

Positive Parenting Malaysia

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

Towards a Smoke-Free Environment



**Pregnancy
To-Do List**

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Providing a Safer, Healthier Environment for The Future Generation

Nowadays, things have basically returned back to near-normal. Rush hour traffic is back to its pre-pandemic condition. The majority of working adults are back in the office. And children have mostly returned to their classrooms. The only thing reminding us of the pandemic is the face mask that we're still required to wear at certain places. What's bad is we also see how unruly smokers have returned to congregate at some eateries despite the smoking ban that was imposed several years earlier.

Among key takeaways from the pandemic include the importance of providing a safe and healthy environment for our children. In this issue's Feature, we bring two experts to talk about smoking among teens in our effort to champion a smoke-free environment, for ourselves and our future generation. They also talk about how the introduction of vaping and

e-cigarettes have exacerbated the problem, as well as the important role parents play.

Our experts also write about other essential parenting topics in this issue, such as the effect of trauma during childhood, things to do during pregnancy, vaccinations recommended for teenagers, and the different types of viral hepatitis.

We truly hope that our articles will be helpful as you embark on the voyage of parenthood. You can also access past articles from previous issues of Positive Parenting Guide on our website. You can find us on Facebook (Positive Parenting Malaysia) and Instagram (@mypositiveparenting) for easy tips, informative posters and expert videos that you can enjoy while browsing your social media.

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Positive Parenting guide is published by VersaComm Sdn Bhd, Secretariat of the Positive Parenting programme initiated by the Malaysian Paediatric Association. No part of this publication may be reproduced without the written consent of the Positive Parenting Secretariat.

contents

Feature

4 Towards a Smoke-Free Environment

Family Planning & Pregnancy

9 Pregnancy To-Do List

Family Wellness

12 What is Equal Parenting?

Child Health

13 The 5 W's of Travel Vaccination

16 Hiccups in Newborns

17 Viral Hepatitis: From A to E

21 Living with Eczema and Pets

Nutrition & Healthy Living

23 Dietary Fibre: It's Good for the Gut and More!

Child Development

25 What You Should Know about Childhood Trauma

My Positive Teen

26 The Need and Importance of Teenage Vaccinations

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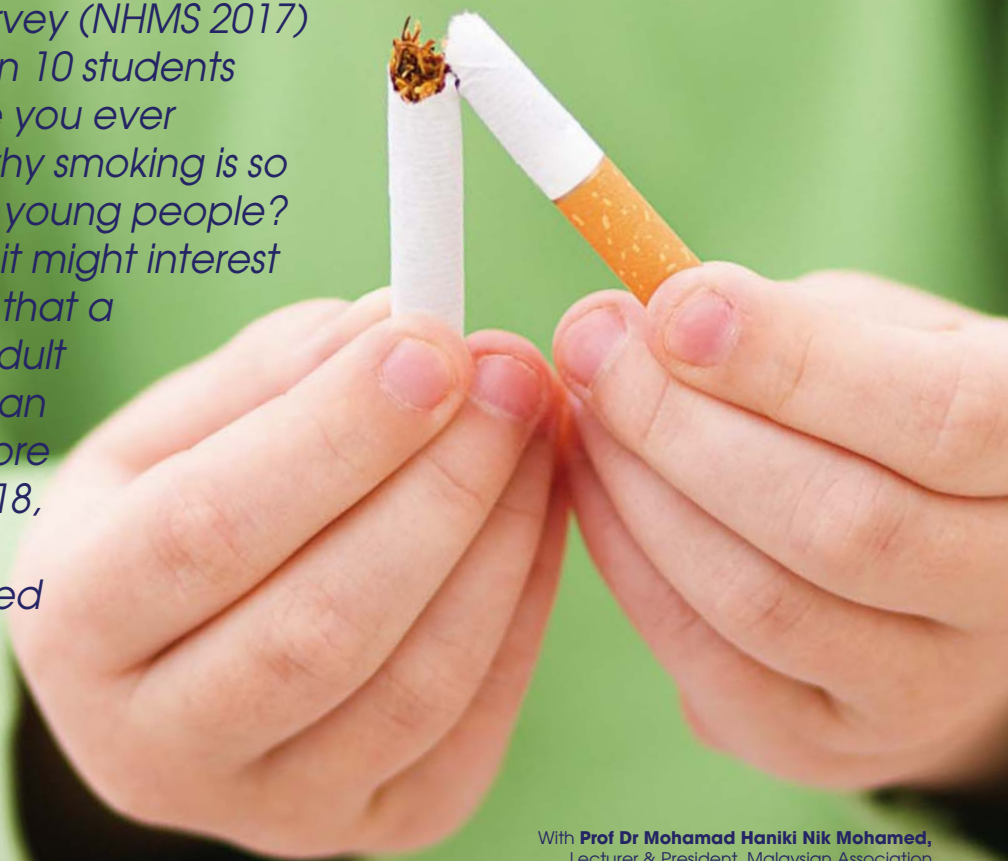
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[positiveparentingmalaysia](https://www.facebook.com/positiveparentingmalaysia) [mypositiveparenting](https://www.instagram.com/mypositiveparenting)
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Printer: Percetakan Osacar Sdn Bhd, No. 16 Jalan IDA 1A,
Industri Desa Aman, Kepong, 52200 Kuala Lumpur, Malaysia.

Towards a Smoke-Free Environment

The National Health and Morbidity Survey (NHMS 2017) cited that 1 in 10 students smoke. Have you ever wondered why smoking is so attractive to young people? As a parent, it might interest you to know that a majority of adult smokers began smoking before they turned 18, and many were addicted even before they finished secondary school!



With **Prof Dr Mohamad Haniki Nik Mohamed**,
Lecturer & President, Malaysian Association
of Adolescent Health

Prof Dr Wee Lei Hum,
Lecturer & Health Behavioural Expert

Smoking is a form of harm that has been around for a long while (dating back to maybe even the first century BC!), affecting countless generations of people.

"Smoking is a huge burden, with 8 million deaths annually around the world due to complications resulting from smoking habits. There are about 1.2 billion smokers globally," says **Prof Dr Mohamad Haniki**

Nik Mohamed, President of the Malaysian Association of Adolescent Health. "In Malaysia alone, there are 20,000 premature deaths every year due to smoking, and close to RM3 billion is spent on treating

three major diseases – ischemic heart disease (IHD), lung cancer and chronic obstructive pulmonary disease (COPD) – all of which are a result from complications of smoking!”

