



BULLETIN

FAMILY MEDICINE SPECIALIST MELAKA



**1ST
EDITION**
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TABLE OF

CONTENTS

Page 6
BATTLING WITH COVID19

Page 31
**PROTECTING OUR COMMUNITY -
VACCINATION PROGRAMMES**

Page 48
**FMS NON COVID
ACTIVITIES**



FMS Zoom-In

Close and personal interview with
Dr Jalil Ishak, FMS KK Jasin

stories at page 53

3

KEYNOTE ADDRESS

By Pengarah Kesihatan Negeri Melaka

4

OPENING ADDRESS

By Head of FMS Negeri Melaka

5

Editorial Desk: by Chief Editor

6

BATTLING WITH COVID-19

Mass screening and sampling

Quarantine Center setup

COVID19 Assessment Centre (CAC)

Clinic modification during Covid19 era

COVID19 Relief: FMS Mobilisation to Selangor

31

PROTECTING OUR COMMUNITY - VACCINATION PROGRAMMES

Community awareness

District PPV program

PPV Mobile

Community collaboration

45

INSIDE REVIEW : FLOOD IN MELAKA

48

FMS NON-COVID19 ACTIVITIES

53

FMS ZOOM-IN

59

FMS PUBLICATION FMS ON-AIR

KEYNOTE ADDRESS

BY

MELAKA HEALTH STATE DIRECTOR

Assalamualaikum and greetings.

Public and primary health care has always been the major determinant towards community health status. Accessible and affordable health care, inclusive treatment as a whole, prevention and healthy lifestyle promotion has been the core strategy in achieving and maintaining optimum health care standard.

In this matter, family medicine specialist fraternity has always played a pivotal role in uplifting the standards of healthcare in primary care settings and subsequently provide the best service to our community. At the same time, Covid -19 pandemic for the past couple of years has demonstrated how dynamic and progressive it has been in terms of the evidence based management and recommendations.

In view of this, I would like to take this opportunity to express my warmest gratitude to the fraternity for their relentless effort to be part of the pivotal team players during these hard times. Your strong commitment and hard work will not be in vain.

Finally, I would like to congratulate the editorial team for successfully publishing the first bulletin and my hopes are that this initiative will be continued and keep on providing relevant and beneficial information to all in future.

Thank you



Dr Rusdi Bin Abd Rahman

*State Health Director,
Consultant Public Health Physician,
Melaka State Health Department*

OPENING ADDRESS BY HEAD OF FMS MELAKA

Family Medicine Specialists started to serve in government health clinics in the state of Melaka since 1999. To date, there are 32 health clinics in Melaka that provide the first point of contact in the government's health care system.

There are numerous activities conducted by FMS in the past two decades in order to help improve primary care services especially in health clinics in Melaka. It is timely to share various activities related to the role & functions as FMS especially in areas of preventive, screening, curative, rehabilitative and health promotion. Apart from that, FMS are also involved in monitoring & evaluation, quality assurance, capacity building and planning for future improvement.

The Covid-19 Pandemic has tested the capacity and capability of FMS in handling tasks that were beyond imagination. Alhamdulillah, we manage to blend well with the whole team.

I would like to congratulate the editorial team for publishing this first newsletter to share activities among Family Medicine Specialists (FMS) in the state of Melaka.

Keep it up!



Dr Norsiah Bt Hj Ali

*Head of FMS Melaka,
Consultant Family Medicine Specialist,
Klinik Kesihatan Masjid Tanah*

Editorial Desk

EDITORIAL TEAM

Words by Chief Editor

Bismillahirrahmannirrahim

I would like to express my utmost gratitude, as our long awaited first bulletin, has finally become a reality.

As we are well aware, 2019 – 2020 has been quite eventful. We have witnessed severe health challenges that has impacted everyone and in particular, it has affected the FMS fraternity in maintaining the safety and continuity of health in primary care services.



**Dr Ahmad Zamree
B. Mohd Roslan**

FMS KK Alor Gajah

In spite of the challenging times, it has been quite a productive year for us especially in managing the Covid-19 pandemic. Who would have expected that FMSes would have to shoulder new responsibilities such as organizing community mass screening, coordinating Covid Assessment Center (CAC), vaccination program and other covid-related tasks. This first edition of FMS bulletin will be exclusively dedicated on each of our activities and continuous effort in combating the Covid pandemic in 2020-21.

We are proud to mention that, in each bulletin there will be a segment dedicated for an exclusive up close and personal interview of a selected honorable FMS, to share part of their wisdom and experience as a primary care physician. This edition will feature none other than our very own pioneer FMS in Melaka, Dr Jalil Ishak. Check it out!

Last but not least, I would like to thank this awesome editorial team for the tireless effort in making this bulletin a reality.

Happy reading guys!



**Dr Nadia Bt
Abdul Bari**

FMS KK Kuala Sg Baru



**Dr Mohammad
Faiz Sahiran**

FMS KK Sri Tanjung



**Dr Muhammad
Nuaim B.
Muhammad
Azman**

FMS KK Selandar



**Dr Munirah Bt
Mohd Basar**

FMS KK Merlimau



**Dr Nur Diyana
Bt Mansor**

FMS KK Ayer Keroh



Mass screening and sampling

Quarantine centre setup

Covid Assessment Center (CAC)

Clinic modifications during COVID era

COVID19 Relief: FMS Mobilisation to Selangor

COMBATING COVID-19

By Dr Nadia Bt Abdul Bari, Dr Muhammad Nuaim B
Muhammad Azman, Dr Nur Diyana Binti Mansor



The beginning....



31st January 2020, Melaka marked its history in the Covid-19 milestone when we conducted the first mass screening involving tourists from China travelling in from Johor. Klinik Kesihatan Durian Tunggal, located at the entry point of Melaka was tasked with the mass symptoms screening.

A group of 40 travellers were screened before they were sent off for quarantine at the nearby hotel.





Simultaneously, Klinik Kesihatan Kuala Sungai Baru was given the task as gate-keeper through the international entry point via sea. We ensured that the sea crew has been screened symptomatically prior to entering Melaka for transit.





