **CONCLUSION:** Based on the results of the study as a whole, the field or task as a profession in the health field is very challenging and must have good skills, behavior and practices in providing treatment to anyone, Mastery of skills and knowledge that is very useful to get safe treatment given to patients. The use of appropriate equipment must also be adapted together with the patient's record book to get an overview of the patient's situation whether it is necessary to be referred to the hospital or only given treatment at the clinic level.

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SN NORHAIRINA BT MOHAMMED KHALID

1. SPONTANEOUS ABORTION IN NORTHERN PERAK: A THREE-YEAR ANALYSIS

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INTRODUCTION One of the most frequent consequences of pregnancy is spontaneous abortion (SA). The literature on the prevalence and distribution of SA still has two significant gaps. At the population level, the occurrence of SA is comparatively understudied. Second, the causes of the issues are not as well known. This study aims to illustrate the SA profile in a small district in northern Perak. **METHODOLOGY** This cross-sectional study examined all cases of SA identified from 2020 to 2022. Sociodemographic, pregnancy-related factors, outcome and COVID-19 data were retrieved from the patient's antenatal card. Descriptive and inferential statistics were used to analyse the data. **RESULT** 253 cases of SA in total were documented over the course of three years. Prevalence of SA was less than 5%. The first trimester saw nearly 60% of SA cases, with multi parity (53.8%) and mothers between the ages of 18 and 39 accounting for 87.7% of cases. About 5% of the cases had a history of recurrent abortion, 22.5% mothers were obese, and 60% reported having a smoker spouse. Close to 50% of cases, required surgical intervention. No significant difference were found between 1st and 2nd trimester and all the factors. Almost half were unvaccinated against Covid 19 and up to 10% had actually caught the virus. We were unable to find the link between immunisation and SA, though. **CONCLUSION** The prevalence of SA in this area is relatively low. Preventive measures should be addressed to women in first trimester and those who are exposed to secondhand smoke.

Keywords: Spontaneous abortion, covid 19, Malaysia

2. IMPROVING THE SCREENING RATE FOR AUTISM SPECTRUM DISORDER USING M-CHAT IN MCH PARIT BUNTAR

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INTRODUCTION Autism spectrum disorder (ASD) screening is crucial for early problem detection so that management and intervention can be implemented. The purpose of this study was to increase the screening rate in MCH Parit Buntar utilising M-CHAT as part of an ongoing quality assurance strategy in Pejabat Kesihatan Daerah Kerian. **METHODOLOGY** A cross sectional study was conducted using convenient sampling in MCH Parit Buntar with total of 230 subjects in two consecutive phases (2021 and 2023). Data was collected using an audit form among respondents who meet the inclusion and exclusion criteria. To determine the screening rate and contributing factors, descriptive analysis was performed. **RESULTS** The pre-remedial study showed fewer than 50% of children were screened for ASD in 2021. The following factors contributed to the low screening rate; 69.0% were unaware about M-CHAT and ASD, 13.9% were unable to visit the clinic, and 8.0% were lacked of proper training (among staff). We had developed an intervention package tailored to both parents and healthcare workers. Consequently, in 2023, the screening rate rose from 43% in 2021 to 70.0%. **CONCLUSION** With the help of the intended intervention for parents and healthcare professionals, the screening rate for ASD using M-CHAT had increased by 63%. The programme will be expanded to other MCH clinics in Kerian.

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DR KANG PEI SAN

KINTA DOMICILIARY PALLIATIVE CARE SERVICE

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Introduction: The need for palliative care in Malaysia is increasing and these services are gradually being integrated into mainstream healthcare. A dedicated domiciliary palliative care service was initiated in the Kinta district of Perak. This study assessed the patients' sociodemographic and outcomes in the Kinta Domiciliary Palliative Care service. **Methods:** A retrospective descriptive study using universal sampling was conducted on the Kinta Domiciliary Palliative Care service from January 2023 to December 2023. **Results:** Out of 112 patient referrals, 18 passed away before the first home visit, 2 were under hospice care and 1 was in a nursing home, leaving 91 patients actively managed by the team. Among the 112 patients, 46.4% were males and 53.6% were females, with 42.9% Malay, 37.5% Chinese and 19.6% Indian. Age distribution was 8.0% aged 0-17 years, 11.6% aged 18-59 years, 42.0% aged 60-79 years and 38.4% aged 80 years and above. Of these, 24.1% had cancer-related and 75.9% had non-cancer related palliative needs. A total of 348 home visits were conducted for the 91 patients. 89% received their first home visit within three working days of referral and all patients achieved well-controlled pain. Only 6.6% required hospital re-admission and 78.6% spent their final moments at home with family. **Conclusion:** The Kinta Domiciliary Palliative Care service effectively provided comprehensive palliative care with the majority of patients achieving well-controlled pain and spending their final days at home with their families.

