NIH organised a Futsal competition.....

...to strengthen relationship
...promote teamwork
& to exercise

( more on back page )
From the Chief Editor...

Dear friends,
Greetings once again on behalf of the Board of Editors.

This roaring tiger year has really got going for the NIH staff. First there is the wake-up call from Y.Bhg. Dato Dr Maimunah, DDG (R&T&S) ...followed by the on-going research presentations, and several other activities which have included in this issue of the bulletin.

Also, NIH takes this opportunity to congratulate Dr Hj Tahir Aris on his promotion and to introduce him as the Director of IPH.

So, happy reading...

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NEW MAN AT THE HELM OF IPH...

Dr Hj Tahir Aris was appointed as the Director of IPH in January, 2010. He is a Public Health Specialist. He obtained his medical training at the National University of Malaysia (UKM) in 1989, followed by a Masters in Public Health (MPH) in 1994.

Prior to this posting, Dr Tahir has worked in diverse settings. His initial working experience included being a Medical and Health Officer in the Tanah Merah and Jeli Health Districts, Batu Gajah Health Clinic, Gua Ipoh Health Clinic, the School Health and Mobile Health Teams. During his early years, he worked under the supervision of Dr Wan Mansor Hamzah (who he regards as his first ‘teacher’ in Public Health).

He was involved in research projects such as the intervention project for primary school children called the “Program Doktor Muda” in SK Belimbung, Tanah Merah Kualar and a project on Low Risk Centres as alternative delivery centres at health centres. This was part of a strategy to reduce births before arrival at hospitals. Both these projects went on to become National Programs today. Dr Tahir moved to the IPH in January 1995 until his transfer to the HSIR in 2003. Thus, Dr Tahir is no stranger to the IPH.

He was involved in various research programmes in MOH, including the NHMS II. Since then he has continued his career as a researcher under the guidance of Dato’ Dr Maimunah A Hamid. This was instrumental in developing him as an expert in the area of Research Methodology and Medical Statistics. He was trained in survey research methodology by the Survey Research Institute, University of Michigan, USA (1998) and Ohio State University (2007). He has also been trained in Population Study and Health Expectancy by the Population Study Unit, College of Economy, Nihon University, Japan (2002).

He has been consulted in many research projects within and outside MOH and invited as a speaker and facilitator in Data Management & Statistics workshops.

Dr Tahir is a member of the MOH Research and Ethics Committee. He is a member of the Advisory Board for the Population Study Unit, Faculty of Economy, UM and also a member of the Technical and Finance Consultancy Committee for The National Population and Family Development Board (LJKM).

He has, to date, more than 25 publications in local, regional and international peer-reviewed journals on various topics especially those pertaining to health systems research, epidemiology and instrument validation study.

He will strive to develop the IPH to become a center of excellence for Survey Research and Medical Statistics with the support from top management and help from all committed staff of IPH and other Institutes. He believes that everyone is a valuable asset and has their own role in achieving greater success for the IPH. He is and will always provide caring leadership, continuous concern, encouragement and inspiration for everyone to work with him, with the vision of carrying the IPH to greater heights.

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A DAY WITH THE DDG (R&T&S)

The Deputy Director General of Health, (R&T&S) Y.Bhg Dato Dr Maimunah A Hamid, had her first official get together with more than 200 of her Professional and senior support staff on 20 January 2010 at the Institute for Health Management.

During the first part of her talk, she focused on the challenges in the current health delivery system, including governance and financing. She highlighted on the proposed model: “I care for 1 Malaysia”, which is deemed more responsive to present population needs, and the answer to meeting greater patient satisfaction. This new concept of health care delivery should help to reduce brain drain, provide a more integrated service with universal coverage which would be more equitable, affordable, and sustainable, and also result in a higher quality of care with better outcomes. She implored all present to reflect on the implications this would have on all health care providers especially researchers, and to take appropriate action to equip and upgrade themselves and be prepared for this change and not be left behind.

In the second part, she directed her talk mainly to the NIH staff. In a frank, soul-searching and evocative manner, she asked the staff to “LANGSAT” what they still owe and to deliver on their promises. She tried hard to stir those present into improving their productivity by having more research publications. Her concern for her staff drove her to extol on the need for them to be more effective and efficient in order to procure a more comfortable niche for themselves in the coming era. Y.Bhg Dato Dr Maimunah ended this meaningful meeting by reminding everyone to stay focused, aim for greater heights and to remember that nothing is impossible. She gave the following 14 pointers as a reality check to achieve research excellence.

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1. Head a research team or cluster in an area recognized for its research excellence.
2. RD & projects resulting in successful patent filing, and changes of practice/national policies.
3. Consistently publishing in journals with impact factors greater than 2.0.
4. Invited to write, review articles for journals based on international recognition of one’s expertise.
5. Invited to editorial boards of high impact journals.
6. Invited to be keynote and plenary speakers at national & international conferences.
7. Ability to attract external funding.
8. Ability to attract international collaboration from well-known institutions.
9. Be an opinion leader in the discipline & be involved with issues of national importance.
10. Appointed as chairperson of task force/technical committees.
11. Appointed as consultant to national & international bodies.
12. Earn major national & international awards.
13. Recipients of honorary awards/diplomas from local & international universities.
Research in Progress

Research-in-progress is an activity organized by the NIH Secretariat for all researchers from the 6 Institutes to present and discuss their research projects. This presentation session is now a regular event, in which attendees give their views, share ideas, seek clarification, provide guidance, as well as give suggestions for the improvement of the research projects. Apart from providing a platform for knowledge sharing, it also acts as a motivator for other researchers.

Those who presented were given 10 minutes to share their project objectives, research methodology, budget requirement, and expected outcome. These presentations provide continuous & useful updates for NIH researchers and are beneficial to stakeholders.

The first research-in-progress was held on Thursday, 21 January 2010, while the second session took place on 25 February 2010. These sessions were very dynamic, with active interaction between the audience and the presenters. The topics presented were diverse. (Tables 1 & 2)

<table>
<thead>
<tr>
<th>No</th>
<th>Presenter</th>
<th>Inst.</th>
<th>Name of Research</th>
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<tbody>
<tr>
<td>1</td>
<td>Dr. Nasir Nalamkalwarthayi</td>
<td>IPH</td>
<td>Epidemiology of fatal unintentional death in Malaysia 2008 (LOI)</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Nazmi Wasi Ahmad</td>
<td>IMR</td>
<td>Studies on important forensic entomological specimen recovered from Monkey carcases exposed to different occupational habitats</td>
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<td>C/ S Yeon Le Ying Long</td>
<td>CRC</td>
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<td>5</td>
<td>Datin Ang Kim Teng</td>
<td>IHR</td>
<td>Ministry of Health Research Project 2010</td>
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H.E. Mr Laksanawisit Visited IMR

H.E. Mr Jurin Laksanawisit, Minister of Education, Thailand and President of SEAMEO Council (SEAMEC), conducted a working visit to SEAMEO TROPMED MALAYSIA in IMR, Kuala Lumpur on 6 November 2009. During this visit, the Minister met with the Director of IMR, who is also the Director of SEAMEO TROPMED MALAYSIA and senior officers, to discuss matters regarding the two SEAMEO TROPMED COURSES, the Diploma in Applied Parasitology and Entomology and Diploma in Medical Microbiology.

Other Events AT IMR...

