
HEALTH CARE IN COVID-19 PANDEMIC



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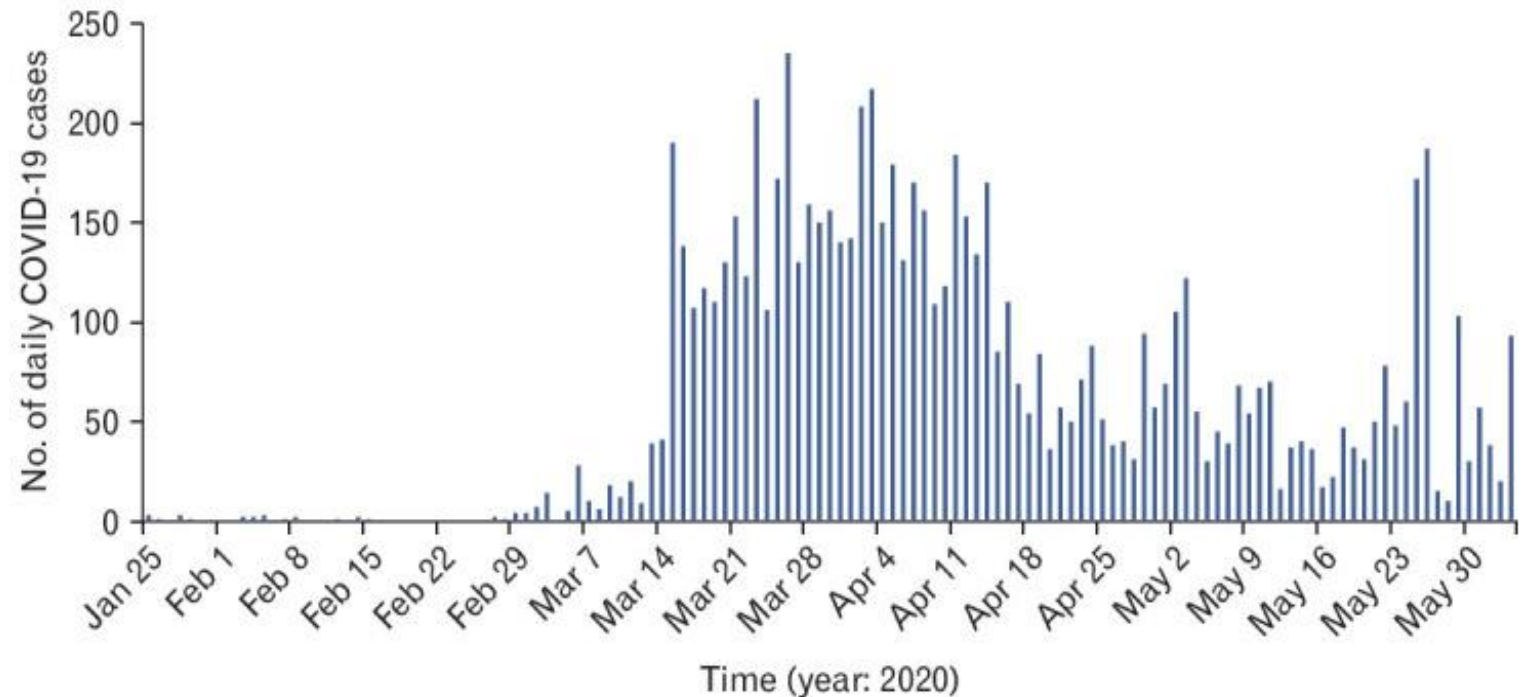


AT THE BEGINNING OF THE PANDEMIC

- COVID-19 screening using thermal scanners was implemented at all international points of entry in Malaysia. As of May 2020, there are 79 thermal scanners located throughout Malaysia. At the beginning of the pandemic, 57 hospitals were initially prepared for conducting COVID-19 screenings, and 28 hospitals were allocated for receiving and treating COVID-19 patients, with at least one hospital per state.
- In terms of diagnostic tests, the Institute for Medical Research (IMR) prepared employment of the RT-PCR test to diagnose COVID-19. With this test, authorities in Malaysia are able to detect a person carrying the SARS-CoV-2 virus. In the initial stage of the pandemic, the IMR was the only laboratory involved in conducting RT-PCR testing in Malaysia, which is the gold standard for testing widely used globally.

