Review of Tuberculosis Cases in Kuala Lumpur and Putrajaya Federal Territory, 2017-2018

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ABSTRACT

INTRODUCTION: Tuberculosis (TB) remains to be one of the leading causes of morbidity and mortality globally includes Malaysia. This study aimed to describe the epidemiology and distribution of TB case in Kuala Lumpur and Putrajaya Federal Territory. **METHODS:** A cross-sectional study was conducted using the secondary data from National Tuberculosis Information System for the period of 2017-2018. **RESULTS:** During the two-year period, there were a total of 4102 TB cases registered. Of this, 3988(97.2%) cases were adult and 115(2.8%) cases were children. The mean age was 41.32-year-old. There were 302 deaths (Case Fatality Rate: 7.4%) was recorded over the period. The incidence per 100,000 populations were: 1.2 and 1.16 for 2017 and 2018 respectively. The most affected were male (63.4%), age group 25-34 years old (23.3%) and Malaysia nationality (83.8%). Out of the five districts, Kepong had the highest proportion of TB cases (25.7%). A total of 2715(66.2%) from the cases were smoking, 714(17.4%) were diagnosed with Diabetes Mellitus and 332(8.1%) with HIV positive. Majority of the cases, 3560 (86.8%) were immunised with BCG (Bacille Calmette-Guerin) and 2488(60.7%) live in flat or apartment type of residence. Among cases live in flat or apartment type of residence, 2130(85.6%) of them were Malaysian, 1506 (60.5%) were male, 1379(55.4%) were Malay, 1211 (48.9%) with secondary level of education and 1337 (53.7%) cases were diagnosed with PTB smear positive. **DISCUSSION:** Based on these social determinants, effective TB control strategies tailored to the specific group such as urban poor group is vital.

KEYWORDS: Tuberculosis, Hot spot, Social determinants

Risk Assessment for Measles Elimination Programme in WPKL&P 2018

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ABSTRACT

INTRODUCTION: Malaysia is committed to achieve target of Measles Elimination Status in 2025. Risk assessment is recommended to do regularly to evaluate the performance of Measles Programme. Parameters need to be assessed are Measles Population Immunity and Surveillance Quality. The target of risk assessment is to identify high risk area and to carry out specific intervention for target population. **METHODS:** Stakeholders were identified, and meeting was carried out to discuss the approach of risk assessment. Auditor teams were appointed and cross audited data at health clinics. Population immunity was evaluated by checking Child Health Card, Child Registration Book KKK 101 and Vaccination coverage data. Surveillance quality was assessed by analysis of data from enotice and e-Measles system. Finding was presented to stakeholders and specific intervention was planned. **RESULTS:** Totally 28 health facilities had been assessed. 14 facilities scored more than 50% and categorised as high risk. 10 clinics reported at least two measles cases age >12 months to <7 years and 11 clinics had MCV coverage less than 95% in 2017. **DISCUSSION:** In order to achieve Measles Elimination Status, it is important to strengthen the immunization programs such as proper defaulter tracing system and increase the immunization coverage. Supplementary Immunization Activity is suggested for areas that score more than 50%.

KEYWORDS: Measles Elimination, Population Immunity, Surveillance quality