Dr. Zubaidah Zakaria, Head of the Cancer Research Center IMR, on behalf of the Director, officiated the “Biopspecimen Bank Workshop” at IMR KL. IMR has initiated the setting up of a National Cancer Biopspecimen Bank with a network of collection sites throughout Malaysia, and organized a two days workshop on 7 - 8 December 2009. The objectives of the workshop were to create awareness of Biopspecimen Banking and its role in medical research, to learn about the establishment and best practices of biobanking and foster research networking and collaboration. Biopspecimen banking can serve as a critical resource for a variety of research projects. The facility for Biopspecimen Bank will allow the systematic and proper collection, annotation and storage of biological samples which are essential for medical research.
THE USE OF TWO-DIMENSION ELECTROPHORESIS TO IDENTIFY SERUM BIOMARKERS FROM PATIENTS WITH DENGUE HAEMORRHAGIC FEVER

Ravindran Thayana, Tan Lian Huat, Lucy Lai Chia See, Christina Pooi Lay Tan, Nor Shahdah Khairulliah, Rohana Yusoff, Shamala Devi

Published in: Transactions of the Royal Society of Tropical Medicine and Hygiene (2009) 103, 413–416

Abstract

Dengue infection is a major public health problem affecting millions of people living in tropical countries. With no suitable vaccines and specific antiviral drugs, treatment for dengue is usually symptomatic and supportive. Early diagnosis and recognition of severe disease is therefore crucial for better management of the patient. Two-dimension electrophoresis were used to identify disease-associated proteins that can be used for diagnosis and as drug targets for treatment. Two markers, identified by mass spectrometry analysis as 1-antitrypsin and NS1 proteins were found to be upregulated in dengue fever (DF; n = 10) and dengue haemorrhagic fever (DHF; n = 10) patients compared with healthy individuals (n = 8). Both 1-antitrypsin and NS1 proteins were overexpressed two-fold in DHF patients compared with DF patients. Our study suggests that 1-antitrypsin and NS1 protein could be used as biomarkers as early indicators of DHF risk among patients with suspected dengue infection.

Potential benefit: All scientist working in related subject

THE FIRST ISOLATION OF CHIKUNGUNYA VIRUS FROM NONHUMAN PRIMATES IN MALAYSIA


Published in: Journal of General and Molecular Virology Vol.1 (2), pp. 035-039, October, 2009

Abstract

Chikungunya is a mosquito borne disease caused by chikungunya virus (CHIKV). The virus is transmitted to human by Aedes genus mosquitoes. Transmission cycles of CHIKV can be man - mosquito - man (urban cycle) or anti - mosquito - man (sylvatic cycle). Symbiotic transmission cycle of CHIKV has been described in Africa and may play a role in re-emergence of CHIKV infection. In Malaysia, CHIKV-neutralizing antibodies have been detected among wild monkeys in mid 1960s but so far CHIKV has never been isolated in monkeys. This is the first report of isolation of chikungunya virus from nonhuman primates in Malaysia.

Potential benefit: All scientist working in related subject

PERFORMANCE OF A COMMERCIAL RAPID DENGUE NS1 ANTIGEN IMMUNOCOMMUTRAGRAM TEST WITH REFERENCE TO DENGUE NS1 ANTIGEN-CAPTURE ELISA


Published in: Journal of Virological Methods 155 (2009) 157–160 (Contents available at ScienceDirect)

Abstract

The performance of a commercial immunocromatography test for rapid detection of dengue NS1 antigen present in serum or plasma of patients was evaluated against a commercial dengue NS1 antigen-capture ELISA. The rapid immunocromatography test gave an overall sensitivity of 90.4% with a specificity of 94.4%. The sensitivity was highest for serum samples from patients with acute dengue fever (92.3%) than those from patients with acute secondary dengue (79.1%). The positive predictive value and negative predictive value of this commercial immunocromatography test were 99.6% and 87.9% respectively.

AURAL MYIASIS IN A NEONATE IN PENINSULAR MALAYSIA

Nazni Wasi Ahmad, Anuar Ismail, John Jeffery, Su'bah Ibrahim, Anshar Abdul Hadi, Mohd Noor Ibrahim, Hoe Chong Chin, Lee Han Lim


This article is available from: http://www.parasitesandvectors.com/content/2/1/63 © 2009 Ahmad et al

Abstract

Myiasis is a pathological condition in humans and animals caused by various species of dipterous larve. Myiasis which occurs in a newborn baby is referred as neonatal myiasis. It is a rare condition and there are only a few reports to date. A case of neonatal aural myiasis in a two day old infant is reported in this paper.

THE NEW STEM CELL LABORATORY AT IMR SITUATED AT THE HAEMATOLOGY UNIT CANCER RESEARCH CENTRE.


Published in: Journal of Virological Methods 155 (2009) 157–160 (Contents available at ScienceDirect)

Abstract

STEM CELL LABORATORY at IMR premise situated at the Haematology Unit, Cancer Research Centre. IMR has embarked on stem cell research in collaboration with the National Cord Blood Bank and other agencies. IMR's laboratory facilities have recently been upgraded to GMP status to enhance its research capabilities in this field.

It is a unique electronic database with validated, up-to-date and comprehensive information on Integrated Medicine. Integrated Medicine is defined as: - practicing medicine in a way that selectively incorporates elements of complementary and alternative medicine into comprehensive treatment plans alongside solidly orthodox methods of diagnosis and treatment (The British Medical Journal, 2001). GlobinMed welcome strategic partnership with other organizations to contribute information on Integrated Medicine. Further enquiries, please contact Dr. Zaihak Ismail, Ketua Pusat Penelitian Perubatan Herba. IMR. zaihak@imr.gov.my, or webmaster@globinmed.com, Tel: 03-26646260.
INSTITUTE FOR PUBLIC HEALTH—ACTIVITIES FROM JUNE – DECEMBER 2009

1. EIP Malaysia—3rd COHORT GRADUATION CEREMONY

The Minister of Health Malaysia, Dato' Sri Liow Tiong Lai, made an official visit to the Institute for Public Health, Bangsar, on the occasion of the 3rd Cohort Graduation, Epidemic Intelligence Program (EIP) on Tuesday 14 July 2009. This event was the first of its kind to be held at the Institute for Public Health.

The Honorable Minister presented certificates to six fellow graduates in this graduation upon completion of the two year’s training of the EIP. A total of six technical supervisors also received their certificates of appreciation from the Honorable Minister. Also present at this prestigious occasion was Y Bhg Dato’ Dr Ramlee Hj Rahmat, DDG (PH), Y Bhg Dato’ Dr Maimunah A Hamid, DDG (R&D) TS and Dr Shanaaz Murad, Director, IMR.

The objective of the EIP Malaysia is to pool together experts who are capable of handling pertinent issues with regards to major outbreaks of disease at the state as well as national level. Thus with the emergence of new diseases and global health issues, a systemic approach to counter any shortfalls in the management of communicable diseases has to be in place. The training program for EIP is based on CDC Atlanta’s module, and it augers well for the Health professionals as with the expertise obtained through this program, they can be at par with their counterparts at the International level in dealing with major epidemiological disasters.

A multi-media presentation of the 3rd Cohort Fellows

The 3rd Cohort Fellows with their Supervisors

The former Director of IHP presenting a token to the Honorable Health Minister

EIP MALAYSIA—OTHER ACTIVITIES

A course organized by EIP Malaysia on Situational Analysis & Scientific Writing was held at Hotel Avillion Legacy, Malacca from 9 – 13 November 2009. Four of 4th Cohort and 7 of 5th Cohort trainees presented their project. The session was facilitated and guided by supervisors who were appointed as panel members.

A Survey on the effectiveness of IJI Surveillance System in Malaysia was a special project requested by the Department of Public Health, MOH, Malaysia to be conducted by EIP Malaysia. Two States, Selangor and Federal Territory of KL, were involved in the survey. The survey was conducted at State, District and Clinic levels. At the moment, the project is at the report writing stage.

Training by Supervisors

Presentation by fellows

Panel Discussion

On 2-6 November, a workshop on Modified Field Epidemiology Training Programmes and the Theplab South-East Asia & Western Pacific Biregional Scientific Conference were both held in Seoul, Korean Republic. Six EIP Fellows represented Malaysia, presenting two posters and two oral presentations. Dr Saraswathi Rina Ral’s oral presentation won a prize at the conference. When a cholera outbreak occurred in Terengganu on the 9th of November 2009, the Ministry of Health requested EIP Malaysia to assist based on their expertise. Eight EIP Fellows headed by the EIP Director were there from 19-22 November 2009 to give technical assistance to the Terengganu State Health Department.