PANDEMIC WAVES

- The pandemic in Malaysia started as a small wave on January 25 in Johor Bharu, when three individuals who traveled from Wuhan tested positive for the coronavirus
- Reported cases remained relatively low throughout February 2020 until a large spike of cases became apparent in the middle of March, which marked the beginning of the second wave, brought by the Sri Petaling cluster.
- Number of daily coronavirus disease 2019 (COVID-19) cases in Malaysia as of May 30, 2020



STEPS TAKEN BY MALAYSIA

- **Early Screening and Detection** -As of May 29, 2020, there were 3,370 positive cases out of 41,320 persons screened (8.16% yield); the Sri Petaling cluster has contributed 43.5% to the total number of COVID-19 cases in Malaysia
- **Quarantine and the Movement Control Order** - Malaysia implemented a limited lockdown following an exponential rise in COVID-19 cases in March 2020. As enforced under the Control and Prevention of Infectious Diseases Act 1988 and the Police Act 1967.
- **Risk Stratification Strategy** - Apart from the MCO, the Malaysian government has implemented a risk stratification strategy based on the number of confirmed cases compared with states and districts. The strategy uses a color-coded mechanism, segregating the number of cumulative confirmed cases according to traffic light colors: green means the district does not have any confirmed cases, white means the cases are from one to 19, orange means there are 20 to 40 cases, and red marks the 40-case threshold. In certain localized hotspots, the enhanced MCO (EMCO) is applied when a cluster of cases is found, without setting any threshold number of positive cases in a certain place.

CLINICAL MANAGEMENT RESPONSES TO THE COVID-19 PANDEMIC

Unlike the public health approach, which is entirely under the public's domain, Malaysia has a dual-tiered system of clinical management services: a government-led sector funded by the public sector and a private sector, creating a dichotomous yet synergistic public-private model.

- **Adjustment in Hospital Capacity** – During the first wave of the outbreak, only a handful of hospitals in Malaysia were identified for diagnosing and treating COVID-19, with one hospital per state. However, as the pandemic progressed, Hospital Sungai Buloh in Selangor has since been converted into the national COVID-19 center, transferring non-COVID-19 cases to nearby hospitals. At the private hospital level, major modifications have been made in terms of relocation of staff and wards to comply with the isolation protocol for COVID-19 patients and suspects.
- **Adjustment in Clinical Management** - upon the WHO's announcement of the COVID-19 disease as a pandemic, countries of origin have no longer mattered; anybody with a history of traveling abroad has been considered a PUI. In response to the rapid need for information, many online webinars have been initiated by the COVID-19 Taskforce and Crisis Preparedness and Response Centre to educate doctors and front liners in understanding and dealing with COVID-19 in a better manner

CLINICAL MANAGEMENT RESPONSES TO THE COVID-19 PANDEMIC

- **Adjustment in the Management of Non-COVID-19 Patients** - The pandemic has also led to an increase in telemedicine between doctors and patients. This facility has been found to be useful among non-critical patients who need to review their medications and follow up with their respective doctors and who do not need a thorough physical examination and extensive investigation. However, among the pitfalls of telemedicine, it is not suitable for certain diseases that require specific and thorough examinations, such as ophthalmology, neurology, cardiology, gastroenterology, and other surgical-based conditions.
- **Laboratory Capacity for Diagnostic Tests** - In terms of diagnostic tests, the RT-PCR test is the gold standard for diagnosing COVID-19 and is widely used globally because of its high accuracy rate

COMMUNITY EMPOWERMENT AND INTER-AGENCY APPROACH

- Coordinated information campaigns were carried out throughout the lockdown period to prepare communities for new norms as the government eased on lockdown restrictions





MALAYSIA 2022 AND VACCINATION

LATEST DATA FOR COVID 19 IN MALAYSIA

Confirmed COVID-19 Cases

Data for Malaysia

Daily - Cases

+1,486

Total - Cases

4,792,942



COVID-19 Patients Ventilated

Data for Malaysia

Active - Ventilated

43

Utilisation (Overall)