The Sri Petaling Covid-19 cluster became a wake up call to the nation and Melaka was affected equally. We will forever be indebted to the kindness of the Malaysian Public Works Department (JKR) who allowed us to utilise their main hall from 'Centre of Excellence for Engineering & Technology' (CREaTE) facilities in Alor Gajah as quarantine centre. The aim of this quarantine centre was mainly to accommodate close contact cases from the Sri Petaling cluster.



Due to the increased number of close contact to positive Covid-19 cases, Amverton quarantine centre had to be opened as an addition to the existing quarantine centre. FMSes in Alor Gajah district had the privilege to be directly involved in setting up and creating the management flow in both centres. FMS were also scheduled for standby oncalls for case discussions and management plans.





CREATE QUARANTINE CENTRE





AMVERTON HERITAGE RESORT

*AMVERTON QUARANTINE
CENTRE*

THE OPENING OF SECOND QUARANTINE CENTRE IN ALOR GAJAH

The increasing number of PUI needing isolation led to the opening of Amverton Quarantine Centre.



CAC

COVID-19 ASSESSMENT CENTRE

CAC Melekek,
Alor Gajah

CAC Melaka Tengah:
From CAC KK Batu Berendam to
CAC Stadium Bola Keranjang,
Taman Rekreasi Bukit Serindit
and now to CAC MITC Melaka

CAC Kesang Tua and
CAC Parit Gantung,
Jasin



COVID ASSESSMENT CENTRE

A glimpse of daily CAC burden in Klinik Kesihatan Batu Berendam



In Melaka Tengah, CAC was first started in KK Batu Berendam on 17th January 2021. Initially, only verified cases and close contacts were instructed to attend for assessment. Later in June 2021 when Covid-19 cases sky-rocketed, we opened to walk-in cases in order to reduce Brought-in-Dead (BID) cases.





*Coming together
is a beginning*

*Staying together
is a progress*

*Working together
is success*

Covid-19 cases continued to hike immensely, hence the decision to move CAC to Stadium Bola Keranjang, Taman Rekreasi Bukit Serindit was executed in August 2021. FMS Dr Muhammad Hafiz Bin Harun together with Melaka Health State director, Dr Rusdi Abd Rahman and PKD Melaka Tengah district officer Dr Mohd Aizam Bin Mohd Said worked hand in hand to ensure a smooth transition.

In solidarity to our medical officers and working teams in CAC, along with immense workload of FMS consultation, FMS in Melaka Tengah took turns for CAC oncalls and don-in with the team in CAC. FMS also respond for calls from PKRC for medical consultations and step down care.









The journey to curb the spread of Covid-19 and its complications now continues in CAC MITC Melaka. We would like to express our infinite gratitude and appreciation to all our dedicated team members: Bilik Gerakan team, medical officers, PPPs, staff nurses, IKS, drivers, RELA officers and everyone directly and indirectly involved. May God bless all of us with good health, happiness and success!





For Alor Gajah district, the initial CAC was set up in KK Durian Tunggal. FMS Dr Norsiah binti Ali and Dr Ezra bt Mohammad pioneered the set up which was later centralized in Klinik Komuniti & Klinik Desa Melekek and is now better known as CAC Melekek. CAC Melekek started its operation on 17th of January 2021 and is still actively running its activities till date.





The setting up of CAC
in Klinik Kesihatan
Durian Tunggal

*Unity Brings
Victory!*



Glimpse of the situation in
CAC Melekek





Visit by state Health Director, Dr Rusdi B Abdul Rahman



Dr Ezra Bt Mohammad accompanying site visit by Member of Parliament Masjid Tanah, YB Datuk Wira Hajah Mas Ermieyati Bt Samsudin (center)



Dr Ezra Bt Mohammad accompanying a visit by a delegation from BPKK, Putrajaya



CAC MELEKEK





Dr Siti Zaleha accompanying site visit by EXCO Kesihatan dan Antidadah Negeri Melaka at that time, YB Datuk Rahmad Bin Mariman at CAC Parit Gantung (picture above) and Kesang Tua (picture below)



1st day of Operation in CAC Kesang Tua

Meanwhile, in Jasin District, FMS Dr Siti Zaleha Binti Suleiman as Planning Officer (clinical) in Incident Management System (IMS) team Jasin, together with other team members initiated the setup of CAC Kesang Tua and CAC Parit Gantung, Jasin. The centres officially started on 19th January 2021. These centres cater for positive cases and close contacts in Jasin population.



MASS SCREENING

First wave of COVID-19 with Sri Petaling Cluster screening and screening of community cluster in Merlimau, Jasin.



CLINIC'S MODIFICATIONS

In order to reduce Covid-19 transmission among community and healthcare workers in clinic setting, several strategies and modifications were implemented and all clinics made the necessary adjustments.

The introduction of 'Practice 3W and avoid 3C' ultimately became the new norm in clinic settings.

One of the main improvisation was the set-up of fever clinic, and the challenges for certain facilities included renovations, extending clinic operation hours and the multitasking of existing manpower.



The Fever Clinic setup at Klinik Kesihatan Batu Berendam and Klinik Kesihatan Kuala Sungai Baru





Fever Clinic @ Klinik Kesihatan Umbai



Fever Clinic @ Klinik Kesihatan Masjid Tanah



Drive-through sampling in Klinik Kesihatan Rembia. This initiative then became the mode of daily sampling here

On a different note, another improvisation done in order to ensure effective social distancing was via drive-through services. Depending on the suitability of individual clinics, these services involved several suitable services such as medication dispensing and Covid-19 sampling.





VIRTUAL CLINIC was part of the strategy to adhere to 3W and avoid 3Cs. Klinik Kesihatan Masjid Tanah, to name a few, started to implement this around June 2020.

This service involved carefully selected eligible patients who consented for tele-consultation.

Virtual Clinics include OPD, certain MCH cases, and the services of dietitian, nutritionists and diabetic educator.





**DEPOT TAHANAN
IMIGRESEN MACHAP
UMBOO, ALOR GAJAH**

MOBILE CAC BEHIND THE STEEL BARS

By Dr Ahmad Zamree M Roslan



At the end of December 2020, a Covid -19 cluster involving detainees in Machap Umboo Immigration Detention Centre was detected. The emerging of this cluster has ultimately resulted in PKPD declaration involving this detention centre. Following this, a mass mobile CAC program was jointly organized by State and District Inspectorate Unit under PKD Alor Gajah, FMSes and Melaka General Hospital Emergency department with assistance from several officers from MAEPS PKRC, Serdang.