It was the brainchild of our former Prime Minister, Tun Abdullah Haji Ahmad Badawi, for the NAM Institute for the Empowerment of Women (NIEW), Ministry of Women, Family and Community Development to conduct courses on Gender for member of the Non Aligned Member (NAM) countries. The Institute for Public Health (IHP) and University Sains Malaysia (USM) provided the consultancy in running this course on Gender and Health. It was conducted from 28 October - 6 November 2009 in Wisma Sime Darby, K.L.

This course was attended by 16 NAM Member to observe and analyze the various elements of the health facilities from the gender and rights perspective. This course was highly successful, based on the feedback from the participants. The course enable the participants to seek an closing ceremony was officiated by the understanding regarding gender and health issues, both nationally and in their respective countries, and the urgency in addressing these problems.

The participants were taken on a field visit to the places where the health facilities were located, and they were able to observe the various aspects of the health facilities. This helped them to understand the challenges faced by women in accessing health facilities.

The workshop was attended by 16 Occupational and Public Health Physicians, Radiologists, Chest Physicians and Family Medicine Specialists. It provided an excellent forum for upgrading their skills in using the ILO International Classification of Radiographs of Pneumonias, 2000. The ILO experts shared their knowledge and experience on the detection and diagnosis of silicosis and asbestosis-related diseases and on medical screening and health surveillance of workers employed in hazardous dust occupations. The workshop also covers x-ray reading practice which was highly appreciated by the participants.

This workshop was conducted on 4-7 May 2009, at the Serdang Hospital, Selangor. It was officiated by Y. Bhg Dato’ Dr Maimunah A Hamid, DDG (R&D TS), Malaysia.

The general objective was to develop expertise in the prevention of pneumonias using the International Labour Organisation (ILO) International Classification of Radiographs of Pneumonias, 2000 of Healthcare Providers, MOH, Malaysia.

The specific objectives include (i) to build the capacity and enhance the skills of radiologists, chest physicians, occupational and public health physicians and family medicine specialists on using the ILO International Classification of Radiographs of Pneumonias, 2000. (ii) to support the continuous improvement of knowledge for the early detection, prevention and control of pneumonias.

Group photo of participants, organizers and ILO experts after opening ceremony at Serdang Hospital 5/5/09

Dr. Yahya, giving a warm welcome to Y. Bhg Dato’ Dr. Maimunah A. Hamid, DDG(R&D TS) Malaysia

The workshop received had increased the awareness of participants on the need to implement more effective preventive measures for serious occupational illnesses. Although this first training event was successfully conducted, the organizers feel that further technical guidance from ILO experts is still required in the next training session to be held in year 2011.
4. VISIT FROM VIETNAM FELLOWS

From 5 to 16 October 2009, the WHO sent three fellows from Vietnam to study Primary Health Care in Malaysia. A schedule was drawn up for them to visit the relevant departments under the MOH. The fellows visited the IPH on 14th of October 2009. After formal introductions, the fellows were briefed on the organization, role and function of the IPH in general by the Administrative Division. Following that, a representative from each of the divisions took turns to brief the fellows in more detail on the activities, role and function of their respective division. The fellows actively participated in the question and answer session which followed the briefing.

5. HEALTH PROMOTION WEEK

Background

The Occupational Safety and Health (OSH) Promotion Program is an annual event organized by the Occupational Safety and Health Committee of the Institute for Public Health (IPH) and Institute for Health Behavioral Research (IHBR). This program is open for participation from all staff of the IPH, Institute for Health Management (IHM), Institute for Health System Research (IHISR), IHBR, National Institutes of Health (NIH) Secretariat and Radicare in Bangsar, Kuala Lumpur. The theme for the Occupational Safety and Health Promotion Week 2009 which was held from 16-20th November 2009 was “Tingkatkan Keharmonian dan Kemanusaan di Tempat Kerja.”

OSH Promotion Week is the best channel for the employer to disseminate information and to provide training for enhancing understanding and awareness of the employees in ensuring safety, health, and welfare at the workplace. The OSH Promotion Week was directed by the Director of Institute for Public Health. Various activities and programs were held in conjunction with the OSH Promotion Week such as health and fitness screening activities, logo creation competition, lecture sessions on stress, ergonomic, and healthy eating, CPR training, counselling session for healthy diet, factory visit, fire drill, and aerobic exercise session and various sports competition were held such as football, badminton and netball. Poster and flyers were put up as a reminder to all staff. Prizes were given away to the first three winners of the logo creation contest. Overall, the response received from participants was good, thus making the Health Promotion Week a success.

6. REPORT ON HEALTH SCREENING FOR NHI FELLOWS

In conjunction with the Health Promotional Week, a health screening activity was carried out by the Community Health Development Division of IPH from 15-20th October 2009. The health screening activity involved the staff from all divisions of the IPH, IHM, IHBR and Radicare except for IHISR as they had done a separate health screening programme earlier in 2009.

The screening activity helps to evaluate the staff's health status and if needed, to refer them to relevant experts. Participants had to answer a self-administered questionnaire designed to assess the health status of the individual. Blood test and ECG were also done for those who were 35 years and above.

The screening activities are as follow: Medical history (for self and family); Current health status information; Risk factor screening (information about diet, unhealthy substance usage, physical activity state, mental health and abuse state); Physical Evaluation (medical and dental); Blood investigations (aged 35 and above); ECG (aged 35 and above); Fitness test; Pap Smear (for female who are in the targeted group); Mammogram (for female who are in the risk group).

Consultancy with medical doctor & Dietitian / Nutritionist.

All tests were conducted at the IPH, except for the Pap Smear which was done at Tanngi Community Clinic, mammogram at Sungai Buloh Hospital and dental screening and examination at Bangsar Dental Clinic.

A total of 104 respondents participated in Health Screening Program 2009 out of with 98.5% of respondents were males and 61.5% were females. A significant finding shows that the majority were having high level of cholesterol (>86%) which might suggest a bad eating behaviour. The screening programme also had picked up some undiagnosed condition such as diabetes, hyperuricemia, dyslipidaemia and even abnormality of liver function.

The report of the screening was beneficial in highlighting the health status of the staff from the National Institute of Health. Awareness and preventive health programmes should be a regular activities for staff. This screening programme should continue next year but with more participation from the staff especially on fitness test (50% from total screened) and those who came for consultation and reviewing of their screening result (only 40 out of 104 respondents, 39%).

NIH Advocates Healthy Lifestyle

NATIONAL IODINE DEFICIENCY DISORDERS 2008 SURVEY

Ranudiah S1 Was Nauzainoon WM1, Ahmad Ali Z2, Norasyikin Carn1, Shabtai AG2, Tahir A3

Extracted from: National Iodine Deficiency Disorders Survey Conference 2008 Program Book

2. Institute for Health Management Research, Kuala Lumpur
3. Institute for Health System Research, Kuala Lumpur

ABSTRACT

Iodine deficiency disorders (IDD) is a significant public health problem in most developing countries. It is the leading cause of preventable brain damage in childhood. However, little is known on the present national IDD status in the country.

A nationwide cross-sectional school-based survey was undertaken in all 13 states and Federal Territories involving 18,978 school children aged 8-10 years old from 445 primary schools registered with the Ministry of Education. Assessments carried out include determination of urinary iodine (UI), palpatory of the thyroid gland and iodine test using Rapid Test Kits for iodine and iodometric method. A semi-quantitative Food Frequency Questionnaire was used to measure the consumption of food high in goitrogen and iodine among school children aged 9-10 years olds.

The results showed that based on WHO/ICCIDD/UNICEF criteria, the national median UI was 99.5 µg/L (interquartile range [IQR]: 67.1, 166.3) showing borderline adequacy. The overall national median UI for boys (110.3 µg/L, IQR: 74.4, 173.3) was slightly higher than for girls (95.9 µg/L, IQR: 62.8, 127.3). In addition, the overall prevalence of IDD among school children with UI level below 100 µg/L was 48.2% (CI: 46.0, 50.4) with higher proportion of children residing in rural areas than urban areas. The highest prevalence of UI<100 µg/L was noted among children living in Perlis (57.2%). The national median goitre rate (TGR) of grade 1 and grade 2 goitre was less than 5% of 2.1%, indicating there was no endemic goitre in the country. From a total of 18,888 salt samples brought by the school children and tested for the presence of iodine using Rapid Test Kits for Iodine, 28.2% (CI: 26.4, 30.2) were found to have iodine content.

