What Contributed to Prolonged Dengue Outbreak Hotspot (149 Days) in Apartment Sri Rakyat, Cheras?

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ABSTRACT

INTRODUCTION: Apartment Sri Rakyat, Cheras recorded a recurrent prolonged dengue outbreak for the past 3 years despite multiple efforts to combat the infection accordingly. It is crucial and unusual for a dengue outbreak to exceed more than 100 days in Kuala Lumpur. The aim of this study was to identify key issues contributing to the unsuccessful dengue control activity in this locality. METHODS: A retrospective study using SWOT analysis was conducted from April to September 2018. RESULTS: The area recorded larval surveys surpassing thresholds A.I: 8.3%, B.I: 13, C.I: 2.9%, P.I: 5.4%, Mosquito Landing Rate: 10/min. Throughout the study period, a total of 18 search and destroy activities, 18 thermal fogging, and 7 ultra-low volume fogging with 80% coverage were conducted. Based on SWOT, the Strengths of this study were sufficient assistance given by state and district health office in terms of provision of chemicals and equipment for systematic control. Weaknesses found were structural building defects, inability to determine the source of infection, poor coordination in control activities, search and destroy coverage, active case detection and law enforcement. In terms of Opportunities, there were good cooperation from Kuala Lumpur City Hall and construction companies. Threats faced were surrounding three construction sites, dengue Hotspot areas, multiple empty lands with illegal plantations and dumping grounds, poor community support as evidence by poor turnout for gotong-royong, unavailability of COMBI and cooperation from the management body. DISCUSSION: Therefore, tackling and handling of key issues is of vital importance in dealing with prolonged dengue outbreaks.

KEYWORDS: Dengue hotspot, dengue control measures, recurrent dengue outbreak

What Fears the Type-2 Diabetes Patients to Start on Insulin Treatment?

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ABSTRACT

INTRODUCTION: Fear strikes and reluctancy appears in many type-2 diabetes patients (T2DM) when they heard about starting insulin treatment. Insulin treatment initiation is a challenge for both health care providers and diabetes patients as well. This study aims to identify the association between emotional factor and psychological insulin resistance (PIR) among T2DM patients. METHODS: A cross-sectional study using interviewer assisted questionnaires was conducted among insulin naïve T2DM patients in government health clinics at a district of Penang, Malaysia. Insulin Treatment Appraisal Scale (ITAS) was used to assess PIR. RESULTS: Among 385 respondents, 280 (72.7%) were reluctant to initiate insulin treatment, female (77.1%) had higher PIR as compared to male (64.7%). The matter that the respondents feared the most was the fear of self-injection (60.8%), this was followed by the needle phobia (53.5%), fear of pain (51.4%), and afraid of hypoglycaemia attack after starting insulin treatment (49.9%). The fear of weight gain, blood phobia, and fear of self-monitoring of blood glucose (SMBG) were just occurred among 33.0%, 25.7%, and 21.3% of the respondents. Simple linear regression showed that there was a significant direct linear association between PIR with emotional factor (Beta= 0.562, p<0.001). With 1 unit increased in emotional factor, there was 0.999 increased in PIR (T=13.302, F(1,383)=176.945). Emotional factor explained 31.6% of the total variance in psychological insulin resistance among the insulin naive T2DM patients at the studied health clinics. CONCLUSION: Therefore, tackling the fears of patients is fundamental to reduce PIR among T2DM patients.

KEYWORDS: fear, type-2 diabetes, psychological insulin resistance, emotional factor, ITAS