Out of a total of 137 detainees triaged and assessed, 128 detainees were classified as Category 1 and subsequently, sent to Serdang MAEPS PKRC for further quarantine, while the remaining were identified as unstable and referred to Melaka General Hospital.



Dealing with refugees as covid patients with vast variety of underlying social background has imposed several challenges during CAC assessment process namely language barrier, association with neglected others medical comorbidities and last but not least, safety issues.

Overall, this program has brought new unique experience to be remembered.

FMS RELIEF PROGRAM TO SELANGOR

SHARING EXPERIENCE IN CAC MELAWATI

By Dr Nur Diyana Bt Mansor



When COVID19 cases peaked around July 2021, our colleagues in Selangor were exhausted – pushed to the limit; physically and mentally. Hearing the call for help, FMS in Melaka were among those mobilised to CAC Stadium Malawati to relief the burden. FMS Dr Mythizhee A/P Subramaniam from KK Tengkeru and FMS Dr Nur Diyana Binti Mansor from KK Ayer Keroh were there to help from 2 – 16 August 2021 and 1 – 15 September 2021 respectively.

It was truly an amazing experience. Having to quickly learn Selangor's CAC workflow, we were then stationed to emergency bay, observation bay, assessment or release order areas. Amidst the adrenaline rush and emergency sirens; everything became manageable due to the strong teamwork and support from everyone there. We were thankful for the opportunity to learn from great teachers and made many good friends!



ppv
PROGRAM
IMUNISASI

COVID 19
KEBANGSAAN



MELAKA TENGAH

ALOR GAJAH

JASIN

Melaka dijangka selesaikan vaksinasi pada November

PROGRAM IMUNISASI COVID-19 KEBANGSAAN (PICK) IN MELAKA

By Dr Mohammad Faiz Sahiran

The licencing of COVID-19 vaccines marked a significant turning point in the pandemic management. Malaysia began their vaccine campaign towards the end of February 2021. FMSes, who work at the front lines of our health-care system, are frequently the first point of contact for patients seeking treatment. As a result, we have played a critical role in providing immunizations to the Malaysian people.

FMS Role in Covid-19 Vaccination Programme

FMS was a key player in this programme, serving as a clinical reference for all PPVs in Malaysia, from Mega PPVs to PPVs at health clinics and even mobile PPVs. If patients meet the criteria for Pre-Vaccination Assessment (PVA), they will be referred to FMS at the nearby KK or at designated PPV for PVA.

As the head of PPV, FMS was responsible for leading the secretariat, managing, and coordinating the whole management of PPV by overseeing the implementation of administrative management in PPV in accordance with SOPs. Apart from that, FMS must coordinate the Working Committee's needs, evaluate any reports given by the PPV, identify issues during post-mortem on each day before the end of daily operations, and create alternatives or contingency plans to cope with them.



Mega PPV Experience: PPV Stadium Hang Jebat

We were notified about the first Integrated Mega Vaccination Administration Centre (Pusat Pemberian Vaksin/ PPV) at Stadium Hang Jebat (SHJ) on 26th August 2021, approximately in less than a week before the operation of Mega PPV SHJ on 30th August 2021. The PPV catered for roughly 5000 vaccinees per day from Melaka Tengah District and Alor Gajah District as well. The plan was to run the Mega PPV for 6 weeks until 15th September 2021. Until then, most of the Melaka population would be advised to come to Mega PPV either by appointment or walk-in basis to get vaccinated. Dr. Mohammad Faiz was the responsible FMS as the chief of the Mega PPV who liaised with PH Corps to operate and organize the running of Mega PPV during the period of time.



Representative from MKN, JKN Melaka, Health District Office as well as PH Corps visited the Mega PPV SHJ in order to ensure the flow was running accordingly

Memoirs of PPV Mega in Melaka

Multiple departments, including the Malacca Municipal Council (MBMB), the Royal Malaysian Police (PDRM), the Malaysian Armed Forces (ATM), the People's Volunteer Corps (RELA), the Malaysia Vaccine Support Volunteer (MyVac), and the Malaysia Civil Defense Department (APM), were directly involved in assisting the PPV to achieve the mission. We collaborated and complemented one another to work as a big awesome team. As a result, there was not a single vaccine vial wasted throughout the operation of SHJ Mega PPV!



Contributions from all departments to RELA members involved in accidents while working at PPV Mega (Dr. Faiz representing all departments was handing over the donation to the RELA member after discharged from the hospital)

**Vaccinees would queue up at
Mega PPV SHJ to be
vaccinated as early as
6.45am**



Closing day of Mega PPV SHJ



**Dr. Faiz gave an appreciation
speech to all the
departments involved in
Mega PPV SHJ on the closing
day**





PPV DEWAN TUN ALI

When Dewan Tun Ali PPV started its operation, FMSes were the ones who were in-charge of the Pre-Vaccination Assessment (PVA). The role then was given to the Medical Officers once they were all familiar with the criteria eligibility for Covid-19 vaccination





PPV DEWAN BUNGA TANJUNG



YB Senator Wan Ahmad Fayhsal bin Wan Ahmad Kamal (Deputy Minister of Youth Malaysia) visited staffs working at PPV DBT especially the MyVAC staffs to ensure that all vaccination processes run smoothly and perfectly. Together with him is Datuk Wira Mohd Rafiq bin Naizamohideen



PPV DEWAN CREATE, ALOR GAJAH





PPV KK ALOR GAJAH





PPV Masjid Tanah





PPV Uitm Lendu





PPV Alamanda, Tasir





PPV Dewan Datuk Hj Ahmad Ithnin, Merlimau





PPV Dewan MPJ Seri Umbai



PPV Mobile

Thanks to the mobile vaccination programme, the immunization rate was quickly heightened. Marginalised population, and people with disabilities (Orang Kurang Upaya/OKU) with either physical or mental health concerns were the focus of this outreach programmes in several vicinities. In addition, caretakers of these susceptible groups were vaccinated in order to obtain a more thorough vaccination coverage. There are two PPV Mobile team in Melaka Tengah District which are from KK Batu Berendam and team from the combination of KK Seri Tanjung and KK Klebang Besar teams. In the district of Alor Gajah, staffs from School Team, KK Machap Baru, KK Rembia and Klinik Komuniti collaborated for this program.



