

# 'WE DON'T HAVE TRUE PICTURE OF OUTBREAK'

Malaysia needs to increase testing and boost vaccination rate, experts say

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**T**HE number of Covid-19 cases reported daily is not an accurate picture of the situation on the ground, which is much worse, experts believe.

They believe this is due to inadequate testing, compounded by a surge in the number of sporadic cases in the community.

They are calling on the government to ramp up the country's testing capacity, boost the inoculation drive and procure more vaccines. All these with the aim to stem the infection, especially among children aged above 12.

Epidemiologist Professor Datuk Dr Awang Bulgiba Awang Mahmud said the high number of positive results during screening points to under-testing, which means more exhaustive efforts were needed.

"The high percentage of sporadic infections means there are many infected persons who cannot be traced to any cluster, so the rate of virus spread cannot be determined and their contacts not likely to be tested.

"Therefore, we do not really know the real number of sporadic or unlinked infections in the community," he told the *New Straits Times*.

Health director-general Tan Sri Dr Noor Hisham Abdullah had said a whopping 80 per cent of cases (including variants of concern) in Malaysia were sporadic.

Dr Awang Bulgiba said cases in the community were not fully traced since Jan 13, as the Health Ministry had directed only 10 per cent of contacts be traced and tested if there were more than 50 people exposed to the case.

This, he said, would mean that community transmission had increased without detection, which led to the surge in sporadic cases.

As chairman of the Science, Technology and Innovation Ministry's Covid-19 Epidemiological Analysis and Strategies Task Force, Dr Awang Bulgiba reiterated that Malaysia needed to ad-

minister 300,000 to 500,000 jabs a day in order to vaccinate 25 million people by year-end to achieve herd immunity.

He said once the backlog of registrants have been vaccinated, mobile teams could be sent out to places of worship and community centres to set up pop-up vaccination centres.

Dr Awang Bulgiba, who is also head of the Independent Covid-19 Vaccination Advisory Committee (ICVAC), said plans should be made to ensure children were vaccinated sooner.

"When the ICVAC suggested that 80 per cent of the population needed to be vaccinated, this included children under the age of 18 as they constitute almost 30 per cent of the population."

The US Food and Drug Administration and the US Centres for Disease Control have recently expanded the emergency use authorisation for the Covid-19 Pfizer vaccine to adolescents aged 12 to 15. Among the countries that have approved the Pfizer vaccine for this group of children are Canada, Singapore and Hong Kong.

From Jan 25, last year, to May 30, this year, 82,341 children in Malaysia have been infected, comprising those aged 13 to 17 (27,402 cases), 7 to 12 years (26,851), 5 and 6 (8,237) and infants to 4 years (19,851).

Dr Awang Bulgiba said the spike in infections and the fatality rate could be due to the more virulent newer variants, resulting in a faster deterioration of patients.

"Some patients who might not have been admitted to hospital could have had their condition deteriorate rapidly. We do not have post-mortem reports on them so it is difficult to know what they really died of."

He said the newer variants might have an infectious period as long as 21 days.

"Singapore has imposed a 21-day quarantine on visitors from Malaysia, so there must be a reason for it. We are slow to react (to the changing Covid-19 situations) and only recently increased the

quarantine period for visitors."

He said infected persons might have brushed off their symptoms as a cold or minor cough.

Dr Awang Bulgiba said what was needed was to combine epidemiological analysis with genomic surveillance.

"Malaysia's record on genomic surveillance in this pandemic is dismal, with hardly 0.08 per cent of virus samples being sent for genome sequencing.

"Hence, we did not know that we had the B.1.1.7, B.1.351 and B.1.617 variants until they were already in the community."

Manipal University College Malaysia's community and occupational medicine Professor Dr G. Jayakumar called for more drive-through vaccination centres, introducing walk-ins, offering it to private hospitals/clinics, and vaccination trucks to ramp up vaccination.

These, he said would increase accessibility of vaccination to the community, especially to rural folk, the elderly, people who were not tech-savvy, vaccine-hesitant groups and the Orang Asli.

Dr Jayakumar said migrant workers and people living in institutions, like old folk homes, prisons and refugee centres, needed to be targeted.

"The general practitioners have to be utilised more effectively to push the vaccination drive."

Although Dr Jayakumar believed that the number of cases reported could fluctuate depending on the number of tests done, what was more important was to acknowledge that the healthcare system was at a tipping point.

He also said the government needed to procure more vaccines for children above 12 to protect them against newer variants.

Universiti Putra Malaysia epidemiologist and biostatistician Associate Professor Dr Malina Osman said the curbs in force would bring down the transmission of the virus.

However, exceptions granted to certain industries to continue operating worried her as millions of workers were exposed to risk.

**“The high percentage of sporadic infections means there are many infected persons who cannot be traced to any cluster.”**

**PROFESSOR DATUK DR AWANG BULGIBA AWANG MAHMUD**  
Epidemiologist

## CAN I BE VACCINATED?

YES



**Chronic kidney disease/dialysis patients**



**Non-communicable diseases** such as high cholesterol, hypertension and diabetes



**Obesity**



**Auto-immune diseases** such as SLE, psoriasis and rheumatoid arthritis



**Asthma**



**Atopy** such as eczema, allergic rhinitis and allergic conjunctivitis



**Pregnant mothers** (suitable for Pfizer)



**Breastfeeding mothers** (suitable for Pfizer and AZ, while Sinovac needs consultation with doctors)



**Women planning to get pregnant**



**Mild allergies to food, insect bites and environment**



**Users of birth control pill**



**HIV-positive patients** (taking ART and CD4 350mm seI/mm)



**Transplant patients**



**People taking blood thinners and stabilisers**



**Lack of G6PD enzyme**

CAUTION

**Anaphylaxis history**

History of allergic reactions to medicines and vaccines

NO

**Anaphylaxis history**

1. Severe allergies after receiving the first dose or any of the contents of Covid-19 vaccine
2. Allergies within 72 hours after the previous dose or any allergy to Covid-19 vaccine content

**NOTE: PRE-VACCINATION EVALUATION**

Can be done at the nearest health clinic and hospital for patients with low immunity, bleeding tendency and history of severe allergies

References: -Clinical Guideline on Covid-19 Vaccination in Malaysia  
-Special Committee on Covid-19 Vaccine Supply Access Guarantee (JKJAV)