However, the overall proportion of the households in Malaysia adequately consumed iodized salt within 20-30 ppm as stated in the Food Act 1987 - Food (Amendment) Regulations 1999 was only 6.8% (CI: 5.1, 9.0). Overall, the highest national proportion of school children's highest weekly intake of food high in goitrogen were cabbage of 78.5% (CI: 77.2, 79.7) and 66.3 g (CI: 62.5, 70.2) respectively. As for the intake of food high in iodine, more than 90% of school children were taking sea fish and chicken eggs for both urban and rural, gender and age groups except for ethnicity. Thus, chicken eggs and sea and sea fish appeared as the first two highest mean quantity of food high in iodine consumed weekly by the school children of 186.49 g (CI: 175.87, 196.94) and 194.54 g (CI: 183.22, 206.03) respectively.

In conclusion based on the UI status, the IDD status in the country was within borderline adequacy. Although there was no iodine deficiency in the studied population, the incidence of goitre was still widespread among school children. The findings of this survey suggest that there is a need for review on the current approach for monitoring and evaluation of the national program for the prevention and control of IDD.

HEARING PROBLEMS AND EAR DISORDERS AMONG CHILDREN 12 YEARS AND BELOW

Noor Ani A

Published in: Journal of Health Management, Supplement, October 2008: 20

1. Community Health and Development Division, Institute for Public Health

Abstract

This paper is looking into a sub-sample of a nation-wide survey on ear and hearing disorders conducted in 2005. The objective of this paper is to determine the prevalence of hearing problems and our disorders among children aged 12 and below. The data was collected using face to face interview with the head of the households. Hearing assessment was done at the field using appropriate tool for age. Ear problems were diagnosed by Otorhinolaryngologists after their examination. Prevalence of impaired hearing among children 10 years and below was 17.7% (95% CI: 7.3 - 28.1) with an estimated population of 62,050. There was no significant difference in the prevalence by age group, ethnic, rural/urban or household income. By severity, among children aged 3 to 12 years, prevalence of mild hearing impairment was 4.6% (3.3, 5.8); moderate hearing impairment was 1.8% (0.7, 3.0) and 0.0% (0.0, 0.4) with profound hearing impairment. The commonest diagnoses of reversible causes of hearing impairment were impacted wax (34%) and otitis media (50%). Overall, the prevalence of impacted wax among children aged 12 and below was 18.6% (16.9, 20.4), otitis media was 3.0% (2.1, 3.9), otitis externa was 0.35% (0.17, 0.25), while the prevalence of chronic supplicative otitis media was 2.7% (1.7, 3.8). There was significantly lower prevalence of impacted wax among Chinese compared to Malakis, Indians and others. Study noted unclear need of ENT services among children aged 12 years and below. Health promotion through awareness programme and services such as school hearing screening must be made available to improve early detection management particularly for reversible causes.

Stakeholders: Otorhinolaryngologists, MOH policy makers, epidemiologists
NUTRITIONAL STATUS OF SCHOOL CHILDREN AGED 8-10 YEARS OLD IN MALAYSIA
Ahmad Ali Zainuddin & Rashidah Salaman


ABSTRACT
Prevention of chronic diseases shall start from early life though healthy eating habits. However there is lack of nationally representative data on the nutritional status of the population especially among school children. Therefore, a study was conducted as part of the National Iodine Deficiency Disorders (IDD) survey to determine the current nutritional status of school children aged 8-10 years old using the anthropometric indicators of weight for age (WAZ), HEIGHT FOR AGE (HAZ), and Body Mass Index (BMI) for Age Scores of the target population.

A nationwide school-based survey was undertaken in all the 13 states and 3 federal territories involving 18078 school children aged 8-10 years old attending 445 primary schools. The body weight and heights of the subjects were obtained. All the three z-scores for nutritional status (WAZ, HAZ and BMI for age) were determined among 18064, 18063 and 18063 school children respectively.

The integrated network of public hospitals and public clinics within the Ministry of Health (MOH) not only deliver quality medical services for the population, but also provide a conducive infrastructure for contract research. With a common referral, reporting and communication system, the MOH facilities provide all investigators with access to both patients and other investigators, so they can conduct research as they deliver medical care to patients. In order to maximise this potential, the Clinical Research Centre established a nationwide network of 17 CROs and in 2007, set up the One-Stop Centre as the single point of contact for this network.

The OSC caters for all clinical trial outsourcing needs and some of its services include feasibility assessment of prospective investigative sites, provision of clinical trial, providing guidance and information on engaging MOH sites and investigators to participate in clinical research sponsored by external party and participating in proposal activities together with the clinical research industry’s personnel to secure trial for Malaysian sites.

The OSC’s services include the following:
(i) Provide a single dedicated point and contact person for clinical trial outsourcing needs.
(ii) Identify suitable investigators for clinical trials, and ensuring they are qualified and GCP certified to undertake the trials.
(iii) Establish and update investigator database accessible online for pharmaceutical companies and contract research organisation (CROs).
(iv) Provide investigators with feasibility assessment, their patient enrolment potential and clinical trial experience and capability, and to track their clinical trial performance.

NUTRITIONAL STATUS OF CHILDREN BELOW FIVE YEARS IN MALAYSIA: ANTHROPOMETRIC ANALYSES FROM THE NATIONAL HEALTH AND MORBIDITY SURVEY III (NHMS, 2006)

1. Universiti Putra Malaysia, Serdang, Selangor
2. Institute for Public Health, Kuala Lumpur
3. International Islamic University Malaysia, Kuala Lumpur
4. Clinical Research Centre, Kuala Lumpur
5. Institute for Medical Research, Kuala Lumpur
6. Universiti Kebangsaan Malaysia, Kuala Lumpur

Abstract
Prevention of chronic diseases should start from early life by having healthy eating habits. However, there is lack of nationally representative data on the nutritional status of the population especially among school children. Therefore, a study was conducted as part of the National Iodine Deficiency Disorders (IDD) survey to determine the current nutritional status of school children aged 8-10 years old using the anthropometric indicators of weight for age (WAZ), Height for Age (HAZ), and Body Mass Index (BMI) for Age Scores of the target population.

A nationwide school-based survey was undertaken in all the 13 States and 3 Federal Territories involving 18078 school children aged 8-10 years old attending 445 primary schools. The body weight and heights of the subjects were obtained. All the three z-scores for nutritional status (WAZ, HAZ and BMI) for age were determined among 18064, 18063 and 18063 school children respectively.

The OSC caters for all clinical trial outsourcing needs and some of its services include feasibility assessment of prospective investigative sites, provision of clinical trial, providing guidance and information on engaging MOH sites and investigators to participate in clinical research sponsored by external party and participating in proposal activities together with the clinical research industry’s personnel to secure trial for Malaysian sites.

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REVIEWED ARTICLES: USE OF RENAL REGISTRY DATA FOR RESEARCH, HEALTH-CARE PLANNING AND QUALITY IMPROVEMENT: WHAT CAN WE LEARN FROM REGISTRY DATA IN THE ASIA-PACIFIC REGION?

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Published in: Nephrology 2008; 13, 745-752.

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Abstract

This was a review of renal registry as a data resource for epidemiological research. Although the data showed value in providing information for various activities such as research, dialysis service planning and dialysis economics, health outcomes assessment and dialysis practices and dialysis quality improvement (clinical audit), there were severe methodological limitations in its application for analytical or therapeutic research.

Despite registry hearing many similarities to research, and registry-based research has many potential advantages, there are some major differences. Besides, interpretation of results from registry-based research can lead to potential pitfalls. An example of such a pitfall is that registry databases usually do not allow random treatment selection, thus it will be unfair to draw conclusions.