"The only way for you to fail is to stop trying. So next time, if you feel tired, pause... don't stop"



INSIDE REVIEW

FLOOD IN MELAKA

Toward the end of the year 2021, an extra ordinary tropical monsoon has resulted a torrential downpours throughout the peninsula for almost a week continuously. Unlike previous years, this years floods was declared by government officials as a "once in a century" disaster, and is the worst flood in the country in terms of displaced residents since the 2014/2015. Affecting eight states across the country, this national floods disaster in total has caused concurrent displacement of more than 71,000 residents and have affected over 125,000 people on the overall.

Melaka, as one of the state that badly affected by this year floods, has its all three district affected, prompted evacuation approximately 431 families/1679 persons placed in 16 evacuation centers across the state. Although, the flood occurred almost annually in previous years, but this years are regarded as the worst since 2016. This time we'll share some experience and challenges in managing temporary evacuation center in Alor Gajah and Jasin especially during Covid-19 pandemic.





TEMPORARY EVACUATION CENTER SMK SERI PENGKALAN, ALOR GAJAH

WET NEW YEARS EVE

By Dr Ahmad Zamree M Roslan

New years eve of 2022 witnessed how badly Melaka was affected by a flood disaster. Continuous heavy downpour for 3 – 4 days had subsequently increased the river water level which led to the flood disaster in several parts of Melaka especially Alor Gajah district. This was also partly contributed by the geographically low sea level locations in rural Alor Gajah.

Regarded as one of the worst flood disaster since 2016 by the locals here, this was actually the second wave of flood struck within 1 month period, and by far the worst.

In response to this, at the peak of the disaster period, 10 temporary flood evacuation centres / Pusat Pemindahan Sementara (PPS) were activated, scattered within Alor Gajah district catering for 172 families equivalent to 653 victims which were badly affected and displaced.

Others temporary evacuation center opened in Alor Gajah were:

- Balai Raya Gadek
- SRA JAIM Jelatang
- Balai Raya Kg Jeram
- SMK Lubok China
- SK Belimbing Dalam
- SK Alor Gajah 1
- SK Durian Tunggal
- SK Gangsa
- SK Parit Melana

These initiatives were coordinated by the District Officer involving multiple agencies namely Civil Defence Force (APM), Police, Fire and Rescue department, Armed forces, Welfare Department (JKM) and Health Ministry (KKM).

Providing and maintaining health safety in PPS imposed its unique challenges. Incorporating Covid -19 SOP's simultaneously, has made this task more challenging. There were several key challenges that stood out, namely managing positive and PUI cases who were also flood victims, ensuring covid-19 screening among symptomatic victims and ensuring all victims as well as the front liners adhered to the Covid-19 SOPs.





SITUATION IN JASIN

By Dr Munirah Bt Mohd Basar

Flood disaster affected a few areas in District Jasin for a few occurrences in 2021. Sungai Rambai was the most affected area at the end of year 2021 until New Year of 2022.

The flood disaster struck in Tehel in May 2021 which affected Tanjong Laboh, Lubok Kasau, Parit Lampong, Paya Kundang, and Taman Hang Tuah Perdana. At the time, 2 evacuation centres (Pusat Pemindahan Banjir) were open at SJKC Shuh Yen, Tehel and SK Tehel involving around 107 victims. In July and May – Merlimau and Tehel area affected by flash flood but resolved within 3 days.

The challenge begun on 19 December 2021 – in which continuous rain and high tide causing delay in recovery of the flood area. Initially 1 evacuation centre opened at SK Parit Penghulu covering for Kg Parit Penghulu Benteng involving 68 victims from 14 family. After 12 days, only the centre managed to close its operation on 30th December. However in only 2 days – the centre need to re-open and total of 4 evacuation centre activated in District Jasin to accommodate total of 412 victim from 110 families – mostly from Sungai Rambai area.

Throughout the PPS operation, medical team need to do evaluation of the occupants from time to time for any possible covid symptoms. Anyone with possible symptoms being screened



NON COVID-19

FMS Activities





EDUCATION AND TRAINING

NON COMMUNICABLE DISEASE WORKSHOP

By Dr Nadia Abdul Bari



Non-communicable Disease workshop was successfully conducted by FMSes of Melaka in March 2020 just prior to the massive emergence of Covid 19 in the country. The 2 days workshop that was attended by medical officers from all over Melaka aimed at strengthening the knowledge of managing NCD cases with greater exposure to the related existing programs in the health side.

Located at MITC, Melaka, participants were divided into small groups and took turns to experience the interactive discussion sessions simultaneously. Topics covered included Quit Smoking service, Alcohol and substance screening, Methadone therapy, Mental health, Geriatric issues and Modern wound dressing.





NON COMMUNICABLE DISEASE WORKSHOP





ADOLESCENTS REPRODUCTIVE HEALTH PROGRAM

"KATAKAN TIDAK PADA SEKS BEBAS"

By Dr Nadia Abdul Bari



Reproductive Health was chosen as the main focus of health promotion to the adolescents of SMK Rahmat. Klinik Kesihatan Kuala Sungai Baru worked hand in hand with Panel Penasihat Klinik Kesihatan (PPKK) and outreach workers to organize a mini campaign based in the school premise. It aimed to increase their awareness to common sexually transmitted diseases and its mode of transmissions. Various activities were carried out including games, quizzes, group work and presentation to instill interest among them while sharing the related information in a fun way.





COMMUNITY SCREENING PROGRAM

COMMUNITY ENGAGEMENT 'NOBODY LEFT BEHIND'

By Dr Muhammad Nuaim B. Muhammd Azman

Tuberculosis and mental health issues affected all walks of society including Orang Asli communities in Malaysia. In collaboration with Department of Orang Asli Development (JAKOA), Panel Penasihat Klinik Kesihatan Selandar, FMS Dr Masseni Abd Aziz with teams from Klinik Kesihatan Selandar organized a Health Camp in Orang Asli Settlement in Solok Terentang, Jasin.

The program consists of Mental Health Screening (Saringan Minda Sihat), Alcohol and Tuberculosis screening among the Orang Asli communities and managed to screen about 50 settlers.