Smokers in Malaysia

A majority of smokers in Malaysia are male, and among the lower socio-economic B40 bracket, according to Dr Haniki, who is also the leader of Sustainable Smoke-Free Campus Community Flagship at International Islamic University Malaysia. He says that smoking not only affects the nation's health, but also impacts the economy.

Today, adolescent smoking remains a major challenge for public health in Malaysia. Close to 5 million smokers in Malaysia are aged 15 and above. According to data that has been amassed over the years, smoking experimentation

in Malaysia starts when a child is as young as 7 years old. In 2020, it was reported in the KOTAK (Kesihatan Oral Tanpa Asap Rokok) programme, an early smoking detection and intervention programme designed for all primary and secondary school children, that there were 12,152 smokers in secondary schools.

Dr Haniki shares that during adolescence, youths' attitudes towards smoking are being formed, and they are especially vulnerable because experimentation is common during this time.

There are other factors that also affect an adolescent's susceptibility towards smoking including their sex, genetic predisposition and psychiatric disorder, says Dr Haniki. "It doesn't help that there are environmental influences as well – we see indirect advertisements everywhere, especially using cigarette packs.

Then there's nicotine. Nicotine is a stimulant drug that speeds up the messages travelling between the brain and body, and is the main psychoactive ingredient in tobacco products.

"Nicotine is the chemical in tobacco that makes it hard to quit," explains Dr Haniki, saying that it produces pleasing, but temporary, effects in one's brain. "These include pleasure, arousal, mood modulation and reduction in anxiety, among others. Studies have shown that it only takes three sticks of cigarettes to occupy all the receptors in one's brain which explains why there is such a high affinity for smoking among youths."

In contrast, when they don't get their nicotine fix, they start to experience withdrawal effects such as irritability, insomnia, anxiety, increased appetite, restlessness and depression.

Passionate about tobacco dependence management, Dr Haniki reveals that in recent times, emerging tobacco products such as e-cigarettes have created a new problem, as much of this burden is set to land on the shoulders of adolescents and children in our society.

"There are 200,000 adolescents already smoking e-cigarettes today," he shares the distressing data, adding that a growing number of girls are beginning to vape, which is a new turn of events given that in the past the percentage of women smokers in Malaysia has been low.



According to the National e-Cigarette Survey (NECS 2016), there are 450,000 dual users, who smoke both e-cigarettes and tobacco.

“Rather than being a method to stop smoking, e-cigarettes are more like a gateway to tobacco smoking and substance abuse,” shares Dr Haniki. “Adolescents use e-cigarettes for experimentation. They say they enjoy the taste and smell of e-cigarettes, and they want to try it out because it is trendy and a popular thing to do.

“There are those who claim that e-cigarettes are, in fact, effective if you decide to stop smoking but we don’t have enough high quality data to say this is true. And even though e-cigarette aerosols contain fewer toxic chemicals than conventional cigarette smoke, the bottom line is that all tobacco products, including e-cigarettes, carry risks. In fact, recent studies have shown that there are over 2,000 chemicals in e-cigarettes compared to what was publicised before,” he says, emphasising his strong belief that nicotine should not be legalised for leisure purposes.



Benefits of quitting smoking

If you don’t smoke for **20 minutes**, your heart rate drops

In **12 hours**, your blood carbon monoxide (CO) levels return to normal

In **2 weeks to 3 months**, heart attack risk begins to drop, and lung function increases

In **1 to 9 months**, coughing and shortness of breath decrease

In **1 year**, excess risk of Coronary Heart Disease (CHD) drops to half that of a smoker

In **10 years**, lung cancer death rate drops to half that of a smoker

In **15 years**, CHD risk is the same as a non-smoker

Behavioural interventions

Prof Dr Wee Lei Hum is a Health Behavioural Expert specialising in Smoking Cessation and Workplace Health Promotion at the National University of Malaysia (UKM), and admits that her “pet subject” is helping smokers to quit smoking!

The first question she has for any parent is this:

Are you a smoker?



If you are, Dr Wee offers a bunch of staggering truths for you:

- Adolescents with one parent as a smoker is 3x more likely to grow up into a smoker
- Having both parents smoking, doubles that risk
- Mothers are more likely to influence their daughters to smoke, and dads their sons
- An older sibling is 15x more likely to smoke in heavy smoking households (where parents/grandparents/uncles smoke) rather than non-smoking households
- A younger sibling is 6x more likely to smoke if an older sibling smokes

“All parents must understand that if they are smokers, they are effectively increasing the risk of their teenagers growing up to be smokers too,” Dr Wee emphasises. “As a parent, the best decision you can make is to go to a quit-smoking clinic as soon as you can so that your children don’t end up becoming smokers.”



Dr Wee stresses that for the child or youth, smoking is often perceived as 'temporary'. She says: "They will say that they can 'stop anytime'. They will never admit to being a smoker, and that is a dangerous mindset. Most adolescents don't smoke every day. Even parents are often misled into thinking that this is just a phase and will say '*Mereka suka cuba-cuba sahaja*'."

But the truth is that's not the case. Dr Wee shares that most of her clients who have wanted to quit smoking started to smoke in their teenage years, and by the time they want to quit, they have a long history (30-40 years) of smoking.

"They come forward because they have health symptoms related to smoking. But by that time it's hard to stop

because they are already well and truly addicted to nicotine. Rates of failure and relapse are very high at this time. Many have a lot of regrets that they were ignorant of the fact that smoking is so addictive," she reveals.

"Even monthly smoking can lead to dependence, and among young people there is very low motivation to stop. 70% try to quit every year, but 90% of those who try to quit, relapse."

Dr Wee also shares that e-cigarette use has increased threefold among young people which is very worrying.

But all is not lost. Dr Wee suggests that parents use strategies such as STAR (Set, Tell, Anticipate, Remove) to motivate their smoking teens to quit.

STAR strategy

Set: Discuss a plan/date to stop smoking.