However, registry data can often potentially be used to address a specific research question, and also they will be the preferred design because randomized controlled trials will be unfeasible or ethically unacceptable. Therefore, this review aims to illustrate the application of renal registries for planning dialysis services, for evaluating dialysis practices and health outcomes, in order to improve the quality of dialysis care.

Stakeholders: Nephrologists, clinical researchers and clinical epidemiologists.

ORAL DIOSMECTITE REDUCES STOOL OUTPUT AND DIARRHEA DURATION IN CHILDREN WITH ACUTE WATERY DIARRHOEA


Published in: Clinical Gastroenterology and Hepatology 2009; 7(9):469-472.

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2. Kuala Terengganu General Hospital, Kuala Terengganu, Malaysia
3. CRC Sultanh Nur Zahirah, Trengganu
4. Ipsen, Medical Department, Boulogne-Billancourt, Paris, France
5. INSERM U897, Bordeaux University & Hospital, Bordeaux, France
6. INSQ Consult, Burro, Lima, Peru

Abstract

This consisted of two studies, one conducted in Malaysia and another similar one conducted in Peru. Both studies were randomized, placebo-controlled double-blind multicentre trials conducted to assess efficacy and safety of oral diosmectite in reducing stool output and diarrhea duration in children with acute watery diarrhoea. Studies had already established the criteria for measurement of efficacy, which set out to be a 72-hour decrease of stool output of at least 30g/kg body weight from baseline, with a common standard deviation of 80g/kg body weight. Primary outcome was measured by the 72-hour cumulative stool output, in g/kg, which was measured over the 72 hours of oral sachet intake. Secondary criterion was achieved after it was found that although all the Peruvian subjects had formed stools by the end of the study, only 60% of the Malaysian subjects had the same. Thus, it was decided that diarrhoea duration was defined according to country specifications.

Overall, results of this study showed that diosmectite, used as an adjunctive therapy to oral rehydration solution currently recommended by the WHO, decreased 72-hour stool output in children, especially if rotavirus-positive and shortened the duration of acute watery diarrhoea.

Further data derived from the results of this study include the suggestion that diosmectite could be cost effective in management of acute watery diarrhoea. In children whose diarrhoea occurred post antibiotic use, diosmectite significantly reduced the duration of diarrhoea.

Stakeholders: Paediatricians, gastroenterologists and clinical researchers.

CUSUM: A DYNAMIC TOOL FOR MONITORING PERFORMANCE IN CATARACT SURGERY PERFORMANCES

Salosi MA, Goh FP, Lim TO

Published in: Br J Ophthalmol. 2009; doi:10.1136/bjo.2009.176695

This article has been chosen to be the Editor Choice’s article for the April 2010 issue of British Journal of Ophthalmology.

This is a significant event. As BOJO is not an open access journal and being the editor choice, the article is free to be accessed on the BOJO website and will be cited by anyone who has the article. The JIF is 2.96 and is listed in the first quartile of Ophthalmology journals.

The competency monitoring on cataract surgery by ophthalmologists is now real time on CUSUM charting website. It is made possible because of the real-time data captured by cataract surgeons registered at CUSUM. It can help prevent the surgeon from excessive errors. A CUSUM chart is the only scientific method that provides a real-time feedback of surgical performances.

CUSUM is a tool which applies to the cumulative sum (CUSUM) in monitoring of change in the performances of single surgeon in cataract surgery and evaluating their level of performance to intervention.

The CUSUM application was used to 80 phacoemulsification performed by three ophthalmic trainees and one consultant, in the occurrence of posterior capsular rupture and post-operative refracted vision of worse than 6/12 among patients without pre-existing ocular co-morbidity. CUSUM score of each consecutive procedure performed by an individual surgeon was calculated and charted on CUSUM chart. When trainees' CUSUM charts showed an unacceptable level of performance, their supervisors would give feedback and impose closer monitoring of subsequent surgeries. The CUSUM charts of the trainees demonstrated an initial upward trend followed by flattening, reflecting learning curves in their processes of acquiring competency in phacoemulsification. In contrast, the consultant showed a flat curve indicating an ongoing maintenance of competence.

Thus, this can be utilized as an ongoing assessment tool to continuously monitor the surgeons level of performance and competence.

In conclusion, the CUSUM analysis is not only able to monitor and promptly detect adverse events and trends of unacceptable outcome of cataract surgery, but also reveal a useful, dynamic audit tool, for both individual surgeons and busy consultants who need to mentor trainees.

Stakeholders: Ophthalmologists, Clinical Research Centre, Malaysia

DEMOGRAPHIC AND CLINICAL COURSE OF ULCERATIVE COLITIS IN A MULTIRACIAL ASIAN POPULATION: A NATIONWIDE STUDY FROM MALAYSIA

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Abstract

This was a nationwide study aimed at establishing the clinical course of ulcerative colitis in Malaysian population, comparing the demographics in the three ethnic groups; Chinese, Malay and Indian. Although overall incidence and prevalence of inflammatory bowel disease (both ulcerative colitis and Crohn disease) is low in Asia Pacific region, there is emerging evidence that the incidence of ulcerative colitis is on the increase, so understanding of epidemiology is important, both for screening for complications and also for overall management.

Thus, a retrospective study conducted in seven major medical referral centres in Malaysia, between the period from January 2004 and December 2005, found that although the clinical presentation between the three ethnic groups were similar, there was a higher prevalence of extra-intestinal complications among the Indians compared to the Malays and Chinese. It was also found that there was a lower prevalence of patients with extensive disease (beyond sigmoid flexure) among the Indians compared to the Chinese. Despite this, it was found that clinical presentations of ulcerative colitis in Malaysian patients was similar to that in developed countries, but they ran a less aggressive path.

In terms of clinical course of ulcerative colitis, results from this study appeared to be similar to that in developed countries, in terms of complications and CRC rates.

Stakeholders: Gastroenterologists, clinical researchers and clinical epidemiologists.
Evolution of the National Medical Research Register (NMRR)

The National Medical Research Register’s (NMRR) website (www.nmrr.gov.my) was recently revised with added features to make it comply with the Declaration of Helsinki (DoH), International Committee of Medical Journal Editors (ICMJE), International Harmonisation Conference ICH Good Clinical Practice (GCP), Food and Drug Administration (FDA), Belmont Report, Nuremberg Code, Directive of the Director of Pharmaceutical Service, Public Law 800, and circular of the Director General of MOH, Malaysia. The two additional features effective since Jan 2010 are as follows: (i) Notification to other Institutional Review Board (IRB)/Independent Review Committee (IRC) and (ii) Notification to the Clinical Research and Compliance section in National Pharmaceutical Control Bureau regarding Clinical Trial Import License (CTIL) or Clinical Trial Exemption (CTX).

This latest NMRR version will also have three main stages (Figure 1). The first stage is for screening all registrations and submissions and be vetted and verified by the secretariat. This will eliminate wrongly submitted research proposals, as each proposal will be processed for review by the correct research institutions. An NMRR identification number will only be provided when these basic requirements are met and submissions are complete. In the second stage, the proposal is submitted to the respective authorities for review and rating. Reviewers, as always, can assess the documents by specifying their comments and recommendations. Investigators are not allowed to make any changes at this stage until the appointed authorities have made their decision. This is definitely one of the benefits of having a computerized system for research documents and information as the regimented process will enable proper research audit.

The final stage is for post research information that is reported to respective authorities. Updates and amendments in research will also be reported to the NIH to ensure that research complies with all requirements. With this NMRR revised version, each NIH can track external research proposals that were submitted for their review. These institutes may also refer to NMRR database to trace their own research as well as research collaborations with other NIH (Figure 2). The NMRR is evolving in its role to help improve the quality of research submitted for review and to increase the transparency of research conducted by health institutes in the country. As NMRR transitions to be a truly national database, researchers, public and potential investors will have more confidence in referring to NMRR for medical research information in Malaysia.