FMS ZOOM IN

DR JALIL BIN ISHAK

Dr Jalil bin Ishak, an esteemed figure within the FMS fraternity, is a towering personality in the primary care setting. As a pioneer FMS in Melaka, Dr Jalil has contributed significantly in the development of the specialty services, setting its quality standards and benchmark for primary care in the government and private sectors in Melaka.

Dr Jalil has personally supervised and groomed many future FMSes in training to be the best in their field of interest.

His vast experience and wisdom has made Dr Jalil, a much referred to and respected leader and advisor, especially during the Covid-19 2020-2021 pandemic.

Let us get to know Dr Jalil through a personal interview below:



Text and interviewed by
Dr Muhammad Nuaim B Muhammad Azman

Newsletter team (NT): Could you tell us about yourself and family?

Dr Jalil Ishak (DJ): I'm married and blessed with 5 children. My wife is a practicing pharmacist.

NT: any hobbies or special skillset that you would like to share with us?

DJ: On top of being an advanced level table-tennis player, I'm also interested and passion in volley ball. In addition, I'm also an avid traveler and loves to travel to new destinations. My hobbies during pastime is reading.



NT: Could you enlighten us with your training and academic background?

DJ: I've obtained my M.D from UKM in the year 1989, and subsequently undergone my House Officer training in Hospital Kuala Terengganu and served as Medical Officer in a district hospital in Besut, Terengganu. Afterward, I was transferred back to Melaka and work in several departments in Hospital Melaka before starting my journey to become Family Medicine Specialist.

I've worked in the Pathology Department, Medical Department and served in the Dermatology Department Hospital Melaka for 2 years prior to joining the FMS training programme.

I've graduated from Universiti Malaya in 1999 and served the state of Melaka since November 1999 as Family Medicine Specialist.



NT: As one of the pioneer FMS in the country, what inspired you to choose this specialty?

DJ: "During my time"....FMS is the "new kid on the block". It is a new specialty in the country and provided me with exposure to multiple clinical departments.

It was a specialty that provided the best return in term of great work-life balance and perks of choosing place of practice upon graduation.

Since I'm one of the pioneer FMS in the state, there were not much role-model or point of reference that I can look up to. Being a hospital-based Medical Officer, I had the opportunity to review many cases that in my opinion could be better managed in the Primary Care settings with the guidance of Specialist that is always accessible in Klinik Kesihatan. There was a dire need for Specialist service in Primary care.





NT: What are the challenges that you faced as the first FMS in Melaka?

DJ: As the pioneer in the state, I have to learn through experiences and build-up the specialist clinical service and Clinic's management since there were no mentor or seniors that can provide guidance hands-on.

Fortunately, we have good relationship with the hospital-based specialists and getting multiple inputs from Bahagian Pembangunan Kesihatan Keluarga (BPKK). In addition, I was really fortunate, to learn from the great directors and Head of Unit in State Health Department.

On top of that, one of the key programs that, in my opinion, helped me at the beginning was 'Audit Silang' programme which helped us learned from the best practices clinic and excellent FMSs and adopt their best practices into our clinical programs.

In the beginning, there were only 3 FMSes—one per district in the state of Melaka. There were also limited numbers of medical officers per clinic (about 2-3 MOs) and supporting staff. I guess the greatest challenge in the beginning was the workload in which the specialist had to see about 70-90 patients per day and tight scheduling that forced the FMSes to attend multiple meetings and courses.

Majority of the new specialist were sent to the bigger state like Selangor, Perak and Johor, so the number of FMSs in Melaka at that time remained stagnant for a few years.



NT: Any particular experiences during your career that you would like to share?

DJ: During my attachment at Klinik Kesihatan Teluk Panglima Garang in Selangor, I'm blessed to have the opportunity to use one of the first Ultrasound Machine that was available in Klinik Kesihatan for the whole country.

Nowadays, almost all Klinik Kesihatan are equipped with Ultrasound machine and the lab services are far more advance with in-house Medical Lab Technologists (MLTs) compare to when I first started service years back.



Another experience that I would like to share is my work with NGOs in helping to educate public to the 'Quit Smoking' programs in the state of Melaka.

The programs were successful in helping smokers to quit and educate the teenagers regarding the danger and harm of cigarette smoking.

Nowadays, the program is under the umbrella of 'Melaka Bebas Asap Rokok' (MBAR) program

NT: Where do you see the Specialty in the next 10-20 years?

DJ: Strengthening Primary Care services should be the priority of our specialty. In terms of physical structures of Klinik Kesihatan, there are tremendous needs for better working spaces, equipment and manpower in the Primary care as there are many expended scope programs that are coming to Primary care domain.

The incremental in numbers of Medical Officers in Primary care required adequate examination rooms, in which most of the Klinik Kesihatan are struggling with since most of them were designed in the previous decades. I would love to propose, that futures Klinik Kesihatan have to be at least Type 2 Klinik Kesihatan to cater to the expanded scope programs. In the domain of manpower, incremental in the number of Assistant Medical Officer/ PPP are crucial to ensure better quality of care and better expended scope program management.

On top of that, we must encourage and train our Medical Officer to pursue their specialization in the field of Family Medicine either through the Masters Program or the Parallel Pathways Program.

NT: What is the best advise/s that you can give to the young FMSs in Melaka/ Malaysia?

DJ: We need to continue to provide guidance for our Medical Officers in term of best clinical practices. Clinical discussions in your own clinic are one of the best platforms that can be utilized to disseminate knowledge.

Try your best to find time to have regular clinical discussions with your Medical Officers as Courses and CMEs have limitation in term of number of people that can attend to at the designated time.

Strengthening the quality of care in terms of Non-communicable diseases (NCDs) will go a long way to improve the quality of service in Primary Care and will improve patient's/ client's satisfactions.

In the domain of knowledge, FMSs shouldn't limit ourselves in the pursue of knowledge to just reading CPGs. Teaching and case discussions are tools that can be utilized to improve ourselves with the latest development and best practices.



NT: Any last word of wisdom from you?

" There is a need for FMSes to sit together and discuss the main health issues that greatly affect the society and form a working committee and prioritize based on needs of the community before embarking on certain programs especially in terms of expanded scope programs.