38.3%



LATEST DATA FOR COVID 19 IN MALAYSIA

COVID-19 Hospital Admissions

Data for Malaysia

Daily - Admissions

375

Utilisation (Overall)

71.2%

Utilisation (COVID)

21.4%



COVID-19 Patients in ICU

Data for Malaysia

Active - ICU

79

Utilisation (Overall)

62.0%

Utilisation (COVID)

21.3%



LATEST DATA FOR COVID 19 IN MALAYSIA

COVID-19 Deaths by Date of Death

Data for Malaysia | Note: The trendline is cut off because reporting for the most recent 7 days is incomplete.

Total - Deaths

36,249



COVID-19 Tests Conducted

Data for Malaysia

Daily - Tests

+20,806

Positivity Rate

7.6%



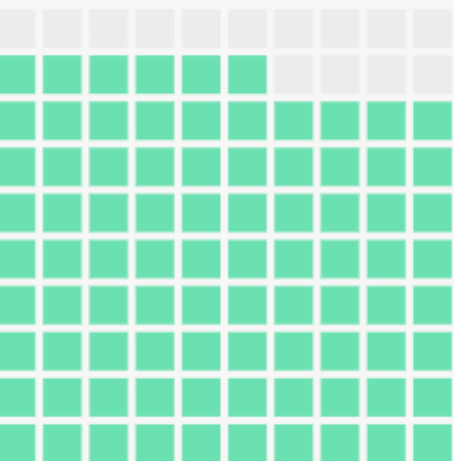
● PCR ● RTK ● Positive Rate %

IMMUNIZATION PHASES

Flow	Target group	Estimated number	Duration
Phase 1	Healthcare workers and frontliners comprising essential services, defence and security personnel	500,000+ individuals	26 February 2021 – April 2021
Phase 2	High-risk groups; including disabilities, senior citizens and elderly people with comorbidities	9.4 million+ individuals	April – August 2021
Phase 3	Adults aged 18 and above consisting of citizens and non-citizens.	13.7 million+ individuals	May 2021 – February 2022
Phase 4	Workers in critical industries: food, manufacturing, construction, retail, plantation, and hospitality	7 million+ individuals	14 June 2021 onwards
Phase 5	Adolescents aged from 12 to 17 with underlying medical conditions ¹	3.2 million+ individuals	8 September 2021 onwards
	Adolescents aged from 12 to 17 with no medical issues based on age de-escalation		20 September – present