Tell: Change your child's daily routine, and seek support from friends and family. Be prepared with information or follow-up plan (apps like Easy Quit). Use money saved to buy treats. Get help from professionals and stay active.

Anticipate: Challenges like stress or socialising with other smokers.

Remove: Get rid of all things that remind your child of cigarettes. Eliminate temptation. Avoid situations that encourage your child to smoke.

Creating the right environment at home is also vital. She says: "Parents should create a home that is smoke free, and be a good role model for their children. Don't allow friends and family to smoke inside your home. Refrain from smoking yourself. Raising children in a smoke-free environment also lowers the risk of developing asthma, pneumonia, bronchitis and ear infections."

Other factors that parents should pay close attention to are the effects of social media, and your child's peers at school.

"Children are getting very one-sided information from social media. Parents need to monitor where their children are getting their information from. They need reliable sources of information. For example, a child may think that the nicotine content in vape is lower, or that the fruit or vegetable content in vape is healthy, that it contains no tar or other hazardous chemicals, or that there are no health-related side effects when you vape.

"They may even feel that vaping is a way to stop smoking, and are not mindful of the nicotine content that is present in e-cigarette liquid," Dr Wee says.

It takes a concerted effort from parents to ensure that their children are not tempted to ever pick up a cigarette or e-cigarette. And with



advertising and social media, the challenge has grown by leaps and bounds.

Nonetheless, there is something all parents can do right now. Dr Haniki and Dr Wee encourage parents to stop smoking and keep their homes smoke-free

so we can help build a smoke-free nation and achieve our government's Tobacco Endgame 2040.

To sign up for a quit-smoking programme, go to **jomquit.com**

"If tobacco was a virus, it would long ago have been called a pandemic and the world would marshal every resource to stop it. Instead, it is a multi-billion dollar business profiting from death & disease, imposes big costs on health systems and takes a huge economic toll in lost productivity."

– Dr Tedros Adhanom Ghebreyesus, WHO Director General

Pregnancy To-Do List

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

Pregnancy is an exciting chapter in a mother's life. However, many moms-to-be are unaware of the physical changes that come with pregnancy. It is also essential for new moms to understand the right steps to take when pregnancy calls, to ensure the healthy development of their child.

First of all, before embarking on pregnancy, you must see your doctor. Make sure that you are well and ready for the pregnancy. If you have a medical problem, it needs to be treated or stabilised before pregnancy. It is best to be referred to a pre-pregnancy clinic for advice before beginning the journey of pregnancy.

Signs of pregnancy

Once you're pregnant, you may notice some changes to your body. Recognising and preparing for these changes can be beneficial in ensuring a smooth pregnancy period. Here are some of the common physical changes you may experience during pregnancy:

- No period
- Faster heart rate
- Heartburn
- Nausea (with or without vomiting)
- Increased body weight
- Increased appetite and thirst
- Breast enlargement and tenderness
- Frequent urination



To-do list

Taking the right steps to ensure the healthy foetal development of your child is equally important as preparing for the physical changes of pregnancy. This “to-do list” can help guide you.



Go for antenatal check-ups. These are regular pregnancy check-ups, where routine health tests and examinations of the mother and foetus will take place. It is recommended that pregnant mothers book their **first antenatal check-up within 12 weeks of pregnancy** confirmation and have **a total of eight visits.**



Enhance your nutrition. To support healthy foetal development, it is recommended to regularly take supplements of **folic acid** prior to pregnancy to at least the 12th week of gestation. An increased intake of foods containing nutrients like **vitamin C, vitamin D, iron, and calcium** is also recommended.



Keep fit. Staying active can help pregnant mothers prepare for labour. Although strenuous exercise is not advisable, light workouts like **pelvic floor exercises** can help strengthen the muscles involved in childbirth. It is recommended that pregnant mothers regularly partake in light exercises for **15-30 minutes, three times a week.**



Stay hydrated. Pregnant mothers should stay hydrated to support foetal development.



Stop smoking. Smoking during pregnancy can cause ill effects to the foetus. Getting help to stop smoking can help to ensure the healthy development of the baby.



Be financially prepared. Parenthood is a huge financial commitment. Discuss with your partner to make sure that both of you are ready.



Register for antenatal classes. Antenatal classes can help address the many concerns and issues mothers have about taking care of their baby and also help prepare mothers for childbirth and labour.



Start planning for birth. It is recommended to plan out your personal preferences prior to labour and after birth (e.g. preferred name, labour positions, concerns about pain relief, and privacy). This can help your midwife make childbirth as comfortable as possible.



Look into confinement needs. If you do not have support at home, you may need to look for a confinement lady or home. Plan in advance.



Get vaccinated. Getting vaccinated during pregnancy can provide protection to the child against various diseases before they are even born. Some examples of important vaccinations include the Tdap, and influenza vaccines. The 3-in-1 **Tdap vaccine** can provide protection to newborns against tetanus, diphtheria, and pertussis. Similarly, the **influenza vaccine** is important as it can help prevent influenza infections (the flu) and provide considerable protection to newborns for months after birth.



Importance of vaccination in pregnancy

- **Helps prevent infection in mothers and babies.** Newborns are one of the high-risk groups susceptible to contracting infections of diseases like influenza, tetanus, diphtheria, and pertussis as they are too young to be vaccinated. Getting vaccinated during pregnancy can help provide protection to both the mother and the baby against certain diseases.
- **Helps prevent severe symptoms in babies.** Children and newborns are at risk of developing severe infections and life-threatening symptoms. Maternal vaccinations can help to reduce the risk of their baby developing severe life-long complications and symptoms.

In conclusion, pregnancy is an exciting and crucial phase in a woman's life. Taking the right steps at all stages of pregnancy can help ensure a smooth, stress-free, and comfortable experience. PP

An educational collaboration with



Obstetrical and Gynaecological
Society of Malaysia

Protect your baby from Day 1

Tdap vaccination during pregnancy protects newborns against whooping cough and diphtheria.^{1,2}

Whooping cough (pertussis) is a bacterial infection caused by *Bordetella pertussis*, seen as severe coughing fits that makes it hard to breathe.^{1,3} Newborns are particularly vulnerable to the infection, with most deaths seen in babies who are three months and younger.⁴

Meanwhile, diphtheria is caused by *Corynebacterium diphtheriae*.^{1,3} It can result in difficulty breathing, heart failure, paralysis, or even death, with up to 20% of young children below age 5 succumbing to the disease.^{3,5}

As newborn babies are too young to receive vaccinations for protection, serious infections may be contracted from family members and caregivers, especially their mothers.⁴

How does vaccination during pregnancy protect your baby?