At the end of the day, without a clear benefit / outcome that will impact the society as the key stakeholder the programs will bound for failure."

FMS PUBLICATIONS

CPG UPDATE

Malaysian Family Physician
Official Journal of the Academy of Family Physicians of Malaysia
and Family Medicine Specialist Association of Malaysia

Case scenario: Management of major depressive disorder in primary care based on the updated Malaysian clinical practice guidelines

Uma Visvalingam, Umi Adzlin Silim, Muhammad Muhsin Ahmad Zahari, Firdaus Abdul Gani, Noormazita Mislán, Noor Izwana Redzuan, Peter Kuan Hoe Low, Sing Yee Tan, Masseni Abd Aziz, Aida Syarinaz Ahmad Adlan, Suzaily Wahab, Aida Farhana Suhaimi, Nurul Syakilah Embok Raub, Siti Mariam Mohtar, Mohd Aminuddin Mohd Yusof

Visvalingam U, Silim UA, M Muhsin AZ, et al. Case scenario: Management of major depressive disorder in primary care based on the updated Malaysian clinical practice guidelines. *Malays Fam Physician*. 2022;17(1). <https://doi.org/10.51866/cpg1328>

Dr Masseni Abd Aziz, FMS KK Umbai is one of the members of development group for CPG Management of Major Depressive Disorder (Second Edition) 2019

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OPEN ACCESS JOURNALS

Research Article

Study on Prevalence and Etiology of Early Neonatal Deaths in Jasin district, Melaka from 2014-2017

Abstract: Background: Neonatal mortality rate is in the range of 3.2- 4.2 since 2013 in Melaka state but records of Jasin district which is a part of this state, had shown higher early neonatal deaths. Hence, this study was conducted to find out prevalence of early neonatal deaths and its causes from 2014-17. **Material and methods:** This cross-sectional study was done in Jasin district using universal sampling method from 1st January 2018 to 30th June 2018. Initially records of all perinatal deaths from 2014-17 were checked and proforma was filled in and later early neonatal deaths were segregated from the main excel sheet and analyzed for prevalence and etiology. **Results:** We found prevalence of early neonatal mortality rate of 5.56/1000. Forty-one percent deaths occurred in 24 hours of life followed by 22% on day 2. Preterm birth accounted for ¾ of the total deaths and 63.44% deaths seen in low birth weight (<2500grams). Fifty-one of all deaths had congenital malformation, 17.8% had infection, 15.5 % each died due to asphyxia and immaturity. **Conclusion:** Prematurity, low birth weight and congenital malformation are the main causes during 0-6 days of life. Hence provision of good obstetric care, educating pregnant women on nutritious diet, vaccination and follow up is necessary. Apart from this there is a need to have upgradation of neonatal resuscitation services.

Keywords: Early neonatal deaths, Immaturity, Low birth weight, Congenital malformation, Asphyxia.

Article History

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Author Details

Sujata Khobragade MBA¹, Siti Zaleha Binti Suleiman MMed Fam Med², Adinegara Lutfi Abas MPH³, Intan Azura Mohd. Din MPH⁴, Noor Razliyah Yahya MBBS⁵ and Yadneshwar Khobragade MD⁶

ORIGINAL ARTICLE

Characteristics of pregnant women with diabetes using injectable glucose-lowering drugs in the EVOLVE study

Elisabeth R. Mathiesen^a, Norsiah Ali^b, Eleni Anastasiou^c, Katarzyna Cypryk^d, Harold W. de Valk^e, Jorge M. Does^f, Fidelma P. Dunne^g, Magnus Ekelund^h, Santiago Durán Garcíaⁱ, H  l  ne Hanaire^j, Lise Lotte N. Husemoen^h, Marina Ivanisevic^k, Hans-Peter Kempe^l, Rikke B. Nordborg^h and David R. McCance^m

^aCenter for Pregnant Women with Diabetes, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark; ^bMasjid Tanah Health Clinic, Malacca, Malaysia; ^cDepartment of Endocrinology-Diabetes Center, Alexandra Hospital, Athens, Greece; ^dDepartment of Internal Medicine and Diabetology, Medical University of Łódź, Łódź, Poland; ^eDepartment of Internal Medicine, University Medical Centre Utrecht, Utrecht, The Netherlands; ^fDepartment of Endocrinology, Centro Hospitalar e Universitário do Porto, Porto, Portugal; ^gDepartment of Medicine, Galway Diabetes Research Centre, National University of Ireland Galway, Galway, Ireland; ^hNovo Nordisk A/S, Søborg, Denmark; ⁱEndodiabesidad: Clínica Durán & Asociados, Seville, Spain; ^jDepartment of Diabetology, Metabolic Diseases and Nutrition, University Hospital of Toulouse, University of Toulouse, Toulouse, France; ^kDepartment of Obstetrics and Gynecology, Clinical Hospital Center Zagreb, Zagreb, Croatia; ^lCentre for Diabetes and Nutrition Ludwigshafen, Ludwigshafen, Germany; ^mMetabolic Unit, Royal Victoria Hospital, Belfast, UK

ABSTRACT

Aims: To examine clinical parameters, glycemic control, folic acid supplementation, and the presence of other chronic diseases during early pregnancy in the EVOLVE study population (women with pre-existing diabetes treated with injectable glucose-lowering drugs).

Methods: Cross-sectional baseline evaluation of EVOLVE: an international, multicenter, non-interventional study investigating the safety of injectable glucose-lowering drugs in pregnant women with pre-existing type 1 (T1D) or type 2 diabetes (T2D). Data were collected at enrollment visit interviews before gestational week 16.

Results: In total, 2383 women from 17 mainly European countries were enrolled in the study: 2122 with T1D and 261 with T2D; mean age was 31 and 33 years, and duration of diabetes was 15 and 6 years, respectively. For women with T1D or T2D, 63% and 75%, respectively, received basal and rapid-acting insulin, 36% and 3% rapid-acting insulin only, 0.7% and 14.0% basal insulin only, 0.2% and 5.4% premix insulin, 0.0% and 1.2% injectable glucagon-like peptide-1 receptor agonist treatment without insulin. In women with T1D or T2D, respectively, during early pregnancy, 59% and 62% had HbA_{1c} <7.0% (53 mmol/mol); 16% and 36% reported not taking folic acid before or during early pregnancy. Overall, >40% of women had ≥1 chronic concomitant condition (predominantly thyroid disease or hypertension). Retinopathy was the most commonly reported diabetic complication. The most commonly reported previous pregnancy complication was miscarriage.

