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# Positive Parenting Malaysia

The Official Guide Series On Maternal, Child & Family Care By The Malaysian Paediatric Association

Light at the  
End of the Tunnel  
**COVID-19  
& Mental  
Health**

**Flurona:**  
Should You Be Concerned?

**The Malaysian  
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# Positive Parenting Malaysia

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Chairman, Positive Parenting Management Committee and Consultant Paediatrician & Paediatric Cardiologist



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# Time to Move Forward

The majority of Malaysian population has been vaccinated against COVID-19, including school-going children, and more people have been receiving the booster dose. We've moved into the endemic phase and international borders are opening too. However, we have to remain vigilant even as we move forward. We have to keep in mind that a more dangerous variant or a new wave could still emerge.

This issue's Feature brings our experts together to discuss how the pandemic and related events have impacted our mental health and our children's. We also considered how we can help ourselves and our family cope with the situation and

how we should adjust ourselves as the world is re-opening.

Other relevant parenting topics are also discussed in this issue, such as travel tips during the pandemic, the new Malaysian Food Pyramid, concerns about "flurona", as well as information on period pain.

Hopefully you will find the articles beneficial in your parenting journey. Past articles from previous issues of Positive Parenting Guide can also be accessed online at our website. Positive Parenting Malaysia is also on Facebook and Instagram, where you can find quick tips, links to articles, infographics and short videos relevant to modern parents looking for credible, expert-driven content.

The articles contained in this magazine are not in any way intended as substitutes for medical attention. When in doubt, consult your doctor. Malaysian Paediatric Association, the experts and their respective organisations do not endorse any brands and are not responsible or liable for any advertisement or advertorial by sponsors.

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# Light at the End of the Tunnel COVID-19 & Mental Health

*COVID-19 took the world by storm two years ago, and since then people everywhere have been gripped by fear. The pandemic was brutal on so many levels because it blanketed communities with sickness, death and isolation, and caused intense economic and social disruption. Its repercussions have been severe and far-reaching, and continue to be felt across the globe.*

By **Prof Dr Alvin Ng**,  
Clinical Psychologist and  
Founding President of  
the Malaysian Society of  
Clinical Psychology (MSCP)

**Dr Rajini Sarvanathan**,  
Consultant Developmental  
Paediatrician

**Datuk Dr Zulkifli Ismail**,  
Chairman, Positive  
Parenting Programme

As we move forward into 2022, however, many have started to pick up the pieces. With more than 90% of the adult population in Malaysia already vaccinated and well on the way to getting their booster shots, there appears to be a

glimmer of hope that we can reframe and resume our lives.

Nonetheless, the road to recovery is bound to be fraught with challenges. More so, as parents with dependents looking to us for direction, how

do we take care of ourselves so we are better parents for our children? What are the problems we face going back to working at the office and sending our kids back to school? Just how can families adjust to the "new normal"?

**Prof Dr Alvin Ng** feels that the current situation we are in is beyond a “normal” experience, and this can translate to feelings of stress, anxiety and helplessness.

“The pandemic may continue to have increased adverse long-term consequences not just on adults, but also on children and adolescents. Factors such as bereavement, isolation, loss of income and fear are triggering mental health conditions or exacerbating existing ones. Many people may be facing insomnia, depression and anxiety,” he says.

**Datuk Dr Zulkifli Ismail** agrees, adding that many are having difficulties at a very basic level, such as acquiring food and earning a steady income. “When this happens, it will have adverse effects on children,” he says.

They are feeding off the anxiety felt by the adults around them including their parents, grandparents and the people around them.

Children are not talking, they are afraid to go out, they are throwing tantrums because they don’t want to leave their homes – these are all cries for help. It’s no wonder then that there have been an increased number of calls made to a range of professionals – developmental paediatricians, psychologists and speech therapists.



## Recognise the red flags

How can parents identify when their child is in need of assistance? **Dr Rajini Sarvananthan** says parents play a vital role.

“If your child is becoming more fretful or whiny, throwing more tantrums and behaving aggressively, or conversely, turns quiet and withdrawn, both of these behaviours could be red flags.

“Changes in sleep patterns and issues with appetite could indicate something is not right. Parents must always be on the lookout for such signs,” Dr Rajini says, adding that teachers and caregivers also play an important role. “Anyone who takes charge of a child needs to put on their ‘detective hat’ and look out for these changes.”

Often a child may not even realise they are in trouble. While adults may have learnt how to cope and reach out for help, children are at a loss. Dr Alvin

explains: “Children, especially the younger set, haven’t yet acquired the vocabulary to express what’s going on within them, or talk about their emotions.”

## Children can learn

Dr Alvin suggests that you can pre-empt the red flags by teaching your children about the difficulties they are bound to face, and then training them how to cope. Teach them the skill of reaching out for help if they are stuck, he advises.

“With long COVID, we need to be preparing our children in this manner,” says the clinical psychologist.

“Teach your children how to communicate, not just with their siblings and friends, but with other adults too. You will begin to normalise emotional management this way. If our children can learn this skill now, then when they grow up they will be better prepared to cope with new challenges that are thrown their way.”



home and work life, many parents were unable to pay enough attention to their children.

Dr Rajini shares that there are little things one can do to overcome this challenge. “You can do things at home that don’t take up a lot of time, but allow you to successfully engage with your children in a meaningful way.”

### Helping teenagers

Meanwhile, teenagers have access to social media and a huge amount of information (as well as fake news) which can be overwhelming and instil fear.

Dr Zulkifli feels that because of this, it is so important to encourage open communication. “Mealtimes are a great time to discuss things. Make sure to put away those digital gadgets and be fully present when your family has meals together. Be open to each other’s views and practise talking about various issues.”

Active listening, especially with children, is also a big part of communicating effectively. Be sure to pay close attention, give your child room to speak and be open-minded.

Dr Alvin suggests that parents also incorporate adaptive behavioural skills when nurturing their kids, for example, how to relax. “The more often you practise relaxation, the easier it is to achieve that state,” he offers.



The consultant developmental paediatrician suggests participating in simple activities that count, for instance making the bed together with your toddler; adding some fun to bath time with baby; ensuring you don’t forget tickle-and-cuddle time; taking a walk or exercising together.

“It doesn’t have to be a ‘big production’.

The little things that you do matter, and can be an impetus for open communication, which is one of those big goals you want to achieve with your family.”

Problem solving is another great skill to encourage. “Then even if you’re feeling really horrible, you can put your emotions aside and focus on solving whatever problem you are facing. This sort of positive psychology helps one progress in life despite setbacks.”

### Quality time and good habits

Even though parents spent a lot of time at home during the Movement Control Orders, many of them, ironically, felt guilty! They were just so busy meeting the daily needs of

Another important point to remember is that we must continue to practise healthy habits: Eat well, get enough sleep, stay well hydrated, exercise and keep fit. Socialising and forming meaningful friendships also positively contribute to one’s quality of life.



## Embrace spirituality

Spirituality is another great way to deal with stress. It plays a major role in helping us to better cope during difficult times and build strength of spirit.

Regardless of what religion you subscribe to, spirituality can bond families together and contribute to family stability. Research has found that children and teens raised with religious or spiritual practices are more likely to have better mental health and a healthier lifestyle. They have greater life satisfaction, are able to process emotions better, and are more forgiving to those around them.

Dr Zulkifli laments however, that spirituality is often an overlooked component.

“Although it is an aspect of human development, spirituality tends to be ignored in the larger circle of science. Regardless, studies are showing that children do have an innate spiritual capacity and are capable of spiritual experiences,” says the consultant paediatrician and paediatric cardiologist, adding that religiosity may even be a factor for lower suicide rates.

Practices such as being thankful, spending time in prayer and meditation, forgiveness, having empathy



and helping others, all add to the holistic well-being of a human being.

Spirituality encourages you to think about those around you and make lasting, meaningful connections. It shows you how to understand yourself in relation to others, in relation to the environment and, for those who believe, in relation to a higher being. This can provide one with meaning and inspiration, as well as give one a true sense of belonging.