Mother receives Tdap vaccination during pregnancy



Mother creates antibodies in her body



Antibodies pass through the placenta to the baby



Mother and newborn are both protected

Adapted from Sawyer M, et al. MMWR. 2013.

The Malaysian Society of Infectious Diseases and Chemotherapy recommends that all pregnant mums receive a dose of Tdap vaccine at every pregnancy, between 27-36 weeks' gestation.¹



Talk to your doctor about protecting your baby from whooping cough and diphtheria today!

Tdap: tetanus, diphtheria and pertussis.

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What is Equal Parenting?

By **Mr Alexius Cheang**, Behavioural Psychologist

What does it mean for parents to share duties? In the past, many parenting responsibilities fell on the shoulders of women. However, today with both men and women active in the workforce, parenting tasks – including being involved in a child's socialisation, healthcare, education and upbringing – are being more equitably shared between both parents. This is what we call “**equal parenting**”.



When is the right time to start?

Couples should start sharing duties as soon as they find out they are pregnant! Why not prepare for the arrival of your child together? This includes visits to the doctor, prenatal classes, setting up baby's room and managing

finances for the delivery. Equal parenting helps reduce the chances of postpartum depression, commonly seen in new mothers, so the earlier young couples get into the swing of sharing responsibilities, the better!

Challenging situations

While some couples naturally gravitate towards sharing responsibilities, others may not have it so easy. For example, if one parent is working and the other is a homemaker, or if both parents are working from home, division of duties may be complicated. In these modern times, there have also been shifts in the traditional family unit resulting in divorced parents, step parents and parents who do not live at home.

There may also be societal challenges. Not all people will approve of a dad doing the dishes

or changing diapers, while the mum handles the budgeting! And even when willing, not every parent has the skills to assist their kids with schoolwork and extra-curricular activities. Instead of dividing duties “equally”, try tuning into activities with your children based on what each parent does well in.

In all situations, **communication is key**. Make it a habit to discuss everything openly and honestly with your spouse, especially if you need additional support to make things work.

Ground rules for equal parenting

- **Work as a team.** Remember, you are both partners in life.
- **Make a Chore Chart.** Negotiate and have clear expectations of each other.
- **Be flexible** on going “50/50” as things change. Instead of being calculative, learn to communicate when help is needed from your partner.
- Do acknowledge and **thank your partner** for the effort they put in.
- Schedule “**me**” time.
- Schedule “**couple**” time. Get uncles/aunts/grandparents to babysit!

Note: The last 2 points are keys to taking care of yourselves and each other so that you are better at managing parenting.

When responsibilities are shared fairly, and when there is ongoing communication between parents, everyone wins. Parents become partners, motivating one another, and seeking help from extended family and friends when necessary.

Best of all, children end up spending more quality time with both parents. This ultimately makes a child more open to discussion, keen to share problems, ask for solutions, and seek guidance when they need it. PP

The 5 W's of Travel Vaccination

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

National borders are reopening after a long period of travel restrictions due to the pandemic. Apart from COVID-19 vaccines, which vaccines should you take before travelling outside the country?

1 Why should I get vaccinated before travel?

The Malaysian National Immunisation Programme (NIP) provides a comprehensive schedule of childhood vaccinations that protect against certain infectious diseases. However, there may be gaps not covered by the immunisation schedule. Some infectious diseases not included in the NIP may be endemic in other countries or there may be an on-going outbreak at the destination you're heading to. Some vaccines are also mandatory for entry into certain countries.

For example, Malaysians are advised to take the yellow fever vaccination before travelling to certain countries in Africa and South America. The risks of food-borne diseases, such as typhoid and hepatitis A, are also higher in certain countries, so it's better to get vaccinated against these diseases as well.

If you and your family are travelling to these places, it is recommended to get protected from local diseases by getting optional vaccines available. Vaccination is one of the best ways to protect us from serious infectious diseases. By getting vaccinated, you will spend less time getting sick and more time enjoying the trip with your family.



2

Who should get the vaccines?

Anyone travelling to destinations with a significant risk of infectious diseases should get vaccinated against those particular diseases. This is especially important for the vulnerable population, such as children below five years old, the elderly, and people with chronic diseases or a weakened immune system. Additionally, eligible individuals should get the COVID-19 and flu vaccines, regardless of their travel destination. If you are pregnant, consult your doctor regarding vaccines that are suitable for you.



3

Which travel vaccines should I take?

This depends on your travel destination. Here are some recommended travel vaccines:



Meningococcal vaccine: If you're travelling to countries in the African meningitis belt such as Ethiopia, Niger, Chad and Burkina Faso, where the prevalence of meningitis is very high, it is recommended to get this vaccine. Saudi Arabia also requires people going on a Haj or Umrah pilgrimage in Mecca to get the meningococcal vaccine.



Influenza vaccine: You can get the vaccine annually and all year round, but the vaccine is especially recommended when travelling anywhere during the flu season or going to temperate regions in winter.



Japanese encephalitis (JE) vaccine: The vaccine is included in the NIP for children in Sarawak. Those who have not received it are advised to get the vaccine when travelling to countries where JE is endemic, such as Japan, Taiwan, South Korea and other Southeast Asian countries. It's also good to get the vaccine if you're coming from the Peninsula and going to Sarawak.



Yellow fever vaccine: Malaysians are advised to get the vaccine at least 10 days before travelling to certain countries in Africa (29 countries, e.g. Cameroon, Kenya, Nigeria, etc.) and South America (13 countries, e.g. Argentina, Brazil, Colombia, etc.) where there is a high risk of yellow fever transmission. Travellers coming from these countries without a valid yellow fever vaccination certificate will have to be quarantined upon arrival in Malaysia.



Rabies vaccine: It is recommended for people with high-risk occupations (i.e. wildlife rangers, animal disease control staff, lab workers dealing with live rabies viruses). Outdoor travellers or expatriates living in remote areas with a high rabies exposure risk should also get the vaccine. The vaccine is also offered as post-exposure prophylaxis.