Conclusions: Baseline data from this large multinational population of women with pre-existing diabetes indicate that sub-optimal glycemic control, poor pregnancy planning, and chronic concomitant conditions were common in early pregnancy.

Original article

Prevalence and factors associated with internet addiction among adolescents in Malaysia: a cross-sectional study

Chor Yau Ooi, Ching Siew Mooi, Norsiah Ali, Shahnul Kamal Hj Sidek, Azlin Amat, Yusnita Yatim, Zaiton Yahaya, Nabihah Shamsuddin, Idora Ibrahim, Fauzia Abdul Majid, Fazlin Suhana Othman, Nik Suhaila Zakaria, Artini Abidin, Nor Hazlin Talib

Results: A total of 921 participants were included in this study. The male population was 49.5% (n=456), with a mean age of 16.38 ± 2.38 years. The prevalence of internet addiction was 56.4% (n=519). The significant predictors of internet addiction were age, mother's high education level, and having a smartphone.

Conclusion: This study showed that there is a high prevalence of internet addiction among adolescents in Malaysia.

Parental Differences in Knowledge, Perception, and Safety Behaviors Regarding Home Injuries in an Urban Malaysian District

Munirah Binti Mohd Basar¹, Mohd Fairuz Ali^{2*}, Aznida Firzah Abdul Aziz²

¹Merlimau Health Clinic, Ministry of Health of Malaysia, Malacca 77300, Malaysia

²Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur 56000, Malaysia

Abstract

Background: Parents play an essential role in the prevention of home-related injuries among children. Traditionally, mothers provided direct overall care, whereas evidence on fathers' roles in children's injuries is limited. This study assesses the differences between parents of children attending kindergarten regarding their knowledge and perception of home injuries and safety behaviors.

Methods: A cross-sectional study was conducted from January to April 2018 in 10 private kindergartens in the Selangor district in Malaysia. Self-administered questionnaires on sociodemographic data, knowledge of home injuries, perceptions toward home injuries, and safety behaviors at home were distributed. Descriptive and bivariate analyses were done to determine associated factors.

Results: A total of 147 fathers and 182 mothers participated. Differences in parental knowledge, perception, and safety behaviors were not statistically significant ($p > 0.05$). A poor correlation existed between both knowledge ($r = 0.099$, $p = 0.073$) and perception ($r = 0.207$, $p < 0.001$) with behavior scores. Most parents regarded injuries involving children at home as unavoidable and perceived mild injuries as the norm. However, most parents agreed that monitoring children's activities could reduce injury risk.

Conclusions: Healthcare practitioners should promote safe behavioral practices to both parents equally to improve their children's knowledge and perception of home injuries.



THE PREVALENCE OF DEPRESSION, ANXIETY AND STRESS AND ITS ASSOCIATION WITH NICOTINE DEPENDENCY AMONG ADULT SMOKERS ATTENDING PRIMARY CARE CLINICS

Moideen K¹, Masri M², Low CLY³, Mansor ND⁴, Lim CH⁵, Chua CL⁶, Miskan M⁷, Ambigga K⁸

¹KK Batu 2.5 Kemaman Terengganu, ²KK Kinabutan Tarau Sabah, ³KK Peringgit Melaka, ⁴KK Ayer Keroh Melaka, ⁵Klinik Melaka Cheng, Melaka, ⁶Klinik Bestari Cheng Melaka, ^{7,8} Primary Care Medicine Unit, Faculty of Medicine and Defence Health, National Defence University of Malaysia, Malaysia

INTRODUCTION

- Cigarette smoking is the largest contributor to death and morbidity worldwide.
- Smoking rates were found to be significantly higher in populations with anxiety, depression and stress.
- This study aimed to identify relationships between depression anxiety & stress (DAS) and nicotine dependence among adult smokers

METHODOLOGY

Study Design	• Cross-sectional study (two months)
Sample size	• 350 adult smokers
Sampling method & Tools	• Convenience sampling • Self-administered questionnaire of demography, validated DASS-21 scale and Fagerstrom Test of Nicotine Dependence.
Study Location	• 4 Primary Care Clinics in Malacca
Inclusion criteria	• Malaysian adults (≥ 18 years of age) and current smokers
Exclusion criteria	• Smokers who were using other types of cigarettes i.e. vaping, 'rokok daun', pipe and shisha • Those who refused to participate • Smokers diagnosed with underlying psychiatric disorders
Analysis Ethical clearance	SPSS version 25. MREC, NMRR-18-3865-45501

Socio-demography of respondents	Mean (±SD)	n (%)
Age (years) (n=305)	37.50 (±13.26)	
Smoking duration (years) (n=322)	17.35 (±11.94)	
Location (n=322)		
KK Umbai		88 (27.3)
KK Peringgit		200 (62.1)
Klinik Bestari		17 (5.3)
Klinik Melaka		17 (5.3)
Gender (n=322)		
Male		318 (98.8)
Female		4 (1.2)
Ethnicity (n=322)		
Malay		278 (86.3)
Chinese		24 (7.5)
Indian		16 (5.0)
Others		4 (1.2)
Marital status (n=320)		
Single		123 (38.4)
Married		175 (54.6)
Divorced		19 (5.9)
Widow		3 (0.9)
Education level (n=319)		
Primary		27 (8.5)
Secondary		201 (63.0)
Tertiary		87 (27.0)
None		4 (1.3)

Table 1: Socio-demography of respondents

DASS 21 score	OR (95% CI)	p-value
Depression total score	0.07 (0.031, 0.109)	<0.001
Anxiety total score	0.07 (0.033, 0.101)	<0.001
Stress total score	0.06 (0.024, 0.089)	0.001

Table 2: Association of DASS 21 score with nicotine dependency

RESULTS

- Total respondents (n = 322), mean age of respondents were 37.5 ±13.26 years old , mean smoking duration 17.35 ±11.94 years, male (n=318, 98.8%) & Malay (n=278, 86.3%)
- The prevalence of depression was 26.4%, anxiety (52.5%) and stress (35.4%)
- There were statistically significant associations of nicotine dependency with depression, anxiety and stress (p<0.005)

DISCUSSION

- The highest prevalence was anxiety, followed by stress and depression using DASS-21.
- Majority of the respondents had very low and low nicotine dependency
- Higher education attainment, better knowledge together with the Malacca government's tobacco control policy probably contributed to lower nicotine dependence in these respondents
- Our study showed that higher depression, anxiety and stress level is significantly associated with higher nicotine dependency.

