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ABSTRACT

INTRODUCTION: Older people present with higher number of missing teeth and lower number of remaining natural teeth. Studies have shown that tooth loss are associated with reduction in physical, psychological and social function as well as the ability to chew. Elderly with 20 and more natural teeth had better OHRQoL compared to elderly having less than 20 natural teeth. Over the years, the Ministry of Health (MoH) are committed to provide oral healthcare services at all stages of life so as to ensure better OHRQoL are achieved in the aging population. This report describes the trends of elderly Malaysian age 60 years old with 20 and more natural teeth, average number of natural teeth and edentulism from year 2005 to 2017.

METHODS: Service data were obtained from the e-reporting Health Information Management System (HIMS). These impact indicators were monitored annually.

RESULTS: There is increasing proportion of 60 years old with 20 and more natural teeth from 30.6% (2005) to 41.4% (2017). Similar trends were seen on the average number of natural teeth from 13 (2005) to 16.9 (2017). On the contrary, edentulism status are reducing each year from 16.0% (2005) to 8.2% (2017).

DISCUSSION: There is a steady improvement of proportion of elderly age 60 years old with 20 and more natural teeth. However, data is limited to elderly seen by the primary oral healthcare in MoH. The National Oral Health Target of 60% of 60 years old with 20 and more natural teeth by 2020 is still far reaching.

KEYWORDS: 60 years old, 20 and more teeth, edentulism

The 10 Years Situational Analysis of Malaria Cases in Keningau District.

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ABSTRACT

INTRODUCTION: The Human Malaria caused by four different species of Plasmodium. The National Elimination Strategic Programmes (PSEMK) of Human Malaria has been introduced since 2010 as part of Health Ministry effort to ensure fully eliminated. Currently, Keningau is in progress of eliminating and at the same time prevention of re-introduction of Human Malaria. Based on geographical distribution, Keningau surrounded by the reserved forest and bordering of Kalimantan, Indonesian which attribute one of the highest malaria cases in Sabah. Besides, the locals are working at the endemic countries of malaria also contributing the numbers of cases.

METHODS: A 10-year cross-sectional study under Keningau District Health Office from year 2008-2018. RESULTS: The 10-year data was analysed from 2008-2018, all cases including human and zoonotic malaria. Whereby malaria zoonotic is increased while human indigenous is reducing tremendously. Mostly our Human Malaria contribute by imported cases. Keningau divided into 12 mukims, based on stratification of malaria, there are significant changes in 2013, where seven out of 12 mukims are green. Last mortality cases were reported at Keningau in 2010.

CONCLUSION: PSEMK been divided into three phases (Pre-elimination, Elimination and Prevention Re-introduction of Malaria). Keningau Health District is in line and currently at the 3rd phases. However, the imported cases are a main threat, without early screening and good control measures it can be re-introducing to local community and subsequently ruin this programmed. Based on our practice and co-operation inter agencies, we are ready to eliminate malaria at Keningau in 2020.

KEYWORDS: Malaria, PSEMK, Malaria imported, Human Malaria, Keningau