Figure 1. Public user main menu

Figure 2. New NMRR version enables NIH to view research collaborations

NIH Advocates healthy lifestyle

NCCR 2010 TO FOCUS ON THE NEXT STAGE OF MEDICAL RESEARCH IN MALAYSIA

INCORPORATING THE 13TH SCIENTIFIC MEETING OF THE NATIONAL INSTITUTES OF HEALTH

Since its launch in the 2007, the National Conference for Clinical Research (NCCR 2010) has been bringing together research scientists, regulators, key decision makers, institutional review board members and industry related professionals. The conference has been steadily gaining interest since its introduction and as it gears for its fourth year, NCCR 2010 will focus on future research initiatives as depicted in its theme Advancing Medical Research: The Next Stage. Back in Kuala Lumpur for NCCR 2010 (2-4 June 2010), this 3-day event is a collaborative effort of the Ministry of Health Malaysia, the National Institutes of Health and the Clinical Research Centre. It promises to be another exciting intellectual exchange as local and international experts will gather together to provide latest information on clinical research. It also aims to attract the attention of pharmaceutical and biotechnology industries as well as contract research organizations to outsource its clinical trial/study and related activities to Malaysia. Furthermore, this year, NCCR will run in three parallel tracks to accommodate the 13th NIH Scientific Meeting. The combined program would enable participants to access information beyond their research fields and to network with colleagues from other research institutes. As always, we will also have workshops, symposia, meetings and other events associated with NCCR 2010. Mark your calendar and stay tuned to both CRC (www.crc.gov.my) and ACRPM (www.acrpm.com.my) websites for details about this event.

Key topics & symposia:

- Research Governance & Ethics
- Regulation of Clinical Research in Malaysia: An Update
- Technology Transfer Essentials
- Early Clinical Development/ Phase I Studies in Malaysia
- Biobanking & Clinical Research
- Stem Cell Research & Therapy
- Healthcare Reform
- Healthcare Quality
- Chronic Disease Management
- Clinical Performance monitoring
- Patient Safety in Clinical Research
- Patient Registries in Malaysia
- Malaysian Healthcare statistics
- Science to Business / Bio-entrepreneurship
- Contract Research Outsourcing (CRO) industry in Malaysia: Update
- Globalization of clinical research & Asia
- Asian Clinical Trial Network (Hong Kong, Thailand, Korea, Japan & Singapore)
- Therapeutic product evaluation
  (Device, TCM, Post-marketing surveillance)
- Homegrown Vaccines - Innovative strategy on R&D and development
- Vaccine R&D and Commercialisation - a non-linear link
- Vaccines Go Halal for the Muslim Market
- Asia’s Role in the Future of the Vaccine Industry
- Public-private partnerships – Experiences and Lessons Learnt

*Topics are pending confirmation and subject to change.
INTRODUCTION: Handoff communication process refers to the transfer of professional responsibility and accountability for patient care to another healthcare provider. It is crucial for continuity of care and in maintaining patient safety.

OBJECTIVE: To describe the handoff communication process in MOH hospitals, particularly methods used and doctors' experience.

METHOD: A cross-sectional study was conducted in 15 randomly selected Ministry of Health hospitals, including teaching hospitals, district hospitals, and non-specialist hospitals. Three doctors from each hospital were interviewed by telephone to assess the handoff process.

RESULTS AND DISCUSSION: The common methods of handoff communication were phone calls, email messages, and written handoff reports. However, there were varying levels of adherence to these methods.

CONCLUSION: The importance of standardized handoff communication processes cannot be overstated, and improvements are needed to enhance the quality of care provided to patients.

WE TRAIN THEM, DO THEY PRACTISE?

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1. Institute for Health Systems Research

ABSTRACT

Introduction: In the current health care system, there is an increasing emphasis on improving handoff communication processes. However, the effectiveness of these processes has not been well-studied.

Objective: To assess the impact of handoff training on the quality of care provided in hospitals.

Methods: A randomized controlled trial was conducted in 10 hospitals across different regions. The intervention group received handoff training, while the control group did not.

Results: The intervention group showed a statistically significant improvement in the quality of care provided to patients.

Conclusion: Handoff training is an effective strategy to improve the quality of care in hospitals. Further research is needed to identify the most effective training methods.

THE INVOLVEMENT OF LAY EDUCATORS IN THE DIABETIC CONTROL OF TYPE 2 DIABETIC PATIENTS


Published in: Journal of Health Management, Vol.6 No 1/2009 P3-35

1. Institute For Health Systems Research, KL
2. Padang Bengas Health Clinic, Perak
3. Mentak Health Clinic, Perak
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5. Paediatric Dept. Hospital Permai Suria Buitum, Perak
6. Perak State Health department
7. Kuala Kangsar Health District office, Perak

ABSTRACT

Type 2 diabetes is associated with high mortality and morbidity rates. The cost of treating diabetes-related complications is an unnecessary financial burden to the country. Studies have shown that lay educators can effectively help diabetic patients control their diabetes.

This study aimed to assess the effectiveness of introducing lay educators into the community to provide education and support to diabetic patients.

Methods: A pre-post intervention study was conducted in a community setting. Lay educators were recruited and trained to provide education and support to diabetic patients in the intervention group.

Results: The intervention group showed a statistically significant improvement in their diabetes control, as measured by blood glucose levels and other relevant parameters.

Conclusion: Lay educators can effectively improve diabetes control in low-resource settings. Further research is needed to identify the most effective training methods.
INSTITUTE FOR HEALTH MANAGEMENT

MALAYSIAN TECHNICAL CO-OPERATION PROGRAMME

The Malaysian Technical Cooperation Programme (MTCP) was first initiated at the First Commonwealth Heads of Government Meeting (CHOGM) in Sydney in February 1978. It was officially launched on 7 September 1980 at the Commonwealth Heads of State Meeting in New Delhi, India, to signify Malaysia’s commitment to South-South Cooperation, in particular Technical Cooperation among Developing Countries (TTC).

In line with the spirit of South-South Cooperation, Malaysia through MTCP, shares its development experiences and expertise with other developing countries. The MTCP was first formulated based on the belief that the development of a country depends on the quality of its human resources. The programme forms part of the commitment of the Malaysian Government towards the promotion of technical cooperation among developing countries, strengthening of regional and sub-regional cooperation, as well as the collective self-reliance among developing countries. The MTCP emphasizes the development of human resources through the provision of training in various areas which are essential for a country’s development such as public administration, good governance, health care services, sustainable development, agriculture, poverty alleviation, investment promotion, ICT and banking. More than 100 short-term specialized courses are offered by more than 50 MTCP training institutions.

The MTCP has been managed by the Economic Planning Unit, Prime Minister’s Department since its inception. To enable MTCP to spread its wings wider and stronger, the Malaysian Government has decided to transfer the MTCP to the Ministry of Foreign Affairs from 1 January 2010. It is envisaged that placing it under the Ministry of Foreign Affairs could provide the synergy and support it requires in line with Malaysia’s foreign policy. As the focal point for the MTCP, Wisma Putra is responsible for formulating policies, coordinating, monitoring and evaluating the MTCP programme.

STRESS DURING HOUSEMAIDEN TRAINING

KT Ang, Roslan J. M.G

Published in: Journal of Health management Vol.6, No.1 2009 pp 57

ABSTRACT

Housemaiden training is one of the toughest period of a doctor’s life with long working hours and frequent calls. This cross sectional study involved 260 first year housemaids undergoing training in 26 Ministry of Health hospitals through self-administered questionnaires. The aim of the study was to find out the type and level of stress experienced by housemaids during their training year, and how they were coping.

Slightly over two thirds of housemaids (67.9%) viewed housemaidship as being high to highly stressful with long working hours, and heavy workload as the most stressful work activity. Those who rated it as highest (rated fully occupied) were about two and a half times more likely to experience high/height stress (P=0.03, 95% CI 1.53-3.134) and they were also half less likely than local graduates to have high/highest ability to cope. Compared to fully trained local doctors, those trained from UK/Ireland and Indonesia were significantly less able to cope (high/height P=0.05).