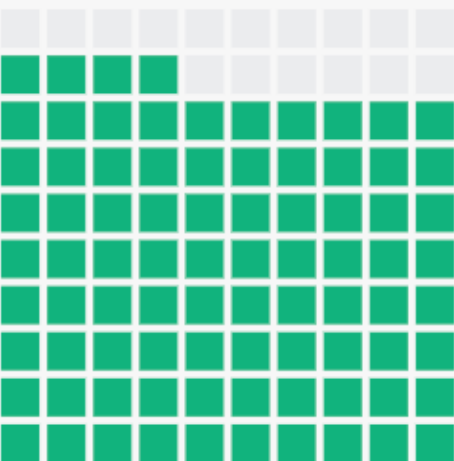
VACCINATION RATES BY DOSE

1st Dose - 86.0%



Total - 28,094,057
Daily - 324

2nd Dose - 84.2%



Total - 27,497,097
Daily - 205

1st Booster - 49.7%



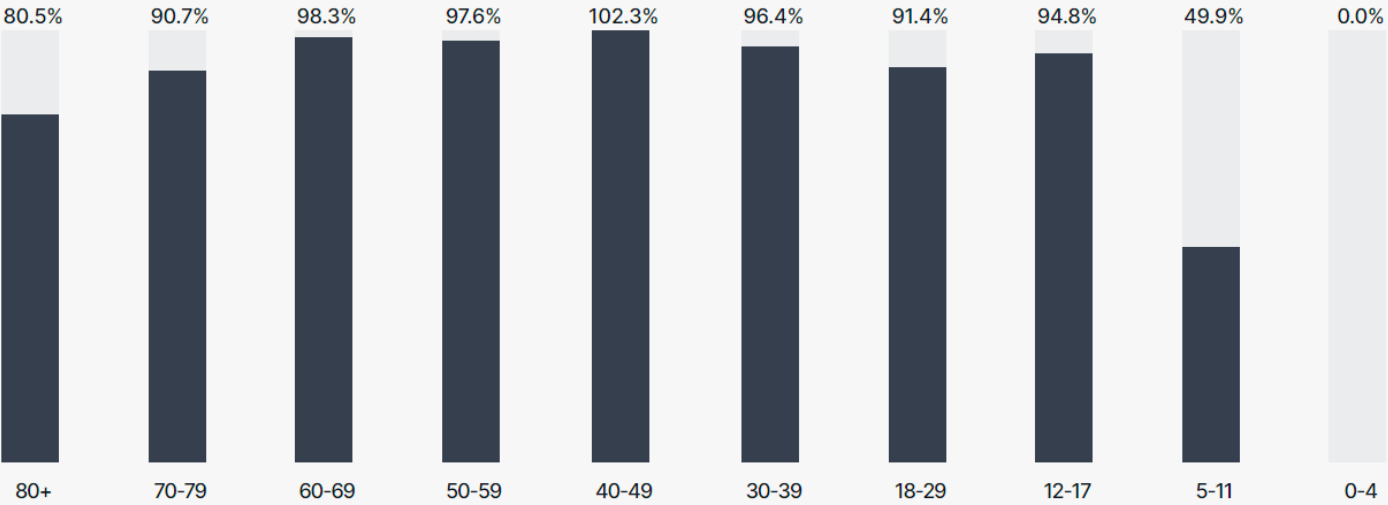