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DR NORAYUNI BINTI MOHD ISMAIL

ASSESSING SANITATION AND FOOD SAFETY PRACTICES IN TEMENGGOR LAKE HOUSEBOATS: AN INTEGRATED OPERATION

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INTRODUCTION The houseboat tourism industry on Temenggor Lake supports local economic growth and ecosystem preservation. However, incidents of food poisoning in 2015 and 2018 highlighted sanitation and food safety concerns. Consequently, an integrated operation involving the Hulu Perak District Health Office, local authorities and the Temenggor Lake Tourism Operators Association was initiated to evaluate and enhance sanitation and food safety practices at the Banding Lake houseboats. **OBJECTIVES** This initiative aimed to assess the sanitation and food safety compliance of houseboats in Tasik Banding, raise awareness among operators, conduct comprehensive monitoring and research, and educate houseboat owners on enforcing non-smoking areas. **METHODOLOGY** The evaluation used a comprehensive sanitation monitoring checklist and a Risk-Based Food Premises Inspection Form, focusing on solid waste management, sewage disposal, water quality, and food safety. Houseboats were selected based on an operational list provided by the Perak State Park Corporation for inspections conducted on May 27 and 28, 2023. **RESULTS** Inspections revealed significant deficiencies in four key areas: solid waste management, sewage disposal, water quality, and food safety. Houseboats frequently lacked sufficient trash bins, leading to cleanliness issues and pest problems. Sewage and wastewater were often discharged directly into the lake without treatment. Water storage tanks were inadequately cleaned and monitored. Food safety practices were deficient, with inadequate refrigeration, reliance on lake water for washing, untrained food handlers, and improper food storage. **CONCLUSION** Compliance with sanitation and food safety standards was found to be unsatisfactory, with inspection scores ranging from 69% to 83%. Only three houseboats achieved an A grade, while others received a B. Regular inspections and adherence to public health regulations are necessary to ensure ongoing compliance and safety improvements.

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DR MOHAMAD ZARUDIN MAT SAID

SURVIVAL ANALYSIS AND PROGNOSIS FACTORS OF MORTALITY AMONG PATIENTS WITH PULMONARY TUBERCULOSIS IN PERAK, MALAYSIA: A RETROSPECTIVE COHORT STUDY

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Background: Tuberculosis (TB) remains a significant public health concern worldwide, particularly in developing regions. Despite ongoing efforts to control the disease, TB continues to pose a serious threat, particularly due to variations in survival outcomes among patients. **Objectives:** This study aimed to determine the survival probabilities and the prognostic factors of mortality among TB patients at the setting of middle to low socioeconomic population in Perak, Malaysia. **Methods:** A retrospective cohort study was conducted using surveillance data obtained from Malaysia national case-based TB registry (MyTB). Selected TB cases in Bagan Datuk and Hilir Perak districts between 2011 and 2022 were follow up until December 2022. The KaplanMeier plot and Cox's proportional hazard regression were used to estimate the survival rate, probabilities and establish the hazard ratio (HR) of the mortality by analysing the prognostic factors among patients. The analyses were performed using the survival and survminer packages in R software. **Results:** A total of 167 (14.9%) patients died due to pulmonary tuberculosis (PTB), while the remaining 957 (85.1%) were censored. The overall survival probability remains high with the probability of survival in 3-months, 6-months and 1-year duration being 87.5%, 86.0% and 82.9%, respectively. The multiple Cox regression revealed that the significant prognostic factors were citizenship [adjusted hazard ratio (Adj. HR) 4.13; 95% CI: 2.17, 7.89; p-value < 0.001], age (Adj. HR 1.03; 95% CI: 1.02, 1.04; p-value < 0.001). **Conclusion:** The overall survival probability among TB patients in the Bagan Datuk and Hilir Perak districts of Perak, Malaysia, is relatively high, significant variations exist based on specific prognostic factors. Notably, non-citizenship and older age are associated with a higher risk of mortality among TB patients. These findings suggest that targeted interventions focusing on these vulnerable groups could enhance TB management and improve survival outcomes. **Keywords:** Tuberculosis, Survival analysis, Prognostic factors, non-citizenship.

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DR SYAHRIL FADLY ABD RAHIM

THE EFFECTIVENESS OF GROUP - BASED DIABETES SELF - MANAGEMENT EDUCATION IN TYPE 2 DIABETES MELLITUS (T2DM) PATIENTS

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Introduction: Diabetes mellitus is characterised by high blood sugar levels, which leads to serious damage to multiple organ. Knowledge on nature of diabetes, treatments, complications and healthy lifestyle is important to evaluate and provide a baseline to improve the quality of diabetes management. **Objective:** To evaluate the effectiveness of group – based diabetes self - management education for diabetes patients in Klinik Kesihatan (KK) Teluk Medan. **Methodology:** A cohort study with convenience sampling were used involving patients who received treatment at KK Teluk Medan with HbA1c \geq 7% were recruited in the study cooperated with Pharmacy Integrated Community Care (PICC) programme from June 2023 until September 2023. **Results:** A total of 12 patients involved, majority were female (58.3%) with Malay being the largest ethnic group (75.0%). Patients aged 60 years old and above make up the highest fraction (75.0%). The mean knowledge score was improved significantly with p value < 0.05 in every module after intervention. Majority of patients (83.3%) showed improvement in their glycemic control. Mean HbA1c value were slightly reduce from 9.1% to 8.3 %. **Conclusion:** Based diabetes self – management education, when delivered by healthcare professionals, is an effective means of improving the health outcomes of individuals with T2DM.

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