Cholera, typhoid, hepatitis A, or rotavirus vaccines: These vaccines protect against food- and water-borne diseases and are recommended when travelling to countries with poor sanitation to prevent infection from contaminated food or water.

4

When should I get the vaccines?

Speak to your doctor 6-8 weeks before your travel date to decide which vaccines to get, how many doses are required, and how early you need to get the shots. It can take a few days to a few weeks for the vaccine to take effect and for your body to produce antibodies. Hence most vaccines have to be given ahead of time to ensure full protection against the diseases during travel. For flu vaccine, you're recommended to get it annually, and if you haven't received the flu shot, get it at least 2 weeks before your trip.

5

Where can I get the vaccines?

You can get the recommended travel vaccines from private clinics and hospitals. Some vaccines may also be available at government facilities and some may only be available at certain healthcare facilities. Do check with your preferred healthcare providers in advance, as some places may not carry stocks even if they did provide the vaccines previously.



Bring-home message

The COVID-19 pandemic has taught us how diseases can spread rapidly and how preventive measures, including vaccinations, are crucial in containing any outbreak. As cliché as it sounds, prevention is the better option compared to treatment. PP

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Take no chances on health.
**CHOOSE TO
 PROTECT YOURSELF.**



With travelling comes lots of fun and excitement. But there are still travel-related diseases out there such as JE, rabies, hepatitis A and typhoid. They can be life-threatening. Travel safe without leaving your health to chance. Ask your doctor on how you can stay safe and still have fun throughout your travels.

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Hiccups in Newborns

By **Dr Mary J. Marret**, Consultant Paediatrician

Hiccups can be repetitive, uncontrollable, and irritating. When our babies have hiccups, we tend to worry that something is wrong. Should you worry if your baby has hiccups?

What causes hiccups in babies?

Hiccups can occur in all age groups, including babies. Hiccups are a **common and natural reflex**. We all have a muscle between the chest and abdomen, called the diaphragm, which moves when we breathe. Sudden contractions or spasms of the diaphragm together with closing of our vocal cords produce hiccups. Some babies develop hiccups if they have been drinking too quickly, or if they have been crying for a long time.

Are hiccups a cause of concern?

Hiccups are actually harmless to babies and a positive sign that your baby is healthy. Most bouts of hiccups are temporary and last between 5-15 minutes. Occasionally they may continue for a couple of hours. Hiccups do not disturb the baby. Some babies may continue to sleep when they have hiccups. It is usually parents who are worried that their baby is not comfortable, or that hiccups are sign of illness.

What should I do if my baby has hiccups?

Hiccups don't require any special treatment. The best thing to do

is to **let the hiccups resolve on their own**. If your baby is feeding well, gaining weight and doesn't have difficulty sleeping, don't be anxious. If your baby has other symptoms (refer to the box) together with persistent hiccups, you may wish to consult a doctor. Occasionally, babies with gastro-oesophageal reflux (GER) may have hiccups with other symptoms. GER is a condition where the stomach acid goes up the oesophagus and causes irritation.

Do consult your doctor if your baby has any of the following:

- Not growing well
- Forcefully spitting up frequently
- Repeatedly crying during feeds
- Arching of the back while feeding
- Coughing or choking while feeding
- Crying continuously

What can you do to prevent hiccups?

Practice proper feeding techniques

- Preventing an excessive intake of air is crucial. **When breastfeeding**, make sure the baby has a proper "latch" around the whole nipple. If your baby is bottle feeding,

ensure that the bottle's nipple is completely full of milk before feeding. Use the right nipple size so that the flow of milk is not too fast or too slow.

Ensure proper posture during feeding

- Make sure to feed your baby in an upright position with the head elevated
- Keep baby in an upright position for about 30 minutes after feeding

Periodic "burping" during and after feeding

- Periodically "burping" your baby every now and then during feeding sessions, by gently patting your baby's back, can help to ease any built-up air in the stomach.

Feed and drink at a slower pace

- Hiccups often occur from feeding too quickly. Feeding at a slower pace reduces the chance of hiccups.

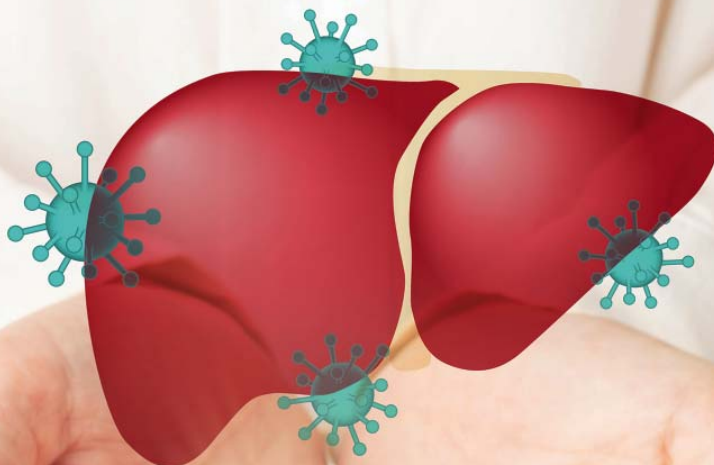
Avoid feeding when your baby is agitated

- Feeding when your baby is agitated, crying and moving will interfere with swallowing, irritate the diaphragm and thus, trigger hiccups. Soothe and calm your baby first before attempting feeding. PP

Viral Hepatitis: From A to E

By **Dr Nazrul Neezam Nordin**, Consultant Paediatrician and Paediatric Gastroenterologist & Hepatologist

Entering the year 2022, there have been recent surges of acute hepatitis infection in children due to unidentified causes. Although the causes have not been identified, hepatitis is typically caused by a particular hepatitis virus. Are you sufficiently informed to keep your family and yourself safe?



Our liver is a vital internal organ responsible for many of our bodily processes including filtration, digestion, metabolism of fat, detoxification of drugs and alcohol, protein synthesis and the storage of vitamins and minerals. Without our liver, our daily lives would be heavily affected, and acute liver failure often causes complications such as cerebral oedema (excessive fluid in the brain), bleeding disorders, infections, and kidney failures.

