

# Where the clusters really are

Infections at workplaces, particularly construction sites, factories and companies that supply security services, make up nearly 30% of the total Covid-19 cases reported over the past two months, says the Health Ministry. Employers are desperately seeking more time to provide suitable housing for their workers.

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# Top two sources of clusters

Workplaces and detention centres make up 35% in past two months

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**PETALING JAYA:** Workplaces and detention centres were the source of 35% of all Covid-19 cases over the past two months, making them the top clusters as the country battles a high tide of infections.

The Health Ministry reported 158,789 Covid-19 cases in a 60-day period from Dec 7 last year to Feb 4 this year.

From this figure, 29.2% (46,411 cases) were linked to clusters detected from targeted worker screenings at factories, construction sites, security companies and other workplaces.

Clusters that emerged due to screenings at prisons, lockups and immigration detention centres comprised 6.1% (9,618 cases).

Other types of clusters, which include those linked to interstate travel, family and social gatherings made up a combined 8.1% (12,827 cases).

The remaining infections – which were not attributed to clusters – were from close contact screenings, other types of screenings as well as imported cases.

For context, Dec 7 last year was when inter-district and interstate travel restrictions were lifted.

Covid-19 screening for prisoners, those under remand and other detainees had been stepped up a few months earlier.

It was then announced that screening would be mandatory for foreign workers in stages from Jan 1 this year.

A steady rise in daily cases subsequently led to the movement control order being reimposed on Jan 13.

Universiti Malaya epidemiologist Prof Datuk Dr Awang Bulgiba Awang Mahmud said workers' living conditions and adherence to SOP at work must be looked into to address the spike in workplace infections.

"We need to look into whether the SOP is being adhered to in the workplace, like where they eat and rest, and whether their living conditions are a factor in causing the spread," he said.

He acknowledged that the enforcement of the amended Workers' Minimum Standards of Housing and Amenities Act 1900 (Act 446) to improve workers' living conditions will take time due to the economic downturn, which will make it difficult to stem the rampant spread of Covid-19.

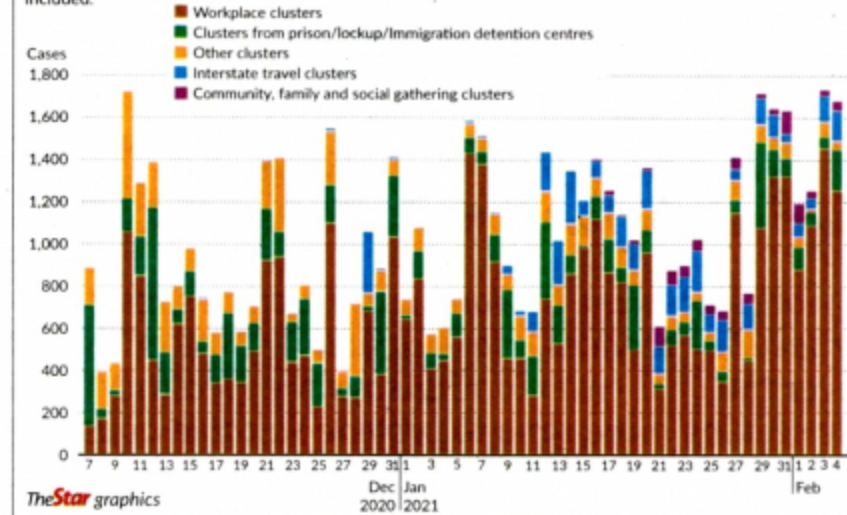
"In the short-term, we will need to do repeat testing followed by prompt isolation of infected cases of migrant workers despite the cost.

"In the long-term, we have no choice but to improve workers' living conditions," he said.

Apart from clusters, he said more attention should also be given to the threat posed by unlinked or sporadic transmissions.

## Daily cases from Covid-19 clusters

The chart below shows cases from the various types of clusters over 60 days from Dec 7, 2020 to Feb 4, 2021. Daily cases from close contact screenings, other types of screenings and imported cases are not included.



Unlinked or sporadic transmissions refer to newly diagnosed cases that cannot be linked to any previous cluster.

Prof Awang Bulgiba said he noticed a rising trend since September last year in the number of infections unlinked to any clusters.

"Now the unlinked cases have probably resulted in many other infections that we are having outbreaks in healthcare facilities and care homes which are unrelated to existing clusters," he noted.

He said asymptomatic transmission – in which a person was infected but showed no symptoms – was another cause for concern.

He highlighted that an article published in the *Journal of the American Medical Association* last month found that transmissions from asymptomatic individuals were estimated to account for more than half of all transmissions.

As such, Prof Awang Bulgiba said testing was needed not just to trace new and active infections.

"We need repeated seroprevalence surveys to determine the level of past and current Covid-19 infections in the country," he added.

On Feb 7, Health Minister Datuk Seri Dr Adham Baba said 6,414,565 Covid-19 tests had been done throughout last year until Feb 5.

Of the total, 3,332,554 were RT-PCR (Reverse

Transcription Polymerase Chain Reaction) tests.

He also said that for this year, 1,188,284 RT-PCR tests as well as 1,893,727 RTK-Ag (Rapid Test Kit Antigen) tests had been carried out.

Dr Adham said the numbers showed that the government was giving attention to detecting cases via RTK Antigen and RT-PCR tests.

Universiti Putra Malaysia medical epidemiologist Assoc Prof Dr Malina Osman said mass testing was needed for economic activities in the country to fully resume safely.

Mass testing, she said, should include tertiary students, frontliners, those in charge of nurseries and welfare homes as well as people in other high-risk industries or job settings.

"We hope the government will proceed with certain mechanisms to reduce the price for tests so that more screening can be done.

"If companies have the appropriate budget, are able to get an affordable price for screening tests and have proper enforcement of standard operating procedures, Covid-19 screenings can be made mandatory," she said.

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