Total - 16,221,117
Daily - 530

2nd Booster - 1.5%



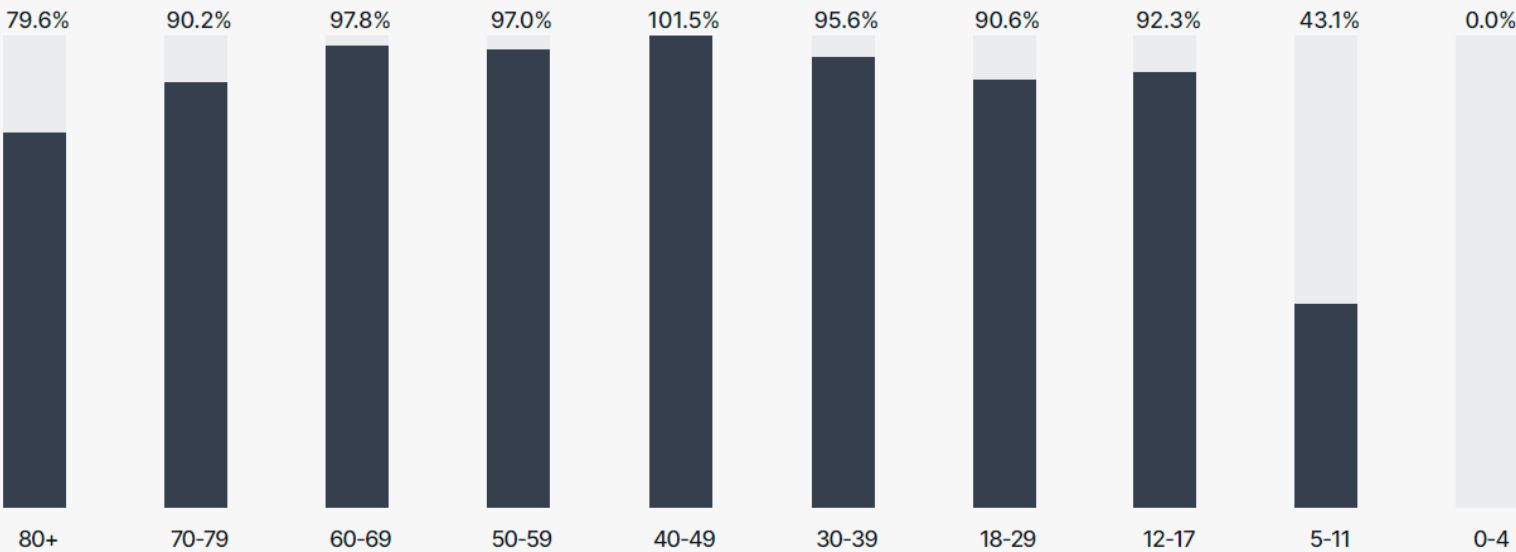
Total - 474,333
Daily - 1,227

VACCINATION RATES BY AGE GROUP

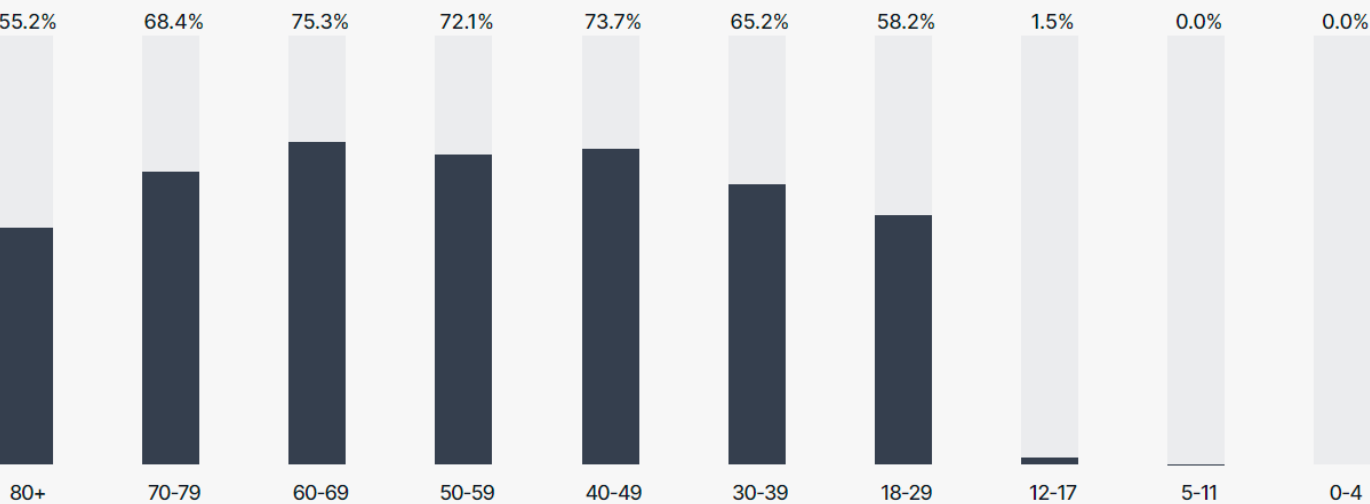


1st Dose

2nd Dose