## Back to school

Many children have already started physical school this year. Parents are naturally anxious about their children readapting back to school life.

Dr Zulkifli says we shouldn't underestimate our child's resilience. We should encourage them not to revert to isolation, but also advise them how best to take care of themselves.

“It is important that they must not lose opportunities for social interaction. We must teach our kids to have empathy for those around them, and not ostracise or alienate anyone, while still

following the SOPs – socially distancing themselves, wearing masks and washing hands.

“It's important for us to strive for the right balance so we prevent our children from growing up into obsessive compulsive adults!”

Dr Zulkifli recommends that parents take a keen interest and actively liaise with teachers and the school authorities to understand the

procedures that the schools are taking including vaccination of staff, masking, sanitisation, air circulation and physical distancing.



## All work and no play

The experts also caution parents not to put too much pressure on their children to catch up with learning that was lost during the pandemic.

Dr Rajini advises: "Children still need exercise and outdoor play. They have been stuck indoors in sterile environments for too long so having that 'messy play' time is so important to reboot their systems. Do allow your children to go out and socialise (while observing SOPs). It's going to take some time for them to get used to sitting down for long hours in a classroom again."

Finally, if you still feel anxious or overwhelmed or have a concern about your family or children, remember that we live in a community and you don't have to bear any burdens alone.

Reach out to the people around you. If you need a listening ear, talk to someone. If you need help, ask. If the people in your social circle cannot assist, try reaching out to helplines, or seeking professional help.





# COVID-19 Travel Checklist

By **Datuk Dr Zulkifli Ismail**, Consultant Paediatrician & Paediatric Cardiologist

To travel or not to travel – that’s the question, even in 2022! In areas with high COVID-19 transmission rates, one has an increased chance of being infected by the COVID-19 virus and its many strains, including Omicron, with its current BA.2 & XE subvariant. Here are some things to consider, before you board that flight!

## Should you travel?

Here are some things to consider before you decide to travel:

- Are you fully vaccinated?
- Have you taken your booster shot?
- Do you have symptoms of COVID-19 (e.g. fever, cough, or shortness of breath)?
- Are you in a high-risk group?
- Are you over 60?
- Do you have a chronic illness?
- Any underlying health conditions?



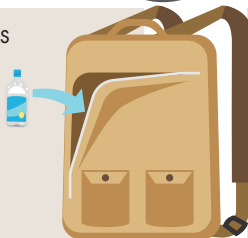
Apart from a ticket and toothbrush, here are the things you may need to travel these days:

- **Proof of PCR or RTK-Antigen Test** before flying or 24 hours before travel (times may change according to your country of destination)
- **Proof of vaccination** - do check: a) which vaccines are recognised where you are going; b) what format they require → PDF/hardcopy
- **Proof of previous COVID-19 infection** (provide testing and/or quarantine documentation)
- Some airlines insist that travellers under the age of 18 must be accompanied by fully vaccinated parents or guardians.



## Don't leave home without:

- Sufficient supply of face masks
- Hand sanitisers (travel size)
- Home test kits
- Paracetamol
- Thermometer and pulse oximeter



## Stay-safe strategies:

- Use sanitisers whenever water & soap are not available
- Avoid touching your face
- Boost your immunity – hydrate, sleep well, eat healthily
- Stay away from crowds and keep your distance

At the time of writing, upon your return home, you will have to undergo 2 swab tests before re-entering Malaysia – once before flying back and once upon arrival. Travellers have to quarantine when they arrive in the country – the number of days and where you quarantine depends on a range of factors. It's best to check for the latest requirements online.

It's important to understand that as a traveller, you have a responsibility to protect not just yourself, but also the people around you. Make sure you stay up to date on all the regulations and requirements. Make it a habit to monitor your own health daily, and use rapid tests before attending functions or gatherings to ensure you don't spread the virus inadvertently, whether you are at home or abroad. Stay safe! PP

# Cord Blood Stem Cell Transplant

## A Life-Saving Procedure

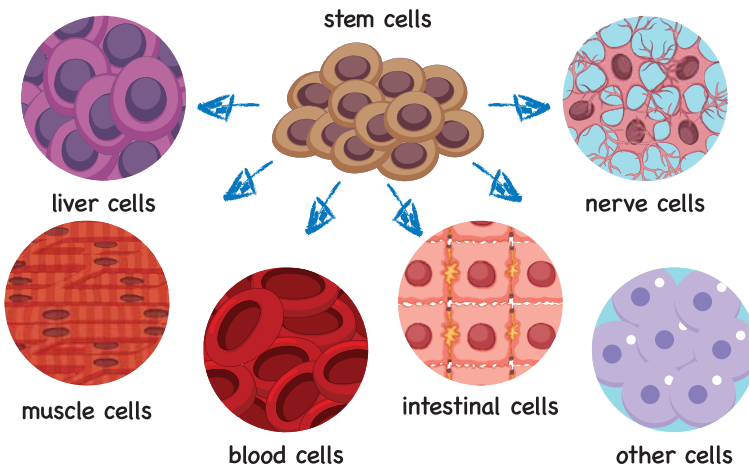
By **Dr Tan Yeen Inn**, Consultant Obstetrician & Gynaecologist

*Cord blood? Stem cells? Have you heard of these terms before? What about cord blood stem cell transplant? Did you know that this procedure can be used to treat up to 80 diseases?*

### The basic terms

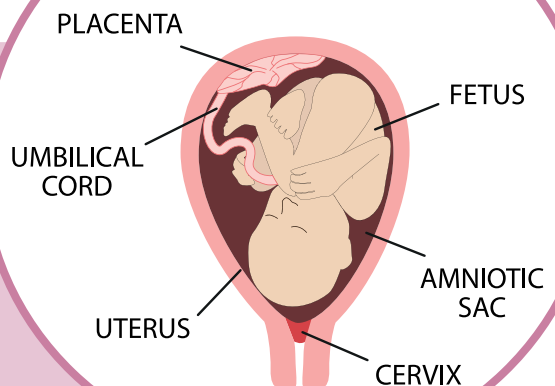
Before we proceed to learn more about cord blood stem cell transplant, here's a primer on some important terms you should know:

### Stem Cell Potentials



**Stem cells:** A type of cells with the potential to develop into many different types of cells in the body. Stem cells serve as a repair system for the body. They function to replace, repair or regenerate damaged cells, for example, brain cells, cardiac cells, etc. Pluripotent stem cells can be found in bone marrow, peripheral blood and cord blood.

**Cord blood:** The blood from the baby that is left in the umbilical cord and placenta after birth. Cord blood is rich in haematopoietic stem cells (HSCs), special blood-forming stem cells that are similar to those found in bone marrow. HSCs are primarily responsible for replenishing blood and regenerating the immune system. These precious stem cells may be preserved for later use in medical therapies.



## Cord blood stem cell transplant

Firstly, stem cell transplant is a procedure taken to replace damaged blood cells with healthy ones, particularly when the bone marrow is damaged and no longer capable of producing healthy blood cells. The procedure is also carried out to replace damaged or destroyed blood cells after an intensive cancer treatment.

There are two types of stem cell transplants: 1) allogeneic (using matching stem cells from another person), and 2) autologous (using your own stem cells extracted earlier). Cord blood is one of the sources for stem cell transplant. Other sources are bone marrow and peripheral blood.

## Proven and emerging applications

Cord blood stem cell transplant has been approved by the Food and Drug Administration as standard care treatment for nearly 80 diseases and approximately more than 40,000 transplants have been conducted over the past 30 years since the first transplant in 1988.

Cord blood stem cell transplant is most commonly used to treat blood disorders, such as leukaemia, thalassemia, lymphoma and aplastic anaemia. It has also been used to treat various genetic illnesses, such as:

- Sickle cell anaemia
- Neuroblastoma
- Congenital cytopenia
- Gaucher's disease
- Hunter syndrome
- Severe combined immunodeficiency diseases
- Etc.