CONCLUSION & RECOMMENDATIONS

- More than half of our respondents had anxiety followed by stress and depression.
- There was low nicotine dependency among the population studied.
- This study has shown the importance of mental health screening among smokers in order to successfully manage their smoking habits

ACKNOWLEDGMENT

We thank the Ministry of Health Malaysia, the Director General of Health for his permission to conduct this study in their facility. We also thank the Academy of family Physician Malaysia for providing the research opportunity.

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Poster presentation by Dr Nur Diyana Bt Mansor (FMS KK Ayer Keroh) at 23rd Family Medicine Scientific Conference 2021

Throughout the pandemic FMSes had the opportunity to educate the public with collaborative effort from multiple agencies

FMS ON AIR



**Bulan Kesedaran
Kanser Payudara:
Jalani Ujian Saringan,
Kenalpasti Simptom**

**22 OKTOBER 2021 (JUMAAT)
3.00 PETANG**

f LIVE

Live Facebook: JABATAN KESIHATAN NEGERI MELAKA

PANEL:
DR. NADIA ABDUL BARI
PAKAR PERUBATAN KELUARGA
KLINIK KESIHATAN KUALA G. BARI

MODERATOR:
EN. SHAH MAHAMUD
PENJAJANG PUSAT KEMERIAHAN PERUBATAN
JABATAN KESIHATAN NEGERI MELAKA

rtm MELAKA

DIALOG 1.30 ON AIR

TEMUBUAL

**PENYUSUNAN SUSU IBU
vs PANDEMIK COVID-19**

DR. NORSIAH HJ ALI
PAKAR PERUBATAN PERUBATAN KELUARGA,
KLINIK KESIHATAN MASJID TANAH

3 OGOS 2021, SELASA | 1:30 TENGAH HARI

f @melakafm @melakafm @melakafm 010-8081023 melakafm.rtm.gov.my

**Sambutan
HARI DIABETES
SEDUNIA
2021**
Peringkat Negeri Melaka

Webicara

**AKSES KEPADA PENJAGAAN DIABETES:
JIKA BUKAN SEKARANG, BILA LAGI?**

MODERATOR:
DR. NUR SYAZMIN SIES
Pejabat Perubatan
Unit Penyakit Tidak Berjangkit
Jabatan Kesihatan Negeri Melaka

PANEL:
DR. EZRA BINTI MOHAMAD
Pakar Perubatan Keluarga
Klinik Kesihatan Durian Tunggal

PANEL:
DR. EDWARD CHENG
Pesakit Diabetes

**26 NOV | JUMAAT
3.00 PM**

f LIVE JABATAN KESIHATAN NEGERI MELAKA

LPPKN
LEMBAGA PENYUSUNAN DAN PEMBANGUNAN KELUARGA MELAKA

**NOV 29 Isnin
10.00 pagi**

**FORUM INTELEKTUAL
BICARA KELUARGA MALAYSIA**

**29 NOVEMBER 2021 (ISNIN)
10.00 PAGI - 12.00 T/HARI
DI SALURAN FB LPPKN MELAKA**

f LIVE

**The Month of Blessings:
Diabetes in
Ramadhan**

Date: 4 April 2021 (Sunday)
Time: 2:00-3:30 PM

**AP Dr. Zulfitri 'Azzam
Mat Daud**
Associate Professor & Dietitian,
Department of Dietetics,
Universiti Putra Malaysia

Datuk Dr. Zanariah Hussein
Head of Endocrine Services &
Consultant Endocrinologist,
Hospital Putrajaya

Dr. Norsiah Ali
Family Medicine Specialist
Klinik Kesihatan Masjid Tanah

f • LIVE
Pusat Maklumat Pemakanan Negeri Melaka

PENYUSUNAN SUSU IBU
Cabaran semasa pandemik covid-19

Sambutan Minggu Penyusuan
Susu Ibu Sedunia 2021
Peringkat Negeri Melaka

**7 Oktober 2021
Khamis | 9.30 pagi**

**Dr. Mohammad Faiz
Bin Sahiran**
Pakar Perubatan
Kesihatan Keluarga
Klinik Kesihatan Seri Tanjung

WEBINAR

**"Si Manja, Belum Layak Divaksin:
Bagaimana Mereka Dilindungi
Dalam Endemik"**

29 Oktober 2021 10:00 - 11:30 pagi

LIVE @ f @PusnitaCawanganNegeriMelaka

Dr. Siti Zaleha Binti Suleiman
Pakar Perubatan Keluarga
Klinik Kesihatan Ayer Keroh

SAVE THE DATE
FRIDAY, 17th Dec 2021 @ 2:50PM

Speakers

Dr. Siti Zaleha Binti Suleiman
Family Medicine Specialist
Klinik Kesihatan Ayer Keroh

Dr. Kasuma Binti Mohd Nordin
Pulmonologist
Hospital Melaka

Agenda :

2:50 pm : WELCOME message

**3:00 PM : Uncontrolled Asthma: Uncovering
the disease burden (Dr. Siti Zaleha Binti Suleiman)**

**3:15 PM : GINA 2021 Update:
Reliever That Matters (Dr. Kasuma Binti Mohamed Nordin)**

3:50 PM : Q&A

4:00 PM : End

CLICK HERE FOR REGISTRATION

rtm MELAKA

DIALOG 1.30 ON AIR

**KANSER PAYUDARA:
APA PERLU
ANDA TAHU?**

**26 Oktober 2021 (Selasa)
1.30 Tengah hari**

bersama
Dr. Nadia Binti Abdul Bari
Pakar Perubatan Keluarga
Klinik Kesihatan Kuala Sungai Baru.

f @melakafm @melakafm @melakafm 010-8081023 melakafm.rtm.gov.my