Hepatitis is one of the many diseases which affect the liver. It can be caused by both infectious virus and

non-infectious agents, and lead to inflammation in the liver. Hepatitis has many different strains (types), and it can be fatal to the host if the disease is severe, but rest assured as prevention and treatment are available for the different strains.

Symptoms and types

There are many different types or strains of the hepatitis virus, ranging from hepatitis A to hepatitis E. All variants of the disease primarily target the liver and its functions, ultimately

leading to other liver diseases and potentially liver failure or cancer.

Strains of hepatitis vary in terms of mode of transmission, severity of illness, geographical distribution, and prevention/treatment methods. As such, some people are more susceptible to specific forms of the virus compared to others. For example, hepatitis A can be caused by poor hygiene when handling food and is much more prevalent in developing countries where access to proper sanitation is limited.

As all variants of hepatitis primarily affect the liver, the major symptoms of the diseases are usually the same, including:



Jaundice



Itchy skin



Easily bruised



Dark urine colour



Abdominal pain and swelling



Swelling in the legs and ankles



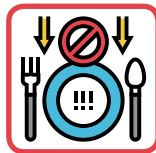
Nausea or vomiting



Pale stool colour



Chronic fatigue



Loss of appetite

Hepatitis A (hepA) is very contagious and common in developing countries with poor sanitation and limited access to clean water. It is spread by ingestion of the virus (via contaminated food and water) and faecal transmission. One of the methods to prevent hepA infection is through vaccination. Besides vaccines, practicing good hygiene, especially before eating and drinking is also a good measure to prevent hepA infection.

Hepatitis B (hepB) is a progenitor for other chronic diseases and is the major cause of liver cancer. Like hepA, it is also caused by person-to-person transmission, but via exchange of bodily fluids (sex or blood-to-blood contact) instead. Most people tend to acquire the disease at birth. HepB vaccination is included in Malaysian childhood immunisation schedule. Treatments for the disease include antiviral treatments which prevent liver damage and cancer.

Hepatitis C (hepC) is a precursor for chronic diseases and the major cause of liver cancer and transplants. Today, most people become infected with hepC by sharing needles or other equipment used to prepare and inject drugs. There is no hepC vaccine, so the best way to prevent hepC is by avoiding behaviours that can spread the disease, especially injecting drugs. Screening for hepC is key because treatments can cure most people with hepC in 12 to 24 weeks.

Hepatitis D is a satellite disease which can only affect people who have contracted hepatitis B. There is no available vaccine, but there are medications. Meanwhile, **hepatitis E** is similar to hepA, where the disease is spread by ingestion of virus via contaminated food and water. There is currently no worldwide vaccination available.

Vaccinate your loved ones!

Vaccination is one of the main methods of prevention of hepA and hepB diseases and has been proven to be effective in preventing the diseases. Vaccinations are highly recommended for young children and travellers to developing countries.

HepA vaccine consists of 2 shots given at a 6-month interval. Children are recommended to receive the first dose between 12 and 23 months of age. If you're travelling, get the vaccine at least 1 month before the trip.

In Malaysia, the first dose of **hepB vaccine** is given at birth, followed by another 3 primary doses and 1 booster dose given as the hexavalent vaccine at 2 month, 3 month, 5 month and 18 month of age respectively.

Adults can also get hepB vaccination, which consists of 3 doses. The 1st dose can be taken at any preferred time, while the 2nd dose 1 month afterwards and the 3rd dose 6 months after the 1st dose.

It is highly recommended to ensure that your family members, especially young children, are properly vaccinated against the viruses to ensure protection against diseases and potential liver damage. PP

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PREVENTING HEPATITIS AS EASY AS "ABCDE"

WHAT IS HEPATITIS?¹



Hepatitis means inflammation of the liver.

The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

5 MAIN HEPATITIS VIRUSES²

A B C D E

ALL THESE VIRUSES
CAUSES
LIVER DISEASE



ANYBODY CAN GET HEPATITIS

A

THERE ARE 5 MAIN HEPATITIS VIRUSES

B

CURE IS ONLY AVAILABLE FOR HEPATITIS C³

C

DON'T FORGET TO TAKE YOUR HEPATITIS A VACCINE SHOT TODAY

D

ENSURE YOUR LITTLE ONES ARE VACCINATED WITH HEPATITIS B VACCINE

E

WHEN YOU THINK OF
HEPATITIS, THINK OF
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- [2. https://www.medicinenet.com/viral_hepatitis/article.htm](https://www.medicinenet.com/viral_hepatitis/article.htm)
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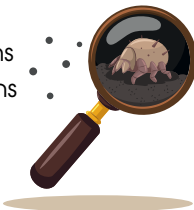
The prevalence of eczema has become increasingly common, with an increase of 2- to 3-fold since the 1970s. Approximately 1 in 5 children are affected by this skin condition worldwide. Typically, children tend to grow out of eczema once they enter adolescence, but some people may carry the skin condition into adulthood where it becomes a lifelong problem.

Living with Eczema and Pets

By **Dr Leong Kin Fon**, Consultant Paediatric Dermatologist

Researchers are still uncertain regarding the exact reason for eczema, but several triggers that lead to exacerbation of the skin condition have been identified. Avoidance of triggers is an important mechanism to ensure eczema maintains under control. Potential triggers include:

- Viral infections
- Food allergens
- Cosmetics
- Fragrance
- Weather
- Environmental allergens, e.g. dust mites, pollen, molds, dander from animals



One of the common culprits of eczema is pets. Some people with eczema may have no problem living with pets, while

others are unable to have any sort of animal contact without flaring up. It is important to understand how pets can trigger eczema flare-ups, if pets are suitable for children with eczema, and how to prevent flare-ups when living with pets.

How do pets trigger eczema?

While pets are not a direct cause of eczema, they can contribute to triggers (in the form of dander or proteins in their saliva/urine) that cause eczema flares. When the body develops an allergic reaction against allergens (triggers), a high level of antibodies is produced, which leads to development of eczema symptoms.

Are pets suitable for children with eczema?

The question soon arises whether your child with eczema can have a pet. There is no definite answer, as it depends on the severity of your child's symptoms, and how well they respond to prophylactic or preventive treatments.