More than half of them (55%) had sometimes thought of quitting, with females 1.7 more times more likely than males to think about quitting (p<0.001, 95% CI 1.29-2.22) while 31.8% of the respondents were so stressed that they needed counseling and 5.8% required treatment. Those who experienced high/height stress were three times more likely to require counseling (P=0.05, OR 3.61, 95% CI 1.27-9.364). Males were twice more likely than females to need treatment (P=0.05, OR 2.0, 95% CI 1.3-3.16).

Epidemiological Intelligence & Management Programme

This was the fourth series organized by the Institute for Health Management in collaboration with the Disease Control Division under the auspices of the Malaysian Technical Co-operative Programme. Disease Control Division Ministry of Health has been recognized by ASEAN + 3 as the reference laboratory for surveillance in infectious disease. Ministry of Health is the focal point and responsible for vaccine development in OIC countries. This course is a result of the government’s response to the need of the international health community especially among the developing nations. The goal of the EIMP course is to strengthen the practices of applied epidemiology together with training skills and competency to enhance public health surveillance and disease outbreak investigations. Beside that, it aspires to develop a new, broader perspective among particpants, which take into account the potential effects of social connectedness, economic inequality, social norms and public policies on health related behaviours and health status.

The EIMP has been modeled on the highly successful Epidemic Intelligence Service (EIS) which was introduced by Centres for Disease Control (CDC) Atlanta USA in 1955. This EIMP has been adapted to meet the training needs in surveillance and rapid response in many developed and developing countries around the world. The uniqueness of this course is that the health management model has been added. This will give more value to the current model on field epidemiology. We have also included the strategic management and health economics and financing, leadership and smart partnership in managing disease prevention programmes.

EIMP is a unique course in such that it not only provided technical knowledge and expertise but more so in collaborative, training via bilateral ties. The course has resulted in many collaborative, areas such as rapid response in managing crisis, hospital infection control, research areas such as Hepatitis B and the like, strengthening laboratory capacity and lab based surveillance. In addition, demands were also created in disease surveillance, health management and health economics and evaluation training and research.

The main aim for this programme is to provide students with a multidisciplinary framework to understand the principles of both communicable disease and chronic disease control. It will also provide the knowledge and understanding in strengthening applied epidemiology for enhancing public health surveillance and rapid response capacity.

Participants for this course are from all over the world and with a medical background. It is fully sponsored by the government of Malaysia. The first MTCP course organized by HIM was successfully conducted in June 2007, 2008 and 2009 with a total of 56 countries and 59 participants.

In 2010, HIM will offer a new course besides the EIMP course.


Dr Noriah Bidin, Dr Roslan Johari Ditko Mohd Gazali, Dr Tahuir Ario, Dr Zairiah Hussein, Dr Tong Seng Chong, Dr Mohamed Badrulmumin Long, Bidin, Dr Haliza Norlida Manaf, Dr Bernadette Saleh, Dr Siti Hafizah Che Abdul Aziz, Pn Masilia Dough, Pn Noorshahim Mat Deris, Cik Mawardi Yusoff, Cik Nor Suhada Anuar

Published as Technical Report, ISBN: 9789675340031

1. Institute for Helath Management

Diabetes mellitus is a chronic disorder with many vascular complications, leading to significant morbidity and mortality. The prevalence of Type 2 diabetes mellitus in Malaysia has risen dramatically from 8.3% (NHMS 2 in 1996) and to 14.9% (NHMS 3 in 2006). An audit was conducted on patient’s medical records from selected MOH health facilities to assess the control of diabetes using HbA1c. It was done 30 days after the first assessment while the control of diabetes was poor. Only 11.3% of patients with valid HbA1c had value less than 6.5%, which is slightly higher than the previous study (2006).

Glucose control was notably worst amongst patients from younger age groups and the test for HbA1c is still not readily available to the primary care facilities. The service provision for diabetes control is still not optimal. In 2003, 2004, 2005 investigations and documentation. In 2008, only 40.3% of the patients had HbA1c done at the recommended time frame. Furthermore, only 16.4% of patients undergo fundoscopy examination. About 44% of patients had been treated with oral antidiabetic agents; mainly the sulphonylureas and the biguanides. Only 10.9% of patients were on insulin despite having poorly controlled disease. There is an urgent need to improve the management of diabetes mellitus in these areas.

(i) Patient monitoring of glycaemic control with adequate funding for regular performance of HbA1c (at least every 6 monthly for all diabetic patients) (ii) Greater use of other allied health professionals in management of diabetes, particularly diabetes educators, dietitian and pharmacist; (iii) Clinical audit and quality assurance to avoid discrepancies in diagnosis to identify and solve problems at respective level promptly; (iv) Further studies on uncontrolled diabetes especially young diabetes must be carried out to establish the attitude of patients who may affect the outcome; (v) Further improvement on documentation and audit of services for not only the use of the registered audit of all diabetic patients; to facilitate and standardize provision of diabetes care at all level.
The SCIDOTs Project: Impact of an Integrated Tobacco Cessation Intervention in Tuberculosis Care on Treatment Outcomes and Quality of Life in Malaysia

Mohamed Haniki Nik Mohamed, Noorlista Mohamad Noordin, Ahmad Awais, Nooriman Abd. Aziz, Syed Zhahir Syed Sulaiman, Abdul Razak Mutalif, Aziah Ahmad Mahyuddin

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Presented at: The 14th International Congress on Infectious Disease (ICID) at Miami, Florida, U.S.A.
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5. Institut Perubatan Respiratori, 53000 Wilayah Persekutuan Kuala Lumpur, Malaysia.

Abstract

Background: In recent years, there has been a global explosion of interest in the association between tuberculosis (TB) and tobacco smoking. Studies from different parts of the world have unequivocally documented consistent evidence of the association between tobacco smoking and TB infection, morbidity, mortality and poor treatment outcomes. Most smoking-related immunological abnormalities are reversible within six weeks of smoking cessation. Thus, a combined TB-tobacco treatment strategy may produce substantial positive impacts on TB treatment outcomes. Recently, guidelines on the provision of tobacco cessation in TB settings have also been developed. However, no study has extensively documented the evidence of clinical, humanistic and economic benefits of such integrations. The general objective of the present study was to evaluate the impact of an integrated TB-dots directly observed therapy short-course (DOTS) with smoking cessation intervention (SCI) on clinical outcomes and health-related quality of life (HRQoL) among Malaysian TB smokers.

Methodology: Healthcare professionals providing DOTS to TB patients were trained on tobacco cessation competencies during Phase 1 of the study and were involved in providing the integrated intervention during Phase 2. The study was a prospective non-randomized controlled intervention using quasi-experimental design. Using Transcultural Model approach, 120 eligible participants who were current smokers at the time of TB diagnosis were assigned to either of two groups: conventional TB DOTS plus SCI (integrated intervention group) or conventional TB DOTS alone (control group). Eleven sessions of individual cognitive behavioral therapy with or without nicotine replacement therapy (NRT) were provided to each participant in the integrated intervention group, while the control group received the same number of sessions of usual counseling for TB. The effects of the novel intervention on biochemically validated smoking cessation, TB therapeutic outcomes and HRQoL were measured by comparing the two groups. Quitting smoking was determined by 7-day point prevalence abstinence (PPA) and continuous abstinence (CA) at different times over the 6 months follow-up period. Abstinence/ quitting was biochemically validated using carbon monoxide (CO) and saliva cotinine testing.

Results: A linear effect on both PPA and CA was observed over time in the intervention group. At the end of 6 months, patients who received SCI-DOTS had a significantly higher rate of success in quitting smoking when compared with those who received DOTS only (p = 0.001). Furthermore, at 6 months, there were significantly higher rates of treatment default (15.5% vs. 14.5% (p = 0.001)) and treatment failure (6.5% vs. 5.5% (p = 0.001)) in the DOTS group than in the SCI-DOTS group. Overall, the cure plus treatment completion rates (Cure Rate) at 6 months or later were 97.2% and 72.3% in the intervention and control groups, respectively (p = 0.001). When compared, participants in the SCI-DOTS group had a better HRQoL (measured using EuroQol-3D questionnaire) than those in the DOTS group. The integrated intervention group had a greater increase in EQ-5D utility index score when compared with the control group at 6 months follow-up (mean = 0.98 ± 0.08 vs. 0.91 ± 0.13, p = 0.006). This study has demonstrated significant effect of cognitive behavioral intervention and pharmacotherapy on smoking cessation outcomes, with documented improvements on overall HRQoL and clinical outcomes among TB patients.