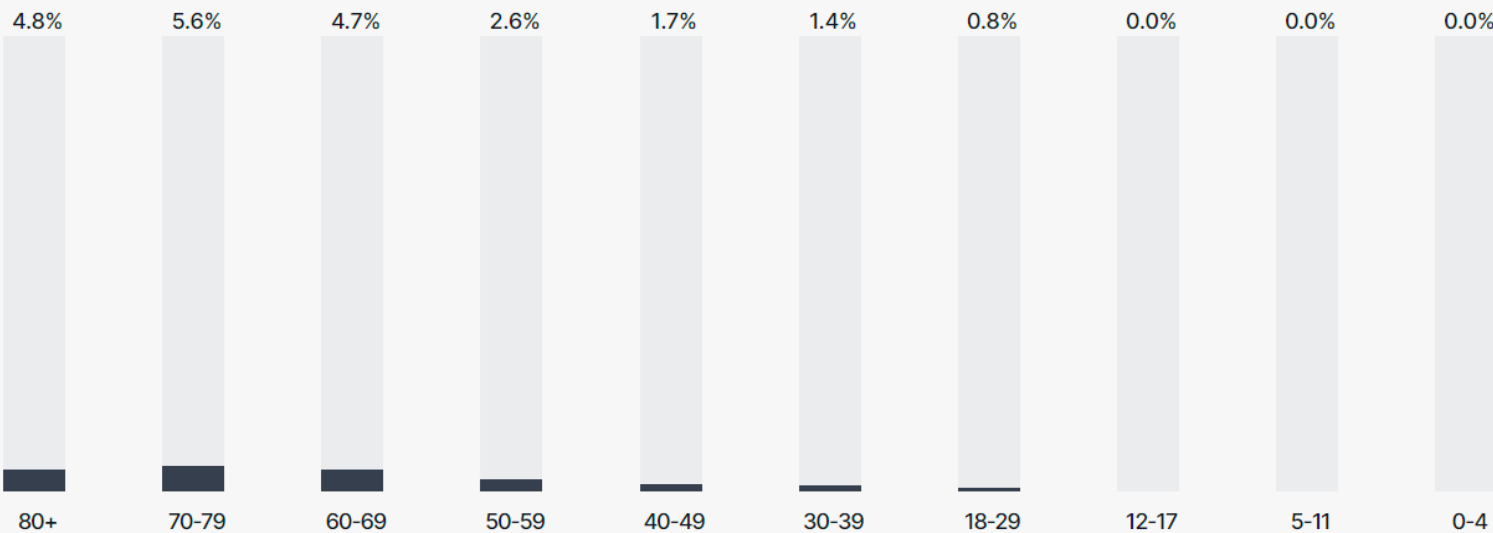


VACCINATION RATES BY AGE GROUP



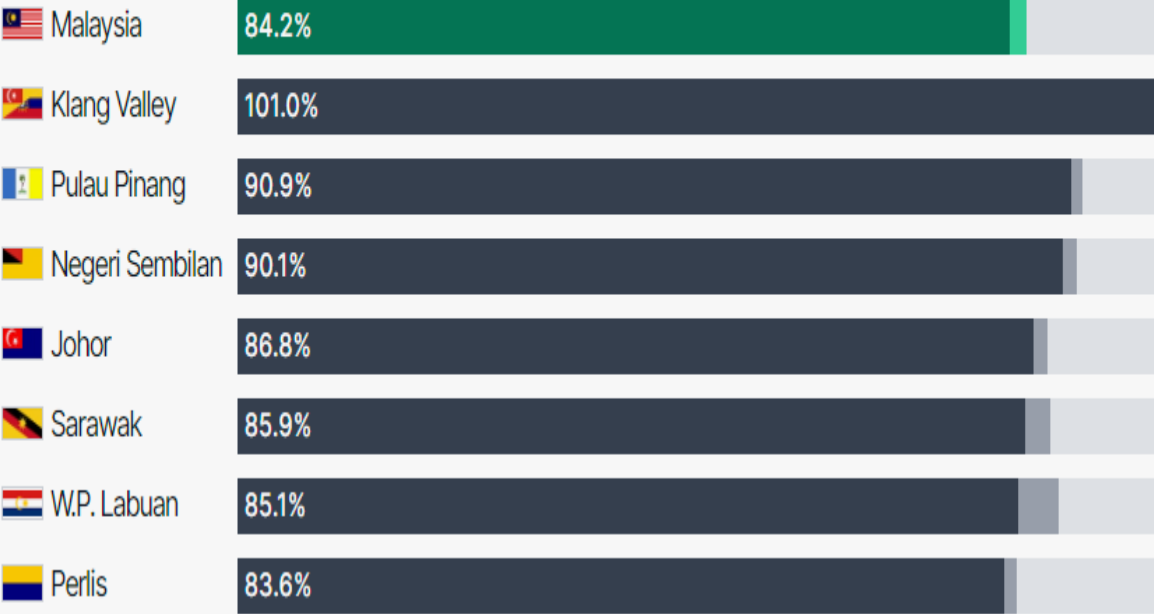
1st Booster

2nd Booster



VACCINATION IN MALAYSIA

● At Least 2 Doses ● At Least 1 Dose



THANK YOU