There are also studies showing that having a pet, particularly dogs, in early life stages can be a protective factor against developing allergies. This is based on the hypothesis where exposure to an allergen leads to development of a resistance/immunity. Another study also found that children who had pets from a young age had lesser of the antibodies that are responsible for eczema

symptoms, which suggests that pet exposure at a young age may decrease the chances of developing eczema. However, it was also found that children with a predisposition to eczema were still more likely to develop eczema when exposed to pets in childhood.

It is also good to know that there are no truly “hypoallergenic” pets (pets

that produce relatively less allergens). Regardless of the type of pet, dander and saliva will always be produced. Therefore, it is recommended to choose pets or breeds that shed less. You may also consider pets without hair, fur or feather, like a fish or a gecko. Do consult a doctor about the severity of your child’s eczema before getting a new pet.

How to prevent flare-ups with pets

There is no need to choose between keeping a pet or your family’s health. Precautions and measures can be taken to ensure eczema flare-ups do not get out of hand and remain manageable. These include:

- **Bathe and clean your pet regularly.**

Cleaning your pet regularly can remove the build-up of dander on your pet and reduces the amount of dander being left around the house.



- **Restricting pet access to certain areas of the house.**

Preventing your pet’s access to certain areas of the house (e.g. bedrooms, working space/home office, closet, etc.) can help limit your exposure.

- **Regularly clean areas susceptible to dander build-up.**

Regularly clean areas of your home that your pet hangs out in, e.g. their bed, toys, favourite spots, etc.



- **Wash hands after contact with pet.**

After petting or touching the pet, ensure to wash your child’s hands and yours.

- **Take care of your pet’s health.**

If the pet has fungal skin infection, it might trigger eczema in your child due to secondary fungal infection, so treat the pet accordingly.

Besides taking preventive measures to ensure your pets do not trigger eczema flares, it is also important to maintain a regular **eczema skincare routine**. This can be done by ensuring that the skin is moisturised as it aids in both prevention and providing relief during flares. A good example includes making a personalised skincare routine that includes moisturiser.

There is no definite answer on whether people with eczema can live with pets. It depends on the severity of symptoms and how an individual can control their flare-ups with medications and preventative measures. With the right advice and good eczema management, your child may be able to keep a pet too! PP

An educational contribution by



Malaysian Paediatric Association

Dietary Fibre: It's Good for the Gut and More!

By **Dr Amutha Ramadas**, Nutritionist & Council Member of Nutrition Society of Malaysia

Dietary fibre is an essential component of a healthy diet. High fibre foods have a wide range of health benefits. Yet, most people do not meet their adequate daily requirement of fibre.

What is fibre?

Dietary fibre is the indigestible part of plant foods. It passes through the body undigested, keeping you feeling full. It also regulates the body's use of sugar, helping to keep hunger and blood sugar in check. The **recommended daily intake** of dietary fibre is **20-30 g**.

What are the benefits?

Dietary fibre is important for the health and provides numerous benefits, e.g.:

- Promote bowel movement and prevent constipation
- Help reduce weight and body fat

- Better control of blood sugar and lower diabetes risk
- Promote healthy balance of gut microbiota
- Reduce risk of cardiovascular disease

Where can you get fibre?





Dietary fibre can be found in various foods including whole grains, legumes, fruits and vegetables. These foods are also rich in other essential nutrients including phytonutrients, vitamins and minerals, giving you additional benefits.



How can I increase fibre in my diet?

Achieving the recommended daily intake is easier than you think. Here are a few simple things you can do right away:

- Eat fruits and vegetables with their skins on
- Add beans or lentils to salads, soups, and side dishes
- Replace white rice, bread and pasta with brown rice and wholegrain products
- Choose breakfast cereals that list whole grains (e.g. brown rice, oatmeal, barley) as their first ingredient
- Snack on raw vegetables or fruits, instead of chips, crackers, or chocolate bars
- Choose pre-packaged foods with higher dietary fibre content

Food	Rolled oats, 1 cup (96 g) 	Chickpea, 1 cup (185.8 g) 	Red spinach, 1 cup (47.4 g) 	Guava, 1 big slice, seedless (110.5 g) 
How much fibre contained?	0.7 g	5.8 g	0.7 g	7.5 g

Sample menu to get your recommended fibre intake

Source: MyFCD

• **Breakfast:** 4 tbsp of barley (1.6 g), 1 medium banana (2.4 g)

• **Lunch:** 2 cups of brown rice (1.8 g), 1 cups of carrot (4 g), 2 small pieces of tempe (3.2 g)

• **Dinner:** 2 slices of high-fibre bread (2.6 g), 1 cup of baked beans (7.6 g), 1 medium potato (2.6 g)

• **Snacks:** 1 medium pear (4 g), ½ cup of peanut (4.8 g)

• **TOTAL = 34.6 g of fibre**

Source: MyHEALTH/MyFCD

It is actually easy to meet the fibre intake recommendations. All you have to do is make a conscious effort to include foods high in fibre into your diet to ensure a fitter, healthier you. A little research and planning will go a long way! PP

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What You Should Know about Childhood Trauma

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

During the pandemic, many people lost family and friends. Quite a number of children became orphans after losing one or both parents. Experiencing tragedies like this or witnessing critical incidents can leave a psychological scar in kids. How can we help them cope?

- Understand that each child recovers at their own pace

Psychological intervention

- Cognitive behavioural therapy
- Play therapy
- Family therapy
- Medication, if necessary

After aversive incidents, pay attention to signs of distress in children and get them professional help. Unaddressed trauma and prolonged stress can lead to long-term impacts, such as post-traumatic stress disorder (PTSD), mental and physical health problems, as well as difficulties in overall development, learning and relationships.

Where to get help?

Scan this QR code for local resources PP



What is childhood trauma?

Childhood trauma happens when a child experiences or witnesses events that are perceived to threaten injury, death, or the physical integrity of self or others, and also cause horror, terror, or helplessness at the time they occur. These events are also referred to as adverse childhood experiences (ACEs). Losing a loved one or being hospitalised due to the pandemic may also be considered as ACEs.

