

Congenital TB: Where Did We Go Wrong?

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ABSTRACT

INTRODUCTION: Congenital tuberculosis (TB) is transmitted from mother to foetus via trans-placental or ingestion of infected amniotic fluid. Though the global incidence rate of congenital TB is very low, it poses high fatality rate. **CASE PRESENTATION:** A case of congenital tuberculosis in a baby born to a single underaged girl was reported in Gombak in 2018. Pregnancy confirmed coincidentally at government clinic when she sought treatment for cough and breathing difficulty in October 2017. She defaulted antenatal appointments till March 2018 when she presented with giddiness, lethargy, palpitation and breathing difficulty and immediately admitted to a government hospital. Treated for anaemia and discharged after blood transfusion the next day. TB screening not carried out nor advised by both the clinic and hospital although it was documented that her father was a TB patient who had defaulted treatment in 2005 and 2013. Upon delivery, the baby had breathing difficulties and diagnosed to have congenital pneumonia. Baby was discharged after five days to adopted parents. On day 20 of life, the adopted parents brought the baby to another government hospital for intermittent fever last 4 days. Baby was diagnosed to have congenital TB (sputum positive with chest x-ray findings bilaterally) and passed away on day 86 of life in NICU. The case highlights the importance of vigorous defaulter and contact tracing mechanism and prompt TB work out among antenatal mothers once positive history is elicited. **CONCLUSION:** TB screening must be part of routine antenatal care and the slightest suspicion should warrant prompt assessment.

KEYWORDS: congenital tuberculosis, antenatal screening, case report

Contributing Factor of Dengue Hotspot in Tanjung Aru Sub-District in 2018

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ABSTRACT

INTRODUCTION: Dengue infection is caused by dengue virus which is a mosquito-borne flavivirus transmitted by female Aedes mosquito that can lead to dengue fever. Tanjung Aru Sub-district is a priority-one area that erupts one episode of dengue hotspot in February 2018 with 18 cases. **METHODS:** Prevention and reducing dengue virus transmission depends entirely on controlling the mosquito vectors or interruption of human-vector contact. The investigator responsibilities are to conduct a case investigation to identify the potential source of infection, initiate control and prevention measures to prevent the spread of the disease and record the data into e-dengue. **RESULTS:** From the database, noted shortfall in quality in search and destroy operation. They only achieved 65 % of houses which is 217 houses out of 335 houses. Vector control team uses Acetylic as an insecticide and 20 caj or five teams are the standard of operational to cover for 200-metre radius, but vector team is under the standard that only three teams or 12 caj. **DISCUSSION:** The reason that this operation does not achieve target is due to control team had discovered nine other outbreaks at the same time. Community participation is vital to prevent and control the spread of dengue in the outbreak area. Integrated vector management (IVM) incorporate social mobilization and behavioral change at the community level as part of a wider strategy to control dengue. These strategies aim to improve the efficacy, cost-effectiveness, environmental impact and sustainability of vector control strategies.

KEYWORDS: Dengue Hotspot, Integrated Vector Management, Community participation