Even though the use of peripheral blood stem cells has been increasing in recent years, thus reducing the roles of cord blood stem cells in certain areas, research is also on-going to explore the potential use of cord blood stem cells in new medical applications, such as in cellular therapy and regenerative medicine for autism, cerebral palsy, spinal cord injury, hearing loss, diabetes and more.

The following real life story demonstrates a successful cord blood stem cell transplant:

### Patient story: Surviving leukaemia

Maria, a young mother, was devastated when her sweet little girl, Anna, was diagnosed with acute myeloid leukaemia at the age of 12 months. During the initial assessment, doctors had only given her less than 10% chance of survival and her little body was suffering terribly due to the cancer.

On top of that, Maria also found out that she was pregnant with her second child. Due to stress and desperation in her effort to find cure for Anna, Maria even considered abortion and consulted different doctors.

By chance, a gynaecologist advised her not to proceed with the abortion and brought a glimmer of hope in curing her daughter when she introduced Maria to "cord blood stem cell transplant". Anna may stand a chance to survive if she can undergo a cord blood stem cell transplant using her younger sibling's stem cells, provided that Anna lived long enough until the birth of her baby brother and that his cord blood stem cells were a match for her.

Finally, Maria gave birth to Isaac and his cord blood stem cells were collected at birth for long-term storage. The good news was they were a good match for Anna. Maria and her husband were so glad to receive the news. Two months after that, the stem cell transplant was conducted successfully. Little by little, Anna managed to regain her health and her life was saved, all thanks to her little brother's gift of cord blood stem cells.

*Note: Names and details have been changed to protect their privacy.*





## Cord blood banking

Cord blood banking refers to a process of collecting potentially life-saving stem cells from the umbilical cord and placenta of a newborn and storing them for future medical use. The cord blood will be collected after birth from the umbilical vessels and placed into a collection bag, which then will be packaged and sent to a cord blood bank. At the cord blood bank, the cord blood will be cryopreserved for long-term storage.

In Malaysia, the National Blood Bank has established a public cord blood bank where parents can donate their children's cord blood for public use. It has been operating since 2001 until the end of 2021, mainly in collaboration with Kuala Lumpur General Hospital. New donations are no longer collected currently, but collected units are still preserved.

Multiple successful transplants using the stored cord blood have been performed, for example involving patients with aplastic anaemia, Fanconi's anaemia, acute myeloid leukaemia and acute lymphoblastic leukaemia.

A number of local private cord blood banks are also available, where parents can store their children's cord blood for personal use. Private cord blood banking is an option to consider for families with a history of malignant or genetic conditions treatable with stem cell transplants.

## Should you store all your children's cord blood?

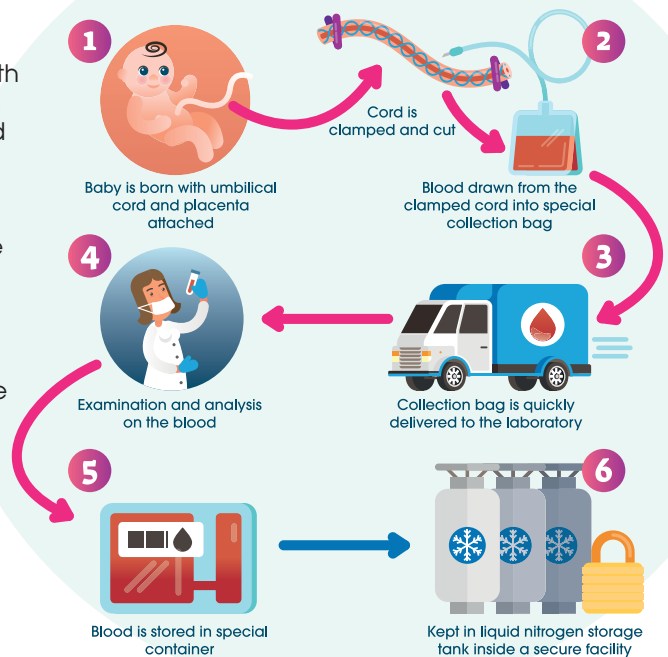
Multiple cord blood banking means storing cord blood from different members of the family. Storing every child's umbilical cord blood gives you more options because you will not know which unit will match which sibling if an allogeneic transplant is required.

Furthermore, a downside to cord blood is that it is limited and cannot be extracted multiple times. So, having multiple cord blood stored may be necessary if you need reserve sources in case of transplant failure or disease relapse.

Cord blood from a family member has a higher chance of match for transplant compared to a stranger's cord blood.

For example, siblings have a 25% chance of being a perfect match and 50% chance of partial match. If stem cells are required as part of the treatment for your loved ones' illnesses, the cord blood will be readily available and you don't have to look for a donor.

## CORD BLOOD BANKING

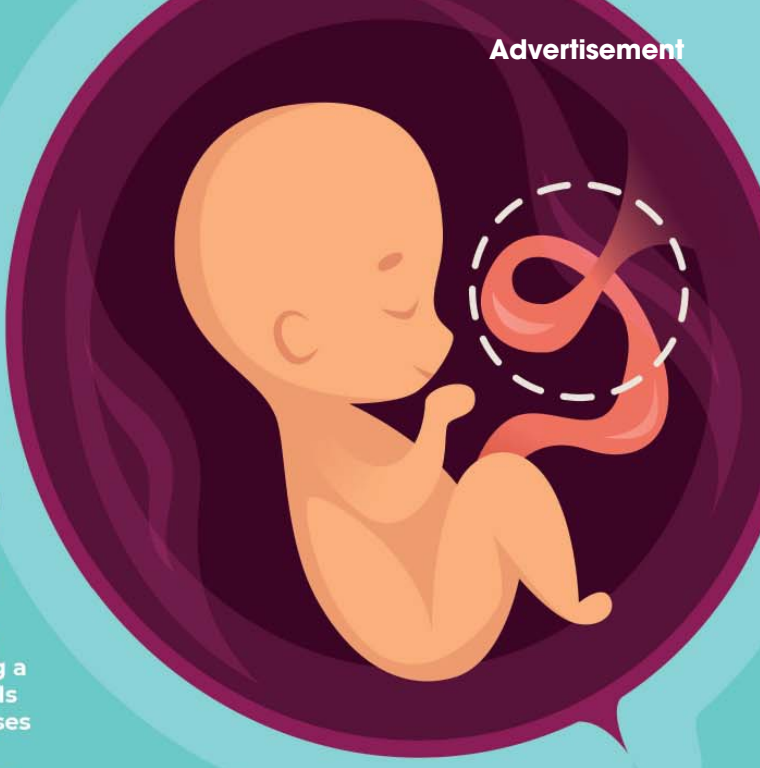
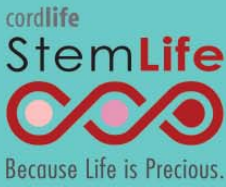


Cord blood stem cell transplant is part of medical progress that has saved the lives of many patients. For families at risk of certain illnesses, it may be an option to consider in future. Consult your doctor to learn more about the procedure and the necessary steps. If you decide to store your child's cord blood, be prepared in advance before the date of delivery. PP

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Only one chance to store!



The best-matched cord blood is one's own

<sup>1</sup> The lifetime probability of an individual needing a hematopoietic stem cells (HSC) transplant increases tremendously to

**1:200**

by age of seventy

<sup>2</sup> Has been used for

**80**

hematologic and metabolic disorders

<sup>3</sup> **60%**

Higher chance of finding a matching cord blood unit versus bone marrow in the family.



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Reference:  
1. Nietfeld JJ, Pasquini MC, Logan BR, et. al. 2008. Life Probabilities of Hematopoietic Stem Cell transplantation in the U.S. Biology of Blood and Marrow Transplantation, 14:316-322.  
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3. Beatty PG, Boucher KM, Mori M, et. al. 2000. Probability of Finding HLA-mismatched Related or Unrelated Marrow of Cord Blood Donors. Human Immunology, 61, 834-840.

\*These references are referring to data obtained from the research studies done in the United States of America (USA).

[www.stemlife.com](http://www.stemlife.com)



StemLife Berhad, established in 2001, is one of the first private cord blood stem cell bank in Malaysia. StemLife Berhad is a fully licensed stem cell bank under the Private Healthcare Facilities And Services (PHFS) Act 1998 by the Ministry of Health Malaysia. We dedicate our comprehensive service to umbilical cord blood and cord tissue collection, transport, cell processing and cryopreservation. StemLife Berhad is a subsidiary of Cordlife Group Limited, which has a large network of cord blood banks in Asia that has cord blood and cord lining processing and storage facilities, as well as brand presence in eleven key markets.

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# THE 'COLD' THAT NEARLY STOLE HER BREATH

NEVER UNDERESTIMATE THE DANGER THAT FLU POSES TO CHILDREN, EVEN IN TIMES OF COVID-19

## ‘伤风’几乎夺走她最后一口气

即使是在新冠肺炎疫情期间，都不应低估流感对儿童的危害。

IN MALAYSIA, AMONG CHILDREN WHO ARE HOSPITALISED FOR FLU, 88% OF THEM ARE BELOW 5 YEARS OLD.<sup>1</sup> UNFORTUNATELY, SOME DO NOT SURVIVE. SO NEVER UNDERESTIMATE THE FLU TO CHILDREN ESPECIALLY IN TIMES OF COVID-19. PROTECT THEM FROM FLU WITH YEARLY VACCINATION.

在马来西亚，因流感而住院的儿童中，88%是在5岁以下。<sup>1</sup>不幸的是，有的无法生存下去。所以，永远都不要低估流感对儿童的危害，尤其是在新冠肺炎疫情期间，每年接种疫苗，以防流感侵袭。



Flu Prevention is an **Act of Love**

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# Flurona

## Should You Be Concerned?

By **Dr Husna Musa**, Paediatrician and Lecturer

*Amidst the rise of the Omicron variant of COVID-19 late last year and early this year, you may have also heard of reports of “flurona” cases in certain countries. What is it and should we be concerned?*

### What is “flurona”?

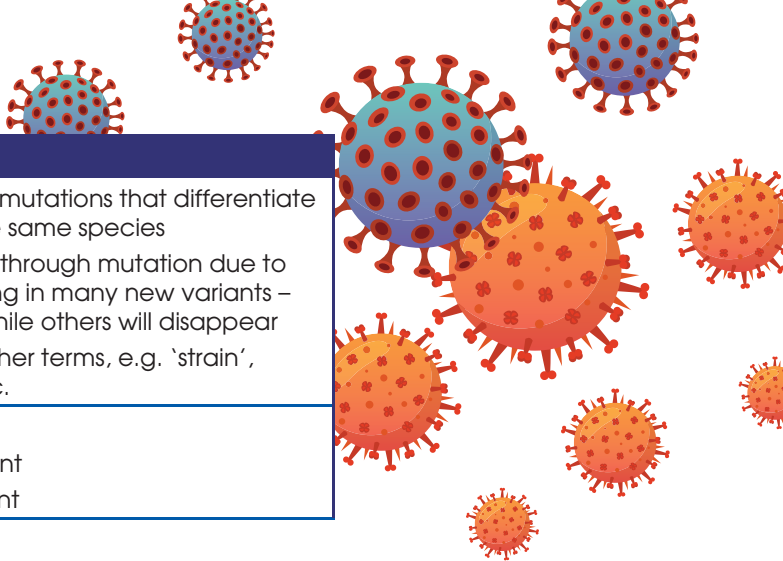
“Flurona” basically refers to a co-infection of COVID-19 and seasonal influenza (also known as “flu”). The term first appears in the media in January this year in a news article about a pregnant woman in Israel who was infected with both viruses at the same time. It was claimed as the first case of “flurona” in the country at the time.

In fact, the term is simply a catchy name coined by the media by combining the two words – “influenza” and “coronavirus” – to hype up the story. “Flurona” is not an official or scientific term to describe the co-infection and certainly not a type of new “supervirus” as some people may believe.

### Co-infection or variant?

To clarify, “flurona” is NOT a new COVID-19 variant. So what makes “flurona”, a type of co-infection, different from COVID-19 variants like Delta and Omicron?

	<b>Co-infection</b>
Definition	<ul style="list-style-type: none"> <li>• A condition when someone is infected by two or more pathogens (bacteria, viruses, fungi, etc.) concurrently or consecutively</li> <li>• The body is more susceptible to another infection during/after the initial infection due to a suppressed immune system</li> <li>• Also known as multiple infection, concurrent infection, simultaneous infection and polymicrobial</li> </ul>
Example	<ul style="list-style-type: none"> <li>• “Flurona” – co-infection of COVID-19 and influenza</li> <li>• Co-infection of influenza and pneumococcus</li> <li>• Co-infection of HIV and TB</li> </ul>



	Variant
Definition	<ul style="list-style-type: none"><li>• A variant has a number of mutations that differentiate it from other variants of the same species</li><li>• Viruses constantly change through mutation due to various factors, thus resulting in many new variants – some variants will persist while others will disappear</li><li>• May have overlaps with other terms, e.g. ‘strain’, ‘subspecies’, ‘lineage’, etc.</li></ul>
Example	<ul style="list-style-type: none"><li>• SARS-CoV-2 Delta variant</li><li>• SARS-CoV-2 Omicron variant</li><li>• SARS-CoV-2 Gamma variant</li></ul>

## Should I be worried?

To answer this question, we need to know how prevalent it is and how dangerous the possible outcomes or complications are.

### Prevalence

Firstly, COVID-19 and influenza co-infection cases are not new and have been recorded even before “flurona” was coined. In fact, it was seen in some of the earliest COVID-19 cases, for example, in February 2020, when a man and his whole family in New York were tested positive with both influenza and COVID-19. Even the world’s first known COVID-19 death outside of China, which was in the Philippines, also had both COVID-19 and influenza. Children have also been reported to have the condition in the United States.

A systematic review published in June 2021 estimated that 4.5% of COVID-19 patients in Asia also had influenza. The study also found a prevalence of 4.6% of COVID-19 patients over 50 years old with influenza co-infection. However, it should be noted that the numbers may be underestimated because a co-infection would only be identified if a patient was specifically tested for both

viruses, which is unlikely if the patient was not hospitalised.

Furthermore, experts are predicting that the prevalence may increase this year due to the rise in Omicron cases which coincides with the onset of the influenza season in some countries. On top of that, other factors such as increased social mixing after prolonged lockdowns, low influenza vaccination rates and potential mismatch of influenza vaccine strain could also contribute to higher cases.

### Severity

Both viruses tend to infect the same type of cells in the upper and lower respiratory tracts, thus similar symptoms are usually observed. The most common symptoms experienced by people with COVID-19 and influenza co-infection include fever, cough, shortness of breath, muscle ache and breathing difficulty.

Typically, any co-infection may worsen complications and increase death, especially among high-risk populations, such as the elderly, children below 5 and people with underlying illnesses. An animal study showed that pre-infection with influenza A virus may enhance SARS-CoV-2 infection in mice, leading to worse outcomes. However,

there is still inadequate data to determine whether real life cases will cause more severe complications.

## What should I do?

Both COVID-19 and influenza are serious illnesses on their own. And both have the same route of transmission, i.e. via respiratory droplets. Thus, it is important to continue practising preventive measures such as wearing masks, physical distancing, frequent hand-washing and proper ventilation. Also remember to protect yourself and your loved ones by getting the COVID-19 vaccine and the annual influenza shot.

The COVID-19 pandemic is still far from over and an influenza outbreak is always around the corner – in fact, there was an upsurge of influenza cases in Malaysia at the end of last year and early this year, raising the concern of “flurona” locally. Thus, the best course is to stay vigilant, no matter whether the threat comes from any one of the viruses or both as a co-infection. PP

*An educational contribution by*



Malaysian Paediatric Association

# Childhood Immunisation in Malaysia

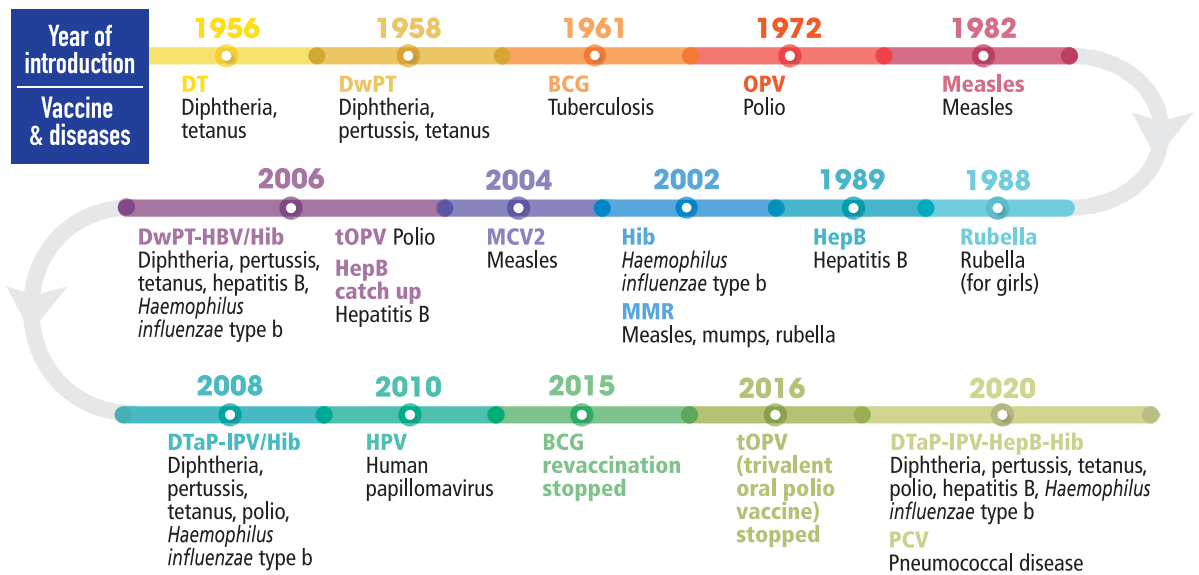
## The Past, the Present & the Future

By **Datuk Dr Zulkifli Ismail**, Consultant Paediatrician & Paediatric Cardiologist

Currently, nationwide effort is on-going to vaccinate the population in Malaysia, including children, against COVID-19. What is the current status of childhood immunisation programme in Malaysia?

### The past

Timeline of paediatric vaccine introduction in Malaysia



The National Immunisation Programme (NIP) for children in Malaysia was first initiated in the early 1950s with the introduction of the smallpox vaccine. More vaccines have been included since then, and currently, our immunisation coverage is considered high at >95%. The NIP provides free vaccination for all children; though starting in 2015, non-Malaysians have to pay a minimal fee. Since the NIP was established in our country, the prevalence of

diseases covered has reduced significantly.

### The present: 6-in-1 vaccine and PCV

There are 2 most recent updates to the NIP: 1) the switch from the 5-in-1 vaccine to the 6-in-1 vaccine, 2) the introduction of pneumococcal conjugate vaccine (PCV).

In November 2020, the Ministry of Health introduced

the **6-in-1 or hexavalent vaccine** to replace the 5-in-1 or pentavalent vaccine used previously. The 5-in-1 (DTaP-IPV/Hib) vaccine provided protection against diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b and was given in 3 primary doses at age 2 months, 3 months and 5 months, plus a booster dose at age 18 months. Now, the 6-in-1 (DTaP-IPV-HepB-Hib) vaccine will also provide protection against Hepatitis B,



in addition to the other 5 diseases. The same number of doses will be given at same ages (2, 3, 5 and 18 months). The monovalent Hepatitis B (HepB) vaccine, which was previously given at birth, age 1 month and age 6 month, will be given only in 1 dose at birth now.

The switch resulted in a reduction of the number of shots required to cover the 6

diseases, from 7 to only 5 shots. This helps parents to ensure that their child receives timely vaccination according to the schedule as there will be less injections and less visits to the clinic. The reduced number of injection also means less pain and discomfort to the child.

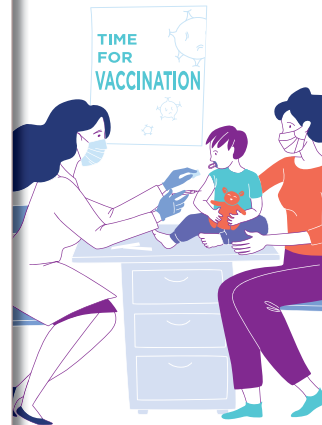
Then, in December 2020, the **pneumococcal conjugate vaccine (PCV)** was finally included in the NIP after the

budget was approved in the previous year. PCV10, which protects against pneumococcus serotypes 1, 4, 5, 6B, 7F, 9V, 14, 18C, 19F and 23F, will be given in 3 doses – 2 primary doses at age 4 months and 6 months and a booster dose at age 15 months. However, only children born in 2020 or later are eligible for the free PCV shots in the NIP. Regardless, this is a significant improvement for the NIP.

### The current NIP schedule

VACCINE	Age (Month)											Age (Year)			
	Birth	1	2	3	4	5	6	9	12	15	18	21	7	13	15
BCG	Yellow														
Hepatitis B	Yellow														
Diphtheria-Tetanus-Pertussis-Polio-Hepatitis B - <i>Haemophilus influenzae</i> type b (DTaP-IPV-HepB-Hib)			Yellow	Yellow		Yellow					Yellow				
Pneumococcal					Green (Dose 1)		Green (Dose 2)				Yellow (Booster dose)				
Measles (only in Sabah)							Green								
Measles - Mumps - Rubella (MMR)								Yellow	Yellow						
Japanese Encephalitis (JE) (only in Sarawak)							Green					Green			
Measles - Rubella (MR)													Yellow		
Diphtheria - Tetanus (DT)													Yellow		
Human Papilloma Virus (HPV)														Yellow (2 doses)	
Tetanus (ATT)															Yellow

Nationwide
  Certain states only



## COVID-19 vaccination for children and adolescents

COVID-19 vaccination for the adolescent group (12-17 years old) was initiated in September 2021, where 2 standard doses are given at least 21 days apart. At the time of writing, almost 90% of adolescents in Malaysia have received both doses.

Meanwhile, COVID-19 vaccination for children (PICKids) aged between 5 to 11 years has also started in February 2022. 2 doses will be given with an 8-week interval. A smaller paediatric dose is given, which is equivalent to 1/3 of the standard dose.

## The future

The NIP for children in Malaysia currently provides protection against 13 diseases: tuberculosis, diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b, Hepatitis B, human papillomavirus, measles, mumps, rubella, Japanese encephalitis (Sarawak only) and the latest, pneumococcal disease.

There are still other additional recommended vaccines for

children, such as rotavirus, meningococcal, chicken pox, Hepatitis A and influenza vaccines. These vaccines may be proposed for future inclusion in the NIP if deemed necessary.

However, the rise of anti-vaccination movement recently, especially in opposition to the COVID-19 vaccination drive, may disrupt the effort in improving our immunisation programme.

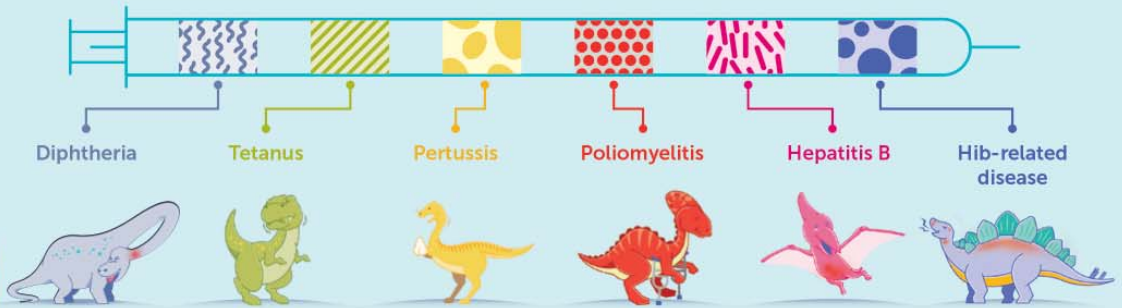
Among the solutions proposed to counter this challenge is to implement mandatory vaccination. However, it is also crucial to continue educating the public about the importance of vaccination. PP

An educational contribution by



Malaysian Paediatric Association

# DON'T LET YOUR CHILD BE AN EASY TARGET



**High (primary) protection** against life-threatening diseases including diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B and invasive diseases caused by *Haemophilus influenzae* type B<sup>1</sup>



Provides **primary and booster** immunisation for every stage of life<sup>1,2</sup>

500,000,000+



> 500 million people immunised with Sanofi Pasteur vaccines in 2016<sup>2</sup>



> 1 billion doses of vaccines produced each year<sup>2</sup>

**Talk to your doctor on how to prevent infection from these diseases**



**References:**

1. Sanofi. Sanofi Pasteur Vaccines. Available at <https://www.sanofi.com/en/your-health/vaccines>. Accessed on 20 January 2020. 2. Sanofi. Creating vaccines, protecting life. Available at <https://www.sanofi.com/my/en/healthcaresolutions/vaccines>. Accessed on 20 January 2020.

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*Gastrointestinal (GI) symptoms, such as abdominal pain, diarrhoea, constipation and vomiting, are common reasons for parents to seek medical consultation for their children.*

# Common GI Woes in Children

By **Prof Dato' Dr Christopher Boey Chiong Meng**, Consultant Paediatric Gastroenterologist & Hepatologist

The GI tract extends from the mouth to the anus and includes the pharynx (throat), oesophagus, stomach, the small intestine and the large intestine, as well as organs such as the liver and pancreas which secrete enzymes and other important substances into the GI tract to facilitate digestion.

The normal functioning of the GI system can be affected by various factors, such as infections, gastroesophageal reflux, food allergies, inflammation and other digestive disorders. Here are some common GI symptoms that can present in babies and children:

## Abdominal pain



Children can experience abdominal pain ranging in intensity from mild and transient to severe and chronic. The pain can be

generalised or localised to a specific area of the abdomen, often causing considerable discomfort to the child. Most of the causes are not serious, but it is important to consult your doctor to ensure that serious causes are not missed.

**Possible causes:** Common causes are constipation, gastroenteritis (e.g. rotavirus, typhoid infection), food poisoning, food allergy and psychosocial stress. Other causes include appendicitis, inflammatory bowel disease, urinary tract infection, gallstones, bowel obstruction, peptic ulcers and many others.

**Beware!** Seek immediate medical attention if the abdominal pain is very severe and unbearable or if it keeps coming back for a prolonged time. Be alert for other significant features such as weight loss, high fever,

blood in the stools or severe vomiting. If there is any doubt at all, seek medical advice as many different conditions can present with abdominal pain.

## Diarrhoea

This refers to frequent, loose and watery stools. Diarrhoea is a common problem that may last 1 or 2 days and typically subsides on its own, but it can also go on for 1 to 2 weeks. It could be a sign of a more serious problem if it persists for longer.





**Possible causes:** Short-term diarrhoea is usually caused by food poisoning, gastroenteritis (e.g. rotavirus infection), food intolerance, reaction to medicines and other causes. Long-term or chronic diarrhoea may be due to irritable bowel syndrome (IBS), chronic gastrointestinal infections, ulcerative colitis, Crohn's disease, endocrine disorders and other conditions.

**Beware!** Dehydration is one of the major concerns when a child has diarrhoea. Watch out for signs of dehydration, e.g. decreased frequency of urination, lack of tears when crying and extreme thirst. Other serious features include decreased alertness, inability to tolerate oral fluids, frequent vomiting and high fever. Assessment by a doctor is necessary to ensure that dehydration is detected and treated early.

## Constipation



Constipation refers to the infrequent and difficult passage of small amounts of hard, dry

stools. Bowel movements may be associated with pain in the anus and blood in the stools. It can happen to children of all ages, but is particularly common among potty-training toddlers and younger school children. Most cases can be alleviated if addressed early and appropriately.

**Possible causes:** Potty training stress, lack of fibre or liquid in the diet, irritable bowel syndrome, withholding of stools, change in routine

or medications can all cause constipation.

**Beware!** Consult a doctor if the problem continues or if there are other significant features such as weight loss or vomiting. Encopresis (involuntary faecal soiling) is a possible complication of chronic constipation with stool retention that may require medical consultation.

## Vomiting

Occurs when the contents of the stomach is forced out of the mouth. It is not simply regurgitating. Common causes of vomiting include gastroenteritis due to viral or bacterial infection.



**Possible causes:** There are many other diverse causes of vomiting, e.g. motion sickness, food poisoning, urinary tract infection or fever. It could also happen because a child eats too much, becomes over-excited, nervous or worried. Serious illnesses such as meningitis, appendicitis and intestinal blockages may also cause vomiting.

**Beware!** Persistent vomiting is not normal and so medical attention should be sought to ensure appropriate management. This is particularly so if your child vomits very forcefully (projectile vomiting), if the vomitus contains blood or bile, is accompanied by severe diarrhoea, or is associated with irritability and altered consciousness level. Dehydration is also an important concern when there is vomiting, so watch out for its signs.

## Keeping the GI system healthy

To ensure that your child's GI system is healthy and continues to function normally, here are some things to note:

- **Diet:** A healthy and balanced diet is important for your child's optimal growth and development, which contributes to their overall health.
- **Hygiene:** Good hygiene practices (e.g. proper handwashing before and after eating, and after going to the toilet) is important to prevent infections that can cause GI problems. Prioritise hygiene when preparing food at home or when buying outside food.
- **Good daily rhythm:** Maintaining a good daily rhythm with adequate sleep, regular meal times and healthy exercise will go a long way to ensuring a healthy gut.
- **Psychosocial well-being:** Pay attention to your child's mental health by maintaining good and warm communication within the family.

A healthy GI system ensures that your child won't have to experience pain and discomfort caused by these GI issues. Always seek medical advice early if there is any concern about your child's symptoms. PP

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# PNEUMOCOCCAL DISEASE CAN BE VERY SERIOUS<sup>1</sup>

Don't Wait! Vaccinate Early to Protect Your Little Ones.

## The 5 Most Common Strains In Malaysia<sup>2</sup>



**YOUNG CHILDREN ARE AT RISK OF GETTING PNEUMOCOCCAL DISEASES. THOSE WITH INCREASED RISK INCLUDE<sup>3,6</sup>:**

**HOW DOES IT SPREAD<sup>3,4</sup>:**

< 2 years of age

From a cough or a sneeze

Attend nursery / day care centre

Contact with contaminated items

Weakened immune system due to illnesses and treatment

Close proximity with carriers

**MOST PNEUMOCOCCAL INFECTIONS ARE MILD. HOWEVER, SOME CAN BE DEADLY OR RESULT IN LONG-TERM PROBLEMS.<sup>7</sup>**



**PNEUMOCOCCAL CONJUGATE VACCINES (PCV) CAN BE GIVEN AS EARLY AS TWO MONTHS<sup>5</sup>. CONSULT YOUR DOCTOR FOR MORE INFORMATION.**

**References:**

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Children are most vulnerable to infection during infancy – that’s why they have to receive most of their immunisation shots as early as possible during that stage of life. However, it doesn’t mean that their immune system has fully developed once they start to walk and talk.



# Toddlers & Preschoolers They Need Protection Too!






By **Datuk Dr Zulkifli Ismail**, Consultant Paediatrician & Paediatric Cardiologist

After infancy, the next stage of child development is early childhood, a crucial phase of life when children start to explore the world on their own. This is the time when they will take their first step, say their first sentence, make their first friend, attend their first class in preschool and do many other firsts in life. Typically, a child in the early childhood stage is called a toddler when they

are 1-3 years old and a preschooler at 4-6 years old.

## Stages of vaccination

Children receive most of their vaccine shots at a very young age. Here’s a timeline of the vaccination schedule according to a child’s stage of life:

Stage of life	Birth	Infancy: 1-12 months	Early Childhood: 1-6 years old	Middle Childhood: 7-12 years old	Adolescence: 13-18 years old
<b>Vaccine</b>	<ul style="list-style-type: none"> <li>• BCG</li> <li>• HepB (Dose 1)</li> </ul> 	<ul style="list-style-type: none"> <li>• DTaP-IPV-HepB-Hib (Dose 1-3)</li> <li>• PCV (Dose 1-2)</li> <li>• MMR (Dose 1-2)</li> <li>• JE (Sarawak only) (Dose 1)</li> </ul> 	<ul style="list-style-type: none"> <li>• PCV (Booster dose)</li> <li>• DTaP-IPV-HepB-Hib (Booster dose)</li> <li>• JE (Sarawak only) (Booster dose)</li> </ul> 	<ul style="list-style-type: none"> <li>• MR</li> <li>• dT</li> </ul> 	<ul style="list-style-type: none"> <li>• HPV (girls)</li> <li>• ATT</li> </ul> 
<p><i>Legends: BCG = Bacillus Calmette–Guérin; HepB = Hepatitis B; DTaP = diphtheria-tetanus-pertussis; IPV = inactivated polio vaccine; Hib = Haemophilus influenzae type b; PCV = pneumococcal conjugate vaccine; MMR = measles-mumps-rubella; JE = Japanese encephalitis; MR = measles-rubella; dT = diphtheria-tetanus; HPV = human papillomavirus; ATT = tetanus</i></p>					





By the time a child reaches 1 year old, they would have received at least 9 out of 14 total vaccine shots (or more for girls, or children in Sarawak/Sabah) as scheduled in the

National Immunisation Programme (NIP). They will also continue to receive the remaining shots during childhood and adolescence.

The strategy of giving as much vaccines as early as possible is undertaken around the world because children are susceptible to diseases, especially during infancy. Infectious diseases, such as tuberculosis, polio, diphtheria, measles and pneumococcal disease, can be life-threatening to infants. However, this doesn't mean that toddlers and preschoolers are free from danger!

## Why they need to be vaccinated too?

Young children who have received their vaccine shots during infancy are protected against the diseases covered by the vaccines. However, they still have to complete their doses of PCV, DTaP-IPV-HepB-Hib and JE vaccines after age 1 year to ensure full protection against the diseases.

Apart from that, it is important for toddlers and preschoolers to receive and complete vaccination as children below 5 years old are also categorised as high-risk groups vulnerable to infectious diseases due to their still immature immune system.

Early childhood is also the age when most children first go to daycare centre, kindergarten and preschool. Close proximity with other children, caregivers and teachers at these places exposes them to possible infections. At these ages, children are also very curious to explore their surroundings and this tendency may put them in danger of being infected.

Another reason for toddlers and preschoolers to get vaccinated is to provide a layer of indirect protection to other high risk populations in their

household, such as infants, the elderly and people with chronic diseases or suppressed immune system.

Parents should also note that some daycare centres, kindergartens and preschools may require children to be fully vaccinated according to the NIP to be enrolled in their establishments.

## A note on pneumococcal catch-up vaccination

PCV has finally been included in the NIP starting in 2020 and this is such a welcome progress. The downside is that it is currently only provided for free for children who are born in 2020 or later. Children who are born a little earlier are currently still under 5 and also need to be protected against pneumococcus infection.

Hence, pneumococcal catch-up vaccination for this group of children is recommended. The World Health Organization (WHO) states that catch-up vaccination should be applied when introducing PCV in the NIP if possible. This is to accelerate its preventive impact in children aged between 1-5 years old. Consult a paediatrician to learn more about pneumococcal catch-up vaccination for your toddler or preschooler. PP

An educational contribution by



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# The Malaysian Food Pyramid 2020: What's New?

By **Dr Tee E Siong**, Nutritionist & President of Nutrition Society of Malaysia (NSM)

## A quick guide to healthy eating

The food pyramid is a simple yet effective visual guide to help you achieve healthy eating, provided you stay disciplined by consistently following the recommendations and principles in the Malaysian Dietary Guidelines and the Malaysian Food Pyramid.

### What's new?

The Malaysian Food Pyramid has been given a new makeover in 2020 after the previous version was introduced in 2010. What are the differences?

#### Plain Water included

- Drinking 6-8 glasses of plain water daily is recommended

#### Carbohydrate Foods moved to Level 2

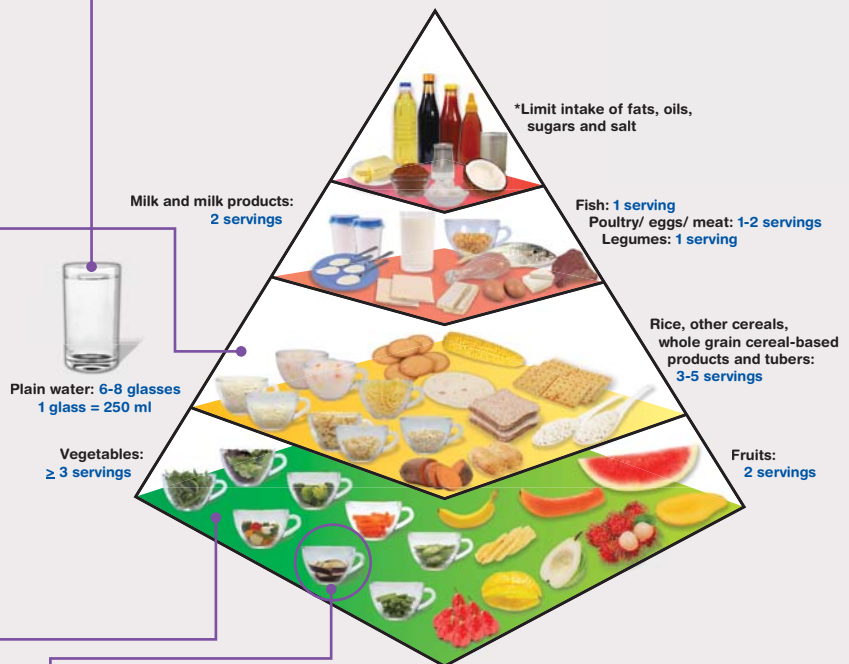
- Recommended servings reduced from 4-8 servings/day to 3-5 servings/day
- Emphasis on whole grain consumption
- Consume carbohydrate foods in moderate amounts

#### Fruits & Vegetables moved to Level 1 (base of pyramid)

- Recommended servings for veggies increased to 3 servings or more/day, while for fruits remain the same at 2 servings/day
- To encourage higher consumption of fruits and veggies

### MALAYSIAN FOOD PYRAMID 2020

Guide to Your **DAILY** Food Intake



#### Notes:

- This pyramid is meant for children aged 7 years and older; for younger children, refer to the Malaysian Dietary Guidelines for Children and Adolescents (2013): [https://nutrition.moh.gov.my/wp-content/uploads/penerbitan/buku/MDG\\_Children\\_adolescent\\_2014.pdf](https://nutrition.moh.gov.my/wp-content/uploads/penerbitan/buku/MDG_Children_adolescent_2014.pdf)
- For food groups with a range of servings (poultry/eggs/meat and cereals group), less active/sedentary persons should choose the smaller number of servings.
- For more details of the Malaysian Food Pyramid and Malaysian Dietary Guidelines 2020, refer to: <https://nutrition.moh.gov.my/MDG2020/mobile/index.html>

### Samples of recommended serving sizes displayed

- Food examples are depicted as the recommended size of 1 serving (except for the top level)



# Understanding Developmental Coordination Disorder (Dyspraxia)

By **Dr Rajini Sarvananthan**,  
Consultant Developmental Paediatrician

*Developmental Coordination Disorder (DCD) is a lifelong condition, which previously was known as “Dyspraxia”. It is a well-recognised neurodevelopmental disorder listed in both the Diagnostic and Statistical Manual of Mental Disorders (DSM).*

A child with DCD may have difficulty in motor coordination, as well as organising, planning and executing tasks. Speech and language development is often affected and they often have difficulties with processing information. Nevertheless, DCD should not prevent your child from leading a healthy and happy life. If left unchecked, however, symptoms of DCD can lead to learning difficulties and low self-esteem in adolescence and adulthood.

## So, how do you recognise if your child has DCD?

There are several signs, including a delay in achieving milestones (crawling, walking, etc.), having temper tantrums, and challenges with both gross and fine motor skills. Ask yourself: Does your child have difficulty dressing himself? Is he clumsy and often trips or knocks into objects or spills drinks? A child with DCD may experience challenges in:

- Learning
- Socialisation
- Play
- Daily living skills
- Planning and organising

A child with DCD may also have other conditions with overlapping symptoms such as ADHD, autism spectrum disorder, childhood apraxia of speech, dyscalculia, or dyslexia.



## What can you do as a parent?

There is no one solution – instead you must tailor your methods to your child’s needs. You are also likely to need the assistance from a combination of healthcare experts including an occupational therapist, speech therapist, and educational or clinical psychologist.

At home you can encourage your child to participate in physical activity such as

swimming, basketball, cycling (where enjoyment, rather than proficiency, is key), provide your child with clothing that is simple to put on and take off (e.g. T-shirts, drawstring pants, shoes with velcro), teach your child to improve his or her ability to plan and organise motor skills by incorporating simple daily tasks, such as setting the table or making a sandwich; and always recognise and reinforce your child’s strengths.

Remember that helping your child with DCD is going to take a lot of patience, planning, time and practice. Don’t expect to accomplish too much all at once, and remember to ask for help when you need it.

With early intervention, and the right therapies, your child can improve his/her organisational and motor skills, and live life to the fullest. Look out for online resources and communities that can assist you along the way, too. Good luck! PP

*An educational contribution by*



Malaysian Paediatric Association





# Period Pain

## Dealing with the Monthly Ordeals

By **Dr H Krishna Kumar**, Consultant Obstetrician & Gynaecologist, and Past President of Obstetrical and Gynaecological Society of Malaysia (OGSM)

*Menstruation, more commonly referred to as a woman's period, is vaginal bleeding that occurs monthly. Painful periods are referred to medically as "dysmenorrhea".*

### What is dysmenorrhea?

When your teenage daughter starts menstruating, she may experience period pains every month. Lower abdominal cramps, lower backache, nausea, bloating or headache are all common symptoms of dysmenorrhea, and she may have difficulty dealing with these symptoms.

Period pains are most likely caused by an excess of the hormone-like substance prostaglandins, produced by the uterus. Prostaglandins cause a woman's uterus muscles to tighten and relax, in order to expel its lining every month, and this often results in pain.

Period pains usually occur when one starts bleeding and can last for two or three days, sometimes even longer. It is commonly believed that one's period pains will diminish as she grows older or after she has a child.

There's also something known as secondary dysmenorrhea, which is caused by another medical condition, such as pelvic inflammatory disease or endometriosis. If your daughter

suffers from heavy menstrual flow or irregular bleeding, it's best to schedule a proper check up with a specialist.

### Did you know?

Period pains are different from what is known as premenstrual syndrome (PMS). PMS is a condition that affects a woman's physical and emotional wellbeing typically just before getting her period. Your child may feel moody, easily angered or just overwhelmed by emotion during this time, but that's natural.

### Pain management

The simplest way for your child to manage her period pains is with painkillers such as ibuprofen or paracetamol.

If ordinary painkillers do not help, ask your doctor for a stronger painkiller, such as naproxen.

Make sure your daughter is eating a healthy diet rich in greens, fibre and vitamins and is always well-hydrated, getting enough sleep and keeping fit. She may not feel like exercising when she gets her period but staying active can actually reduce the pain. So do encourage moderate-intensity aerobic exercise, which improves blood circulation and releases endorphins, such as walking or jogging.

### Home remedies

Try placing a heat pad or hot water bottle on her tummy (use a towel so she doesn't hurt herself) or ask your daughter to take a warm shower/bath to help her relax. Some women enjoy massages (with essential oils) and other relaxation methods such as yoga and Pilates.

Acupuncture and acupressure may also be effective. Your child may find herbal remedies such as chamomile tea, ginger and cinnamon helpful too. However, it's always best to check with a doctor before trying anything extraordinary.

All said, period pains are natural, common and can be managed effectively with medication and home remedies. Every individual is different so find out what works best for your child and chances are she will be better prepared to deal with her monthly ordeals, and not dread them! However, if your child experiences a sudden increase in her usual levels of pain, or if you notice anything abnormal, it's always best to speak to a doctor to rule out anything serious. PP

An educational collaboration with



Obstetrical and Gynaecological Society of Malaysia



# Positive Parenting

Malaysia

Malaysia's  
Pioneer  
Expert Driven  
Educational  
Programme

Initiated in the year 2000 by the Malaysian Paediatric Association (MPA), the Positive Parenting programme offers expert advice and guidance by key healthcare professionals from various Professional Bodies in the field of maternal health, family wellness, child health, development, nutrition and teen issues.

We understand the challenges parents face in raising a child, and it is our vision to bridge the gap between the healthcare professionals and parents to empower you with unbiased, accurate and practical information. Together, we can give our children the best start in life to ensure a brighter future.

## Key Activities

### Positive Parenting Guide



Published quarterly, it is distributed through healthcare professionals in private and government clinics, hospital and selected kindergartens nationwide, and selected retail partners in Klang Valley.

### Website



Our one-stop digital portal with hundreds of articles, recipes and our E-Guide version.

### Social Media

Follow us on Facebook and Instagram to gain access to the latest parenting tips and updates.



### Talks and Seminars

Join us in our Positive Parenting seminars featuring some of the nation's top Parenting Experts!



### Educational Press Articles

Look out for our Positive Parenting columns every fortnight and monthly in Malaysia's leading English, Bahasa Malaysia and Chinese newspapers.



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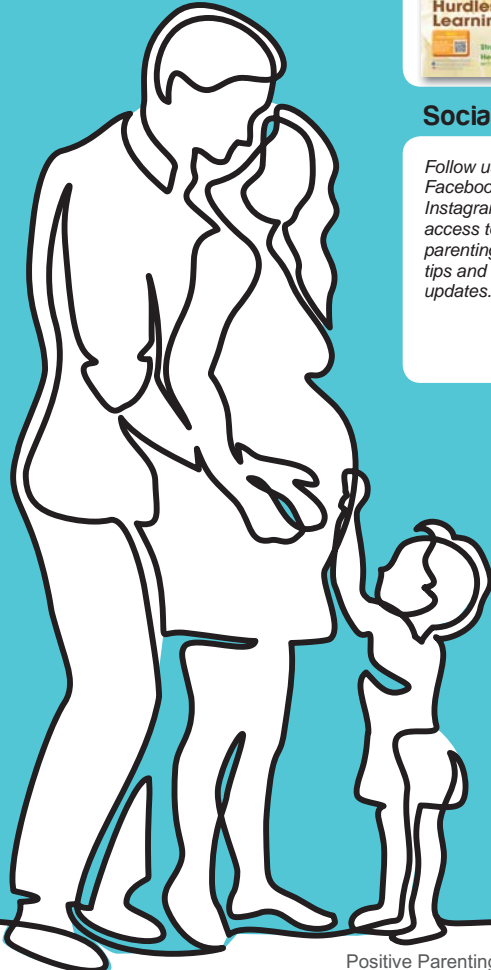
Malaysian Association of Kindergartens



Association of Registered Childcare Providers Malaysia



Malaysian Association of Paediatric Dentistry



Positive Parenting is a non-profit community education initiative. Companies wishing to support us or wish to collaborate with the programme are welcome to contact the Programme Secretariat.

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