Potential causes of childhood trauma:

- Sexual abuse
- Physical abuse
- Domestic violence
- Community and school violence
- Medical trauma or illness
- Motor vehicle accidents
- Acts of terrorism
- War experiences
- Natural and human-made disasters
- Suicides
- Other traumatic losses

Look out for these **signs** of distress in children:

- Development of new fears
- Separation anxiety (particularly in young children)
- Sleep difficulties and disturbances
- Prolonged and unusual sadness
- Loss of interest in normal activities
- Reduced concentration
- Decline in schoolwork
- Anger outbursts
- Significant bodily discomfort (headaches, stomach aches)
- Irritability

How can we help?

Social support from families/ caregivers

- Encourage the child to express their feelings and acknowledge their emotions
- Reassure them that they are not at fault and you'll prioritise their safety
- Answer their questions regarding the event honestly, but be sensitive to their feelings
- Facilitate a daily routine for the child as this provides a better sense of certainty and control

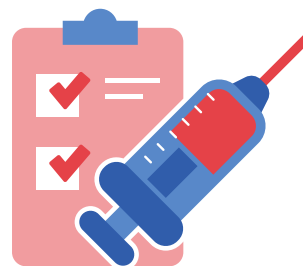


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The Need and Importance of Teenage Vaccinations



By **Dr N. Thiyagar**, Consultant Paediatrician & Adolescent Medicine Specialist

Vaccination programmes are established to protect children against many different diseases. Often overlooked, these programmes include vaccinations for teenagers. It is important for parents to understand why teenagers should get vaccinated, what vaccinations they should receive, and the importance of vaccinations.

Why should we vaccinate teenagers?

- **Reduce risk of serious infection** – Generally, infants and the elderly are known to be vulnerable to serious infections. This does not mean that teenagers are completely safe. Teenagers should get vaccinated to reduce their risk of developing serious infections.
- **Safe and effective** – Vaccines are shown to be safe and effective to protect us against vaccine-preventable diseases (VPDs). Travelling to regions where certain VPDs are endemic can put teens at risk of infection. Vaccinations can help reduce this risk.
- **Protect others** – Being infected with a disease puts others at risk for being infected too. This is concerning if the infection passes to someone vulnerable to developing serious infections. Vaccinations not only help protect the individual, but also others around them.

● **Protect future generations** – Adhering to mandatory vaccinations over many years will eventually eradicate many diseases of today. The future generations may not need to worry about the VPDs we currently face.

● **Teenagers are at risk** – Teenagers, especially those planning to live in college dorms, are at a high risk of infection. Infections can easily spread in crowded dorms or enclosed areas where students often meet to socialise. Vaccinations can help reduce this risk.

Scheduled vaccines for teens in Malaysia

Human Papillomavirus (HPV) Vaccine – females only

HPV vaccines are included in the Malaysian National Immunisation Programme (NIP), and help prevent the development of cancers caused by the human papillomavirus, especially cancer of the cervix. This vaccine is scheduled for girls aged 13 years old. Two doses are given: the first dose at age 13, and the second dose six months following the first dose.

Tetanus Toxoid Booster (ATT)

The ATT vaccine is a booster shot included in the Malaysian NIP that helps to enhance immunity against tetanus. In total, six vaccine doses in the NIP are given against tetanus. Three primary doses are given at the age of 2, 3, and 5 months (as part of the hexavalent vaccine). Additionally, three booster doses are given at 18 months (hexavalent vaccine), as well as at 7 (dT vaccine) and 15 years old (ATT vaccine). A

new Tdap vaccine covering diphtheria and whooping cough is also available for teens and adults.

Recommended vaccines for teens in Malaysia

Meningococcal Conjugate (MenACWY) Vaccine

The MenACWY vaccine provides protection against four types of meningococcal bacteria: A, C, W-135, and Y, which can cause meningococcal disease. It is recommended to travellers going to countries where meningococcal disease is endemic (e.g. sub-Saharan Africa), at least two-weeks prior to departure. The vaccine can be taken as early as six weeks of age. For children older than 12 months, as well as for teens and adults, only one dose is required.

Pneumococcal Conjugate Vaccine (PCV)

PCV provides protection against multiple strains of *S. pneumoniae*, which causes pneumococcal disease. As of December 2020, the pneumococcal vaccine has been implemented into the Malaysian NIP and is mandatory for infants. A single dose is also recommended for high-risk teens, elderly above 65 years old and adults with comorbidities.

Influenza (Flu) Vaccine

The influenza vaccine provides protection against influenza viruses. It is recommended that everyone above the age of six months get vaccinated every year, especially those in high risk groups, as the virus changes constantly and rapidly.

Diphtheria-Tetanus-Pertussis Booster (Tdap)

The Tdap vaccine is known as a booster dose of the diphtheria-tetanus-pertussis (DTaP) vaccination mandated to children in the Malaysian NIP. This single-dose vaccine is recommended for teenagers and adults who have had 10 or more years elapsed since the completion of their last primary or booster dose. Parents can opt to give their teens Tdap instead of ATT to provide more protection.

Obesity, cardiovascular risk factors, and diabetes are on the rise in Malaysian teenagers. This increases the chance of teens developing comorbidities (having two or more diseases at the same time). Teenagers with comorbidities are at high risk of developing serious infections. Vaccinations can help reduce these risks, and aid in preventing the development of serious symptoms. For example, teenagers with comorbidities are vulnerable to serious infections of pneumococcal disease. This increases the risk of developing serious symptoms like pneumonia, meningitis, and septicemia. Taking the pneumococcal conjugate vaccine (PCV) helps reduce these risks.

Prevention is always better than cure. Ensuring that your teenager receives the appropriate vaccinations at the right time is essential in protecting their long-term health. PP

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In many countries, a second peak of meningococcal disease incidence occurs in adolescents and young adults.¹⁻³



Adolescents & young adults aged 15-24 years old^{4,5}

Close Living Quarters



Crowded conditions such as military barracks or college dormitories



Typical adolescent behaviours promote the transmission of *N. meningitidis*

Sharing Drinking Glasses



Smoking (active and passive)



Prevention

While meningococcal meningitis is unpredictable⁶, the good news is that you can help protect your children and family against it, through vaccination⁷

Vaccinate yourself and your loved ones today to help get protected from 5 of the most common serogroups A, C, W, Y and B that cause meningococcal meningitis.^{7,8}



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