

Ministry must tackle dengue before it gets out of hand
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I refer to the letter Dengue control measures in Subang Jaya pathetic and cannot agree more with the writer. Lee Hwa Beng must be commended for his initiative in keeping the dengue incidence in Subang Jaya down in direct contrast to the Health Ministry's lackadaisical attitude. They seem to have lost the plot and appear to spend most of their tenure dabbling in politics and non-issues rather than offering real solutions especially to the worrisome primary healthcare problems citizens face daily.

It is really terrible to watch a patient with a fever walk up and tell you he can't breathe because in all likelihood his lungs have probably whitened out or to have a patient in the ward with falling platelet counts and your blood bank informing you that their platelet supplies are drying out. Dengue is a dangerous threat in this country and has to be handled more effectively with aggressive public education, close surveillance and early supportive therapy .

In March of this year, Paraguay (which has a population of 6.5 million) showed greater urgency by declaring a 60-day state of emergency when 10 dengue deaths were recorded over two months after it afflicted close to 15,000 people. By contrast, in Malaysia in 2005, there were 31 deaths in Selangor, Perak, Negri Sembilan and Penang alone with the highest being recorded in Selangor.

The 1,000 cases and five deaths in Subang Jaya alone in less than three months of this year does not augur well and is reflective of the poor preventive measures we are taking. We have to accept that there are serious climate changes and that these mosquitoes breed exponentially as a result of these changes and appear to have become far more resilient.

The climate change that killed the dinosaurs could very well overwhelm us if we continue to ignore all these warnings. We have to be aggressive in putting every health worker out in the field to destroy the aedes' breeding grounds and water logged places. The MOH needs to work together with the Local Government and Housing Ministry and take an upper hand regarding drainage problems and construction sites. This is administratively difficult but must be done.

We also need to have at our disposal quick diagnostic steps to identify dengue early by measuring platelet counts and have rapid serology tests when symptoms become suggestive of dengue. This will help us treat patients early and to follow up with them up regularly. And for patients at potential risk to dengue hemorrhagic fever or dengue shock syndrome, designated hospitals with adequate critical care facilities must be made available.

We need to focus on this problem and cannot be apathetic for a lapse in focus will cost lives. Until such time a vaccine becomes available, being on hyper-alert is our best defence. The MOH should stop wasting time on mundane matters and start focusing on real issues such as the lack of platelet concentrate supplies and even the lack of quick diagnostic steps to confirm the presence of dengue. Primary care health workers, outpatient doctors and critical care physicians must form a team to contain this problem before it gets out of hand.