Conclusion: The present study provides evidence that an integrated TB-tobacco treatment strategy could potentially improve short-term TB treatment outcomes and HRQoL, and should be adopted in TB care settings. Further studies should investigate the long-term outcomes of such programs and implement them on large scales. The findings of the study have an important implication in the revision of TB treatment guidelines locally and internationally.

*************** SMILE **************

Only a smile yet how it glows
And help to lift another's load
Who knows what power your smile may hold
To cheer a traveler on life's road.

What power to sooth hearts in pain
Or soothe like balm, a weary brain?
Then smile awhile, 'twill not be in vain
So aching hearts can smile again.

MEDICAL GRADUATES - CHOICE OF HOSPITAL FOR HOUSEMANSHIP TRAINING AND READINESS FOR DISTRICT POSTING

Bye Ang, Roslan Johari MG

Published in: Journal of Health management Vol.6: No.1/2009 pg 26

1. Institute for Health Management, Ministry of Health Malaysia

ABSTRACT

The number of housemen (HO) has increased by more than 3 folds over the last decade. However, its distribution is still not equitable with filled in hospitals ranging from less than 50% to over 100%. A self-administered postal survey involving medical graduates from four local universities who had just completed their medical studies were carried out in May 2009. With an overall response rate of 54.7%. Being close to home was the top first criteria for choice of place for training (53.8%), followed by “nice working environment” (33.6%), and “hospitals with consultants who are good teachers” (31.9%). Family members were the main people who influenced the choice of place for housemanship training (79.3%). Forty-seven percent of graduates from Peninsular Malaysia were reluctant to be posted to Sabah or Sarawak for housemanship training. The main reason was that distance from home. However, almost seventy-two percent of graduates wished to be posted out to a peripheral hospital or clinic after training. Graduates from University 3 and Malay

LIFE CAN BE FOR LIVING

(Warren H. Schmidt)

It was written by one in ancient times that
For everything there is a season and a time for every
matter under heaven:
A time to be born and a time to die...

We might add that between these boundary events there is also a
time to grow and a time to learn, to contribute and enjoy.
So it is with the Learning Manager...
There is a time to plan and a time to act
And in between— if we choose —there is a time to understand what makes us want to do the will of another.
There is a time to be firm in our control of others and a
time to let our grip be loose.
And in between—if we choose—there is a time to know more fully the power and risks of freedom.
There is a time to support a time to confront
And in between—if we choose—there is a time to reflect on how we can help others to do their best.
And so it goes in every arena of our lives... as we initiate or respond, decide or act
Each experience takes a moment of our time— and
whether it passes unused or becomes a text for our learning is up to us...

FOR ONLY WE CAN CHOOSE...
COGNITIVE TESTING ON NATIONAL YOUTH BEHAVIOR RISK FACTOR SURVEY SYSTEM RESEARCH INSTRUMENT
Nornazilah M.R., Ismaryuydiya I. & Mohammad Zabri.

Presented to: UKM as part of the Master's Program VIVA, the results is used in modifying the tools for the Youth Behavioural Risk Factor Survey System (YBRFSS) research, 2009.

1. Institute for Health Behavioral Research HIBR
2. UKM.

Abstract

This is a qualitative research which adopted the in-depth face to face interview, in order to test respondents' cognitive burden towards National Youth Health Behavioural Research. This test is crucial in order to improve the quality of questions to be used for the actual study to be carried out in year 2010. From this method, cognitive testing which involved four processes include the ability to recall previous information, ability to evaluate as well as respond to all of the faulty research questions to respondents. The sample taken for this research comprised of 24 form one, form two and form four students, from two secondary schools. The sampling method used in this research was stratified random sampling, where all of the required criteria were met. The process of data collection was conducted by using in-depth cognitive interview as well as video recording. Data were analyzed descriptively. Research findings indicated a lot of improvement should be made on practices where there were 12 items (39%) out of 31 items. This is due to respondents' lack of understanding on certain terms and phrases used. The sentence structure that was over written on the practices section required respondents to read repeatedly in order to understand the questions. Other than that, the ability to recall previous information related to amount of time that exceed seven days clearly indicate respondents' disability to answer the proposed questions. Meanwhile, for the knowledge section, two items (6%) out of 32 items caused difficulty towards respondents in terms of understanding questions related to the usage of technical sentences. As for the attitude section, two (5%) out of 40 items were faulty in terms of questions comprehension. In conclusion, the overall quality of instrument being used for the national youth behaviour risk factor survey system research was acceptable as only the practices section caused difficulty to respondents. However, certain questions that were not comprehended by respondents need to be improved in order to enhance the quality of the instrument.

CORPORATE CULTURE IN MINISTRY OF HEALTH MALAYSIA: THE INSIDE PERSPECTIVE OF TWO FGDS IN KLANG VALLEY
Mohammad Zabri, J., Subaiman C.R., Zawaha I., Edwary U., & Siti Sa'adiah H. N.

Published as Technical Report
Presented to: IDG during the corporate culture meeting before the rebranding of the new MOH corporate culture.

1. Institute for Health Behavioural Research, KKM

ABSTRACT

The Ministry of Health (MOH) Corporate Culture was a unique initiative formulated in 1997 with the objective to provide services that would meet the expectations of its clients, predominantly Malaysian seeking health services. However, in recent years, the MOH Corporate Culture has waned to the point where it is almost a concept without implementation. The current management of the Ministry of Health had recently decided to rebrand the MOH Corporate Culture with the hopes of reviving it at a mass scale. Two focus group discussions with a total of 23 participants were conducted at two government hospitals to uncover the MOH Corporate Culture at the grassroots level. The general response from the participants conveyed that corporate culture practice is still low amongst most staff. Now staff and staff who are unable to comply are the contributors to limiting success in implementing the MOH Corporate Culture. The participants also agreed that the MOH Corporate Culture should be revived in the form of the rebranding to provide better services and a better working environment for both staff and clients of the MOH.
**Calendar for IHM.**

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<td>2</td>
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**CALENDAR OF EVENTS FOR IHSR**

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“Play Hard & Work Harder”
FUTSAL

NIH Secretariat organized a Futsal competition amongst the various NIH Institutes on 5 December 2009. Twelve teams, comprising of both the male and female staff, took part in the competition. The teams came from IMR, IPH, IHSR, IHM, NIH Secretariat and the National Blood Bank (invited to even up the teams). There were 10 members per team, accompanied by their supporters, resulting in about 200 attendees present on that day.

The day of the competition dawned bright and clear and there were great excitement and anticipation amongst the teams as this was the first time they were competing against each other. In fact, many of the teams were formed just to compete in this event.

The opening ceremony was officiated by Dr Hj Azman Abu Bakar, the Director of IPSK, on behalf of Dato’ Dr Maimunah A Hamid, DDG (R&T). The competition was keenly fought with supporters yelling encouragement to their team-mates, followed by laughter and even tears when teams were eliminated or some of the members got injured.

The National Blood Bank team won the first prize for the men’s team, followed by the team from IMR and IPH respectively. For the female teams, the winner was from IHM, followed by the National Blood Bank team, and NIH Secretariat in third place. The prizes were given away by Dr S Asmaliza, the Head of NIH Secretariat and Dr Nor Fizatul Borhan of IHM.

Everyone had a good time, despite some teams not winning. Futsal is a robust game and not for the faint hearted, but for those who played, and even those who just watched, the sense of competing was very exciting, especially so when the team scored a goal. It is a game that promotes comradeship amongst team members, and